

LICKING COUNTY SAFETY COUNCIL
Co-sponsored by BWC's Division of Safety and Hygiene

Semi-Annual Report

1st [] due by July 15
for current period January 1 – June 30, 2018)

2nd [x] due by January 15
for current period July 1 – December 31, 2018)

Safety Council Account #	/	00	/	32	/
Company Name:				Phone	(740)
Address:				Fax	(740)
City/State/Zip				Attn:	
Submitted by:				Date:	

Please check here if information provided above has been updated on this report.

1.) DATE OF MOST RECENT INJURY OR ILLNESS RESULTING IN DAY(S) AWAY FROM WORK

____ / ____ / ____
Month Day Year

Report All Information Below For **CURRENT SIX MONTH PERIOD ONLY** (corresponds with period identified above)

- 2.) **Average Number of Employees** _____
- 3.) **Total Hours Worked** (entire six month period, all employees) _____

Items 4, 5 and 6 are based on the Recordkeeping Requirements under the Occupational Safety & Health Act of 1970
(rev. 1/1/02). The columns listed below correspond to the columns in the OSHA 300 Log.

- 4.) **Number of Deaths** (column G in OSHA 300 Log) _____
- 5.) **Number of occupational injuries and/or illnesses** resulting in days away from work
(column H in the OSHA 300 Log) _____
- 6.) **Number of days away from work** as a result of occupational injuries and/or illnesses
(column K in the OSHA 300 Log) _____

Note: If you report a death, injury or illness resulting in days away from work in the current six month period (item 4 or 5), the most recent date of death, injury or illness must correspond with item 1.

Please return this form to:

Licking County Safety Council
Licking County Chamber of Commerce
PO Box 702
Newark, OH 43058-0702
Phone: (740) 345-9757 / Fax: (740) 345-5141
bmisner@lickingcountychamber.com