

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

Semi-Annual Report

**1st** [ ] due by July 17, 2009  
(for period January 1 – June 30, 2009)

BWC Number \_\_\_\_\_ / **00 / 16** / \_\_\_\_\_ (Last 2 digits will be filled in by Safety Council).

Company Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Fax \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Submitted By \_\_\_\_\_ Date \_\_\_\_\_

- Please check here if information provided **above** has been updated on this report.(Phone/contact/etc.)
- Please check here if information provided **below** has been updated on this report.(# of injuries/date/etc.)

1.) **DATE OF MOST RECENT INJURY OR ILLNESS RESULTING IN DAY(S) AWAY FROM WORK**  
(You need to fill a date in below, even if it is outside (before) the current reporting period. Do not use a date that is **AFTER JUNE 30, 2009**. That will be reported in the 2<sup>nd</sup> half report.)

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month                  Day                  Year

Report All Information Below For **CURRENT SIX MONTH PERIOD ONLY** (January 1, 2008 – June 30, 2009)

2.) **Average Number of Employees** ..... \_\_\_\_\_

3.) **Total Hours Worked** (entire six month period, all employees) ..... \_\_\_\_\_

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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.

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