

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

Semi-Annual Report

2nd [] due by January 16, 2009
(for period July 1 –December 31, 2008)

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 December 31, 2008. That will be reported in the 1st half report for 2009.)

____ / ____ / ____
Month Day Year

Report All Information Below For **CURRENT SIX MONTH PERIOD ONLY** (July 1 – December 31, 2008)

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.

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