

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

Semi-Annual Report

1st Half 2017 for period of January 01, 2017 to June 30, 2017

All information needs to be completed

Company Name:		Phone:	
Address:		Fax:	
	<u>REQUIRED</u>		
City, State, Zip:	BWC POLICY #:		
Contact Name:		Title:	
Contact E-mail:		Web:	
CEO (or Highest Ranking LOCAL Officer):		Title:	
Submitted By:		Date:	
<i>(If Faxed Need Signature)</i>			

1.) **DATE OF MOST RECENT INJURY OR ILLNESS RESULTING IN DAY(S) AWAY FROM WORK**
Period Ending June 30, 2017

____ / ____ / ____
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
The columns listed below correspond to the columns in the OSHA 300 Log and PERRP Form 300 P.

4.) **Number of Deaths.** (Column G in OSHA 300 Log/PERRP Form 300P)..... _____

5.) **Number of occupational injuries and/or illnesses** resulting in days away from work
(Column H in the OSHA 300 Log/PERRP Form 300P) _____

6.) **Number of days away from work** as a result of occupational injuries and/or illnesses
(Column K in the OSHA 300 Log/PERRP Form 300P) _____

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:

[**Safety@HuronCountyOhio.com**](mailto:Safety@HuronCountyOhio.com)

Huron County Safety Council
Huron County Chamber of Commerce
10 West Main Street
Norwalk, OH 44857
Phone: 419-668-4155 Fax: 419-663-6173

HURON COUNTY SAFETY COUNCIL Semi-Annual Report Form Instructions

This instruction sheet should be used as a guide in completing the BWC's Division of Safety & Hygiene semi-annual report form.

Directions:

- The top portion of the form is self-explanatory. Complete all information, including the CEO (or highest ranking local official).
- If **FAXING** the person completing the semi-annual report **MUST SIGN** in the "Submitted by"
- If being sent as an attachment, your email will be used for signature verification.
- **Only report information for the period of January 01, 2017 to June 30, 2017**
- **(1) Date of Most Recent Lost-Time Injury or Illness as of June 30, 2017.**
This is the date of the most recent injury that resulted in an employee missing at least **one full day** of work. The date does not necessarily have to be during this reporting period. If no injuries have ever occurred, you may leave the date blank.
- **(2) and (3) Average Number of Employees/Total Hours Worked**
Multiply *the average number of employees x the average number of hours worked per week x the number of weeks in the six-month period.* (i.e. 725 employees x 40 hours = 29,000 hours x 26 weeks in the six month period = 754,000 hours)
- **(4) Deaths**
Taken from OSHA 300 or PERRP Form 300P Log, the number of deaths that resulted from an occupational accident during this six-month period.
- **(5) Number of Injuries/Number of Workdays Lost**
Taken from OSHA 300 or PERRO Form 300P Log, column H, the number of occupational injuries or illnesses resulting in days away from work.
- **(6) Number of Workdays Lost**
Taken from OSHA 300 or PERRP Form 300P Log, column K, the **total** number of days away from work as a result of occupational accidents during the six-month period. **NOTE:** If the days away from work resulted from an accident which occurred in a previous six-month period, please report the additional workdays missed.

IMPORTANT:

- If the date of last injury or illness resulting in days away from work (1) was during the current six-month period within which you are reporting, there should be at least a 1 for (5) the number of injuries or illnesses, and (6) the number of days away from work **not to exceed 180 days per incident.**
- If the date of last injury or illness resulting in days away from work was during a previous six-month period, (5) and (6) should be 0 unless an employee is still having lost days as a result of a previous injury (then there **may** be a number on line 6).

Ohio Public Employers:

All Ohio Public Employers must complete the Public Employment Risk Reduction Program (PERRP) Form 300P (Rev.1/2011). Questions on the Form 300P are consistent with the OSHA 300 Log and should be used to complete the safety council semi-annual report form.

The Huron County Safety Council's funding is dependent upon how many area companies participate in the Ohio Division of Safety & Hygiene's safety campaign, therefore, your support and cooperation is appreciated!