

SOUTH SUMMIT 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, 2006)

2nd () due by January 15
(for current period July 1 – December 31, 2006)

Safety Council Account Number _____ / _____ / _____ / _____

Company Name _____ Phone _____

Address _____ Fax _____

City / State / Zip _____

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 L 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:

South Summit Safety Council
South Summit Chamber of Commerce
503 West Park Avenue
Barberton, OH 44203
(330) 745-3141 / (330) 745-4559 Fax