

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

Semi-Annual Report

**1<sup>st</sup> [X] due by July 15**  
 (for current period January 1 – June 30, 2017)

**2<sup>nd</sup> [ ] due by January 15**  
 (for current period July 1 – December 31, 2017)

Safety Council Account #	/	<b>00</b>	/	<b>32</b>	/
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](mailto:bmisner@lickingcountychamber.com)