



Ashland Area Chamber of Commerce



Bureau of Workers' Compensation

Co-sponsored by BWC's Division of Safety and Hygiene

2017-2018 Semi-Annual Report

- ☐ 1st Report due by July 15 (for current period January 1 – June 30, 2017)
☐ 2nd Report due by January 15 (for current period July 1 – December 31, 2017)

Safety Council Account _____ / 0 0 / 0 3 / _____
Your Company BWC # Ashland SC # Leave Blank

Company Name _____

Phone _____ Fax _____

Address _____ City/Zip _____

Email _____

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. 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: Ashland Area Safety Council / safety@ashlandoh.com
c/o Ashland Area Chamber of Commerce, 211 Claremont Ave., Ashland, OH 44805
(419) 281-4584 ♦ FAX: (419) 281-4585 ♦ www.ashlandoh.com

Instructions for completing BWC's Division of Safety & Hygiene Ohio Safety Council Program Semi-Annual Report Form

- **(1) Date of Most Recent Lost-time Injury or Illness**

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) & (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. (ex: 725 employees x 40 hours = 29,000 hours x 26 weeks = 754,000)*

- **(4) Deaths**

Taken from OSHA 300 Column G 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 PERRP Form 300P, 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, 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 on this line.*

- **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" listed for (5) the number of injuries or illnesses, and (6) the number of days away from work.**
- **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)).**