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

Semi-Annual Report

1st due by July 15, 2015
(for current period January 1 – June 30, 2015)

2nd due by January 15, 2016
(for current period July 1 – December 31, 2015)

Safety Council Account Number _____ / _____ / _____ / _____

Employer name _____ Phone : _____

Address: _____ Fax: _____

City / State / Zip: _____

Name of Person Submitting: _____ Date _____

Email Address: _____ Title: _____

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 300P.

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.

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