

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

**Semi-Annual Report**

2<sup>nd</sup> Half 2011 for period of July 01, 2011 to December 31, 2011

**All information needs to be completed**

Company Name:	_____	Phone:	_____
Address:	_____	Fax:	_____
	<b><u>REQUIRED</u></b>		
City, State, Zip:	_____	<b>BWC POLICY #:</b>	_____
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**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
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:**

[\*\*HCSafety@accnorwalk.com\*\*](mailto:HCSafety@accnorwalk.com)

Huron County Safety Council  
Huron County Chamber of Commerce  
10 West Main  
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 July 01, 2011 to December 31, 2011.
- **(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) 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 Log column G, 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 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 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.
- 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).

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