



Bureau of Workers' Compensation

Logan County Area 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, 2016)

2nd [X] due by January 15
(for current period July 1 - December 31, 2016)

Safety Council Account Number _____ / _____ / _____ / _____

Employer name _____ Phone _____

Address _____ Fax _____

City / State / Zip _____

Submitted by _____ Date _____

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 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.

Please return this form to:

Logan County Area Safety Council
100 S Main Street
Bellefontaine, Ohio 43311
Phone: 937-599-5121 Fax: 937-599-2411
Email: info@logancountyohio.com Subject: Safety

