



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

