

HOLMES 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, 2020)

2nd [] due by January 15

(for current period July 1 – December 31, 2020)

Safety Council Account Number _____ / _____ / _____ / _____

Company Name _____

Phone _____ Fax _____

Address _____

City / State / Zip _____

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 (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.

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