

**Lake County SAFETY COUNCIL**  
**Co-sponsored by BWC's Division of Safety and Hygiene**

Semi-Annual Report

**1<sup>st</sup> Half - due by July 31, 2015**  
 (for current period January 1 – June 30, 2015)

**2nd Half - due by January 19, 2016**  
 (for current period July 1 – December 31, 2015)

Safety Council Account Number:

Company Name:		Phone:	
Address:		Fax:	
City / State / Zip:			
Submitted By:		Date:	
E-mail Address:			

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.

Please return this form to:

**Lake County Safety Council**  
**6972 Spinach Drive**  
**Mentor, OH 44060**  
**Phone: 440.255.1616 Fax: 440.255.1717**