

GALION 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, 2010)

2nd [] due by January 15
(for current period July 1 – December 31, 2010)

Safety Council Account Number _____ / ____ ____ / ____ ____ / ____ ____

Company Name _____ Phone _____

Address _____ Fax _____

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.

Please return this form to:

Galion Safety Council
Fax #: 419-462-5487

If you have questions, please call Janell Benner at 419-492-2477