

ADAMS & BROWN COUNTY 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, 2009)

2nd [] due by January 15
(for current period July 1 - December 31, 2009)

Safety Council Account Number / 0 0 / 9 1 / (Your BWC #) (Skip this #)

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:

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PO Box 398
110 N Manchester St
West Union, OH 45693
(937) 544-5454 / (937) 544-6957 Fax
acchamber@verizon.net