BUCYRUS AREA SAFETY COUNCIL

Ohio Bureau of Workers' Compensation

Co-sponsored by BWC's Division of Safety & Hygiene

2017-2018 Semi-Annual Report

❑ **1st; due by July 15** (for current period January 1 to June 30, 2017

❑ **2nd; due by January 15** (for current period July 1 to December 31, 2017

Safety Council Account _____ / 0 0 / 6 2 / ____ ____

Your company BWC # *Bucyrus SC#* *Leave Blank*

Company Name _____

Phone _____ Fax _____

Address _____ Email _____

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, & 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
(Column H in 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 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 (Items 4 or 5), the most recent date of death, injury, or illness must correspond with Item 1.

Please return this form to the Bucyrus Area Safety Council.

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