



Semi-Annual Report Instructions

Enclosed is your *Semi-Annual Report Form* for the second half of 2011 (07/01/11 through 12/31/11)

This instruction sheet should be used as a guide in completing the BWC's Division of Safety & Hygiene semi-annual report form

Instructions for completing the safety council semi-annual report form

The top portion of the form is self explanatory. If anything has changed, please make any change/correction prior to submission of report.

(1) Date of Most Recent Lost-Time Injury or Illness

This is the date of the most recent injury that resulted in an employee missing at least one full day of work. The date does not necessarily have to be during this reporting period. If no injuries have ever occurred, you may leave the date blank.

(2) and (3) Average Number of Employees/Total Hours Worked

Multiply *the average number of employees x the average number of hours worked per week x the number of weeks* in the six-month period. (i.e. 725 employees x 40 hours = 29,000 hours x 26 weeks in the six month period = 754,000 hours)

(4) Deaths

Taken from OSHA 300 Log column G, the number of deaths that resulted from an occupational accident during this six-month period.

(5) Number of Injuries/Number of Workdays Lost

Taken from OSHA 300 Log column H, the number of occupational injuries or illnesses resulting in days away from work.

(6) Number of Workdays Lost

Taken from OSHA 300 Log column K, the total number of days away from work as a result of occupational accidents during the six-month period. **NOTE:** If the days away from work resulted from an accident which occurred in a previous six-month period, please report the additional workdays missed.

IMPORTANT:

If the date of last injury or illness resulting in days away from work (1) was during the current six-month period within which you are reporting, there should be at least a 1 for (5) the number of injuries or illnesses, and (6) the number of days away from work.

If the date of last injury or illness resulting in days away from work was during a previous six month period, (5) and (6) should be 0 unless an employee is still having lost days as a result of a previous injury (then there **may** be a number on line 6).

The Licking County Safety Council's funding is dependent upon how many area companies participating in the Ohio Division of Safety & Hygiene's safety campaign send in semi-annual reports for both the first half and the second half of the year, therefore, your support and cooperation is appreciated!

The Licking County Safety Council is sponsored by the BWC Division of Safety & Hygiene
and is an affiliate of the
Licking County Chamber of Commerce

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