

MID-OHIO VALLEY SAFETY COUNCIL
Co-sponsored by BWC's Division of Safety and Hygiene

Semi-Annual Report
For Reporting Period of
January 1 – June 30, 2010

Due by Friday, July 23, 2010

BWC Policy 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:

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Marietta, OH 45750
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Email info@mariettachamber.com