

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, 2019)

2nd [] due by January 15
(for current period July 1 – December 31, 2019)

Employer name _____ Phone _____
Address _____ Fax _____
City / State / Zip _____
Submitted by _____ Date _____

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.
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 resulting in days away from work
(column H in the 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 the 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 (item 4 or 5), the most recent date of death, injury or illness must correspond with item 1.

Please return this form to:

HFC SAFETY COUNCIL
21 NORTH SOUTH STREET
WILMINGTON, OHIO 45177
937-382-2737
INFO@HFCSAFETYCOUNCIL.COM