



CLEVELAND SOUTHWEST SAFETY COUNCIL
Co-sponsored by BWC's Division of Safety and Hygiene

Semi-Annual Report

1ST [] DUE BY JULY 15, 2017

(FOR PERIOD JANUARY 1 – JUNE 30, 2017)

2ND [✓] DUE BY JAN 15TH

(FOR PERIOD JUL 1 - DEC 31, 2017)

Please verify your BWC Policy Number _____

Company Name _____ Phone _____

Address _____ Fax _____

City / State / Zip _____ E-mail _____

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 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:

Attn: Kathy Kellums
Cleveland Southwest Area Safety Council
P O Box 163
Berea OH 44017
Phone: 440-346-4235 Fax: 440-235-4891
E-mail: : cssc163@sbcglobal.net
Web site: www.clevelandswsafetycouncil.com

* Please note #6 is full number of days only.

This report must be returned by the deadline of 1/15/18 as part of the requirement to receive any rebate from BWC.