



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

### Semi-Annual Report

1st [ ] due by July 15  
(for current period January 1 – June 30, 2015)

2nd [ ] due by January 16  
(for current period July 1 – December 31, 2015)

Safety Council Account Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Provided by CAK Safety Council)

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) ..... \_\_\_\_\_

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Items 4, 5 and 6 are based on Recordkeeping Requirements under 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:

CAK Safety Council  
3700 Massillon Road, Suite 115  
Uniontown, OH 44685  
Fax: 330.899.9052  
Client.Relations@greencoc.org