

**STARK COUNTY SAFETY COUNCIL**  
**Co-sponsored by BWC's Division of Safety and Hygiene**

Semi-Annual Report

**1st [ X ]** due by July 15  
(for current period January 1 – June 30, 2009)

**2nd [ ]** due by January 15  
(for current period July 1 – December 31, 2009)

Safety Council Account 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** (January 1 – June 30, 2009)

**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:

**Stark County Safety Council**  
**Attn: Connie Cerny**  
**222 Market Ave N**  
**Canton, OH 44702**  
**Phone #(330) 458-2061 / Fax # (330) 489-6012**