

**Bureau of Worker's Compensation Div of Safety & Hygiene
WARREN COUNTY SAFETY COUNCIL**

2nd Semi-Annual Report
(for current period July 1, – Dec.31, 2011)

Company Name _____ Phone _____
Email _____
Submitted By _____ Date _____

Item 1 may be before current 6 month period (July 1-December 31, 2011) – **Not to be left blank.**

1.) DATE OF MOST RECENT INJURY OR ILLNESS RESULTING IN DAY(S) AWAY FROM WORK

____ / ____ / ____
Month Day Year

Items 2-6 are **CURRENT SIX MONTH PERIOD ONLY** (July 1 – December 31, 2011)

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 OSHA 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: mikki@lebanonchamber.org or

Warren County Safety Council
212N Broadway
Lebanon, OH 45036
Questions Call: 513/932-1100