

GALION SAFETY COUNCIL

Semi-Annual Report

Instructions for your *Semi-Annual Report Form* for the current reporting period.

This instruction sheet should be used as a guide in completing the BWC's Division of Safety & Hygiene Ohio Safety Council Program semi-annual report form.

Directions:

- The top portion of the form is self-explanatory. Your account number, company name, address, etc. has been completed for you. Make any corrections that are necessary to your company identification. The person completing the semi-annual report should fill in the "Submitted by" information.
- **(1) Date of Most Recent Lost-Time Injury or Illness**

This is the date of the most recent injury that resulted in an employee missing at least one full day of work. The date does not necessarily have to be during this period (for example, if the last injury your company had was 3 years ago, then you would put that date). If no injuries have ever occurred, you may leave the date blank.
- **(2) and (3) Average Number of Employees/Total Hours Worked**

Multiply the average number of employees x the average number of hours worked per week x the number of weeks in the six-month period. (i.e. 725 employees x 40 hours = 29,000 hours x 26 weeks in the six month period = 754,000 hours)
- **(4) Deaths**

Taken from OSHA 300 column G or PERRP Form 300P Log, the number of deaths that resulted from an occupational accident during this six-month period.
- **(5) Number of Injuries/Number of Workdays Lost**

Taken from OSHA 300 or PERRP Form Log, column H, the number of occupational injuries or illnesses resulting in days away from work. (For example, if you filled in line #1 with a date that was during the current 6-month period, then there should be at least a "1" written on line #5).
- **(6) Number of Workdays Lost**

Taken from OSHA 300 or PERRP Form P, column K, the total number of days employees were away from work as a result of occupational accidents during the six-month period. (For example, if two people were off due to injuries, take the number of days they were each off and add them together.)

NOTE: If the days away from work resulted from an accident which occurred in a previous six-month period, but the person did not miss any work until the current six-month period, you will have to send an updated form for the previous period, listing the date of that accident.

OHIO PUBLIC EMPLOYERS:

All Ohio Public Employers must complete the Public Employment Risk Reduction Program (PERRP) Form 300P (Rev. 1/2011). Questions on the Form 300P are consistent with the OSHA 300 Log and should be used to complete the safety council semi-annual report form.

Filing the semi-annual reports is required for your company to qualify for the (up to) 4% discount on your workers' comp insurance premium for the July 2015 to June 2016 fiscal year.

Your support and cooperation are appreciated!