

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

Semi-Annual Report

**1st** [ ] due by July 15  
(for current period January 1 – June 30, 2019)

**2nd** [ **X** ] **due by January 15**  
(for current period July 1 – December 31, 2019)

Safety Council Account Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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 the Recordkeeping Requirements under the 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:

E-mail: [galionsafetycouncil@gmail.com](mailto:galionsafetycouncil@gmail.com)

**Galion Safety Council**  
P.O. Box 972  
Galion, OH 44833

If you have questions, please call Janell Benner at 419-492-2477