

DELAWARE AREA SAFETY COUNCIL
Co-sponsored by BWC's Division of Safety and Hygiene and the Delaware Area Chamber of Commerce

Semi-Annual Report

For current period July 1, 2009 – December 31, 2009

BWC Number: _____

Company Name: _____ Phone: _____

Address : _____ Fax: _____

City / State / Zip: _____

Form Submitted By: _____ Date: _____

Company Representative to the Delaware Area Safety Council: _____

E-mail address (to be used for **Safety Council event notification**): _____

⇒ **Please check the above information carefully.**

⇒ **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** (corresponds with period identified above)

⇒ 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 NO LATER THAN JANUARY 22, 2010 FOR CONTINUED ELIGIBILITY IN THE SAFETY COUNCIL REBATE PROGRAM to:

Delaware Area Safety Council

C/O Delaware Area Chamber of Commerce, 23 North Union Street, Delaware, OH 43015

(740) 369-4817 (Fax)

safetycouncil@delawareohiochamber.com (740) 369-6221 (phone)

