



CONSTRUCTION SAFETY COUNCIL OF NORTHEAST OHIO
 Co-sponsored by BWC's Division of Safety and Hygiene
SEMI-ANNUAL REPORT



Due by July 15, 2007

Safety Council Account Number

_____/_____/____/_____

Company Name: _____ Phone: _____

Address: _____ Fax: _____

City / State / Zip: _____

Submitted By: _____ Date: _____

Please check here if information provided above is incorrect and 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, 2007 through June 30, 2007)**

Note: If you report a death or days away from work case in the current six month period (item 4 or 5), the most recent date of death or days away from work case must correspond with item 1.

- 2. Average Number of Employees _____
- 3. Total hours worked (for each NAICS code) _____
- 4. Number of fatality cases (column G) _____
- 5. Number of Days Away from work cases (column H) _____
- 6. Number of Restricted or Transferred Cases (column I) _____
- 7. Number of Other Recordable cases (Column J) _____
- 8. Number of Days Away from work (column K) _____

Please return this form to:

CONSTRUCTION SAFETY COUNCIL OF NORTHEAST OHIO
 950 KEYNOTE CIRCLE, SUITE 10
 BROOKLYN HEIGHTS, OHIO 44131

PHONE (216) 398-9860

FAX (216) 398-9801