



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



Due by July 15, 2016
(for current period January 1, 2016 - June 30, 2016)

Safety Council Account Number

_____ / 00 / 81 / _____

 Company Name: Phone: _____

 Address: Fax: _____

 City / State / Zip

 Submitted By Date

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.
(the most recent accident in company history resulting in days away from work)

_____/_____/_____
 Month Day Year

Report All Information Below For CURRENT SIX MONTH PERIOD ONLY
(this BOTTOM section is only for data from January 1, 2016 - June 30, 2016)

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.

Record work related injury and illness data for the last six months (January 1 - June 30, 2016)

- 2. Average Number of Employees _____
- 3. Total hours worked _____
- 4. Number of fatality cases _____
- 5. Number of Days Away from work cases _____
- 6. Number of Restricted or Transferred Cases _____
- 7. Number of Other Recordable cases _____
- 8. Number of Days Away from work _____

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