



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



**Due by July 15, 2017**  
**(for current period January 1, 2017 - June 30, 2017)**

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, 2017 - June 30, 2017)**

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, 2017)

- 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