



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



Due by July 15, 2019
(for current period January 1, 2019 - June 30, 2019)

Safety Council Account Number

_____ / 00 / 81 / _____

_____ Company Name: _____ Phone: _____

_____ Address: _____ Fax: _____

_____ City / State / Zip _____

_____ Submitted By _____ Date _____

0 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, 2019 - June 30, 2019)

Note: 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.

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)** _____
- 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.

CONSTRUCTION SAFETY COUNCIL OF NORTHEAST OHIO
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