



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



**Due by January 15, 2017**  
**(for current period July 1, 2016 - December 31, 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 July 1, 2016 - December 31, 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 (July 1 - December 31, 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