



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



**Due by January 15, 2020**  
**(for current period July 1, 2019 - December 31, 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 July 1, 2019 - December 31, 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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