

PLEASE READ BEFORE COMPLETING FORM

Guernsey-Noble Safety Council Semi-Annual Report Instructions

Enclosed is your Semi-Annual Report Form for the first period, January 1 – June 30, 2014. This instruction sheet should be used as a guide in completing the BWC's Division of Safety & Hygiene semi-annual report. **YOU MUST REPORT THROUGH THE END OF JUNE, 2016. DO NOT SEND THE REPORT BEFORE JULY 1, 2016. BE SURE TO SIGN AND DATE THE FORM.**

- The top portion of the form is self-explanatory. Your account number has been completed for you as well as your company name and address. Make any corrections necessary to your company identification. **The person completing the semi-annual report needs to sign and date (not before July 1, 2014) the report at the top where it says submitted by.**

- **(1) Date of Most Recent Lost-Time Injury or Illness**

This is the date of the most recent injury that resulted in an employee missing at least **one full day** of work from **January 1 – June 30, 2016**. The word “None” **cannot be used**. There **must be** a date identified. If no injuries have **ever** occurred, you should report the last day of the year prior to the year the business opened (i.e. a business opened 6/1/00, no injuries, the default date would be 12/31/99). **If you haven't had any injuries January 1 – June 30, 2016, then use the date reported on your last report. If you discover a reporting error on a previous report, please give specific details.**

- **(2) and (3) Average Number of Employees/Total Hours Worked**

Multiply the **average** number of employees x the **average** number of hours worked per week x the number of weeks in the six-month period (i.e. 725 employees x 40 hours = 29,000 hours x 26 weeks in the six-month period = 754,000 hours).

- **(4) Deaths**

Taken from OSHA 300 Log column G, the number of deaths that resulted from an occupational accident during this six-month period.

- **(5) Number of Occupational Injuries and/or Illnesses**

Taken from OSHA 300 Log column H, the number of occupational injuries or illnesses resulting in days away from work.

- **(6) Number of Days Away from Work** as a result of occupational injuries and/or illnesses (**must be in this reporting time frame unless you are correcting a previous report**).

Taken from OSHA 300 Log column K, the **total** number of days away from work as a result of occupational accidents during the six-month period.

Note: If you report a death, injury or illness resulting in days away from work in the current six-month period (Items 4 or 5); the most recent date of death, injury, or illness **must correspond with item 1**.

The Guernsey-Noble Safety Council's funding is dependent upon active participation of area businesses. Your support and cooperation **is appreciated!**

REPORT DUE BY JULY 15, 2016