



WEST CENTRAL OHIO SAFETY COUNCIL  
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Dear Safety Council Reporting Company:

Next year's (FY18) safety council rebate is being marketed by the BWC. As a result, we are pleased to inform you the details associated with next year's rebate program will continue with all of the same characteristics as the current year's rebate program.\*

- Employers meeting all safety council rebate eligibility requirements that are not enrolled in a group-rating program (experience or retrospective) will earn a 2-percent participation rebate on their premium and the potential of an additional 2-percent performance bonus.
- Employers meeting all safety council rebate eligibility requirements that are also enrolled in a group-experience-rating program have the potential to earn a 2-percent performance bonus.
- Employers meeting all safety council rebate eligibility requirements that are also enrolled in a group-retrospective-rating program will earn a 2-percent participation rebate.

**\*Safety Council Requirements** are to attend 10 monthly meetings from 7-1-17 thru 6-30-18, and a Superior Manager attends one of these meetings. Also submit the **semi-annual** reports (**attached**).

This Semi-Annual Report is for the **FIRST** half of the year ending **2017**. The dates for this report are **January 1, 2017 thru and including June 30, 2017.** Instructions are on page 2 for your review.

**Fill out the form on page 3 in its entirety** (if you don't know your BWC #, you may leave blank). Submit the report by clicking the "**email report**" button at the bottom of page 3. **Due no later than July 15, 2017.**

Best wishes,

*Deb Katzenmeyer*

Safety Council Manager

**Direct Line: 419-222-6708 - call with any questions.**

**Instructions for completing**  
**BWC's Division of Safety & Hygiene Ohio Safety Council Program**  
**Semi-annual report form**

- **(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. The date does not necessarily have to be during this reporting period. If no injuries have ever occurred, you may leave the date blank.

- **(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. (e.g. 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 column G or PERRP Form 300P Log, the number of deaths that resulted from an occupational accident during this six-month period.

- **(5) Number of Injuries/Number Resulting in a Day or More Away from Work**

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

- **(6) Number of Days Away from Work**

Taken from OSHA 300 or PERRP Form 300P, column K, the total number of days away from work as a result of occupational accidents during the six-month period. **NOTE:** If the days away from work resulted from an accident which occurred in a previous six-month period, please report the additional workdays missed.

**IMPORTANT:**

- If the date of last injury or illness resulting in days away from work (line 1) was during the current six-month period within which you are reporting, there should be at least a one for the number of injuries or illnesses (line 5), and the number of days away from work (line 6).
- If the date of last injury or illness resulting in days away from work was during a previous six-month period, lines 5 and 6 should be zero unless an employee is still having lost days as a result of a previous injury (then there **may** be a number on line 6).

**OHIO PUBLIC EMPLOYERS:**

All Ohio Public Employers must complete the Public Employment Risk Reduction Program (PERRP) Form 300P. Questions on the Form 300P are consistent with the OSHA 300 Log and should be used to complete the safety council semi-annual report form.

This box for Safety Council  
use only →

## Co-sponsored by BWC's Division of Safety and Hygiene

### Semi-Annual Report

**1st due by July 15, 2017**  
(for current period January 1 – June 30, 2017)

**2nd due by January 15, 2018**  
(for current period July 1 – December 31, 2017)

Safety Council Account Number \_\_\_\_\_ - **00 - 25** - \_\_\_\_ \_\_\_\_

Employer name \_\_\_\_\_ Phone : \_\_\_\_\_


Address: \_\_\_\_\_ Fax: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Name of Person Submitting: \_\_\_\_\_ Date \_\_\_\_\_

Email Address: \_\_\_\_\_ Title: \_\_\_\_\_

#### DATE OF MOST RECENT INJURY OR ILLNESS RESULTING IN DAY(S) AWAY FROM WORK

\_\_\_\_ / \_\_\_\_ / \_\_\_\_   
Month Day Year

\*\*\*\*\*

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) ..... \_\_\_\_\_

\*\*\*\*\*

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.

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.

**Please return this form to:**

*This box for Safety  
Council Use only →  
SC type return info here  
before distributing.*

**EMAIL REPORT**