

State of Ohio — Public Employment Risk Reduction Program — Form 300AP (Rev. 01/2014)

Summary of Work-Related Injuries and Illnesses

Year 2020

All establishments covered by Ohio Administrative Code (OAC) 4167 must complete this Summary even if no work-related injuries or illnesses occurred during the year. Remember to review the *Log of Work-Related Injuries and Illnesses* (300P) to verify that the entries are complete and accurate before completing this summary. Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0". If you are using the electronic form, verify that you have imported the correct values.

Employees, former employees and their representatives have the right to review the Log in its entirety. They also have limited access to the PERRP Form 301P or its equivalent. See OAC 4167-6-08 in the PERRP recordkeeping rule for details on the access provisions for these forms. You must keep this form on file for five years following the year to which it pertains. (OAC 4167-6-07)

ATTENTION:
All Ohio public employers must complete this form (or an equivalent). This includes the State of Ohio and its instrumentalities; and "any political subdivisions and their instrumentalities, including any county, county or state hospital, municipal corporation, city, village, township, park district, school district, state institutions of higher learning, public or special district, state agency, authority, commission or board" as defined in Ohio Revised Code 4167.01.

Number of cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
<u>0</u> (G)	<u>5</u> (H)	<u>1</u> (I)	<u>2</u> (J)

Number of days

Total number of days away from work	Total number of days of job transfer or restriction
<u>28</u> (K)	<u>171</u> (L)

Injury and illness types

Total number of... (M)			
(1) Injury	<u>8</u>	(4) Poisoning	<u>0</u>
(2) Skin disorder	<u>0</u>	(5) Hearing loss	<u>0</u>
(3) Respiratory condition	<u>0</u>	(6) All other illnesses	<u>0</u>

Ohio Bureau of Workers' Compensation

Division of Safety & Hygiene, PERRP
13430 Yarmouth Dr.
Pickerington, OH 43147

You must submit this form to PERRP by Feb. 1 of each year to summarize the previous year's activities. You may submit it by mail or fax, or electronically via BWC's Web site, ohioabc.com.

You must also post this form from Feb. 1 to April 30 of each year in a location that is readily accessible by your employees and their representatives. You do not have to post it for non-employees or the public.

Establishment information

Your establishment name Wright State University - Master
 Street 3640 Colonel Glenn Hwy
 City Dayton State Ohio Zip code 45435
 County Greene Entity code University 660
 Establishment description (e.g., elementary school, maintenance garage, wastewater treatment plant, administration building, MRDD workshop, library, hospital, extended care facility, etc.)
University - Master
 BWC policy number (e.g., 12345678-000)
10003158 - 0

Employment information

For use ONLY by state agencies, special districts, counties, cities, villages and townships

By your definition, enter the total number of full-time and part-time employees, which includes seasonal workers. Enter police, fire, EMT and paramedics separately below.

Full time: _____
 Part time: _____
 Police/Fire/EMT: _____

For use ONLY by educational institutions (universities, colleges, technical schools, school districts)

Enter the total number of full-time and part-time employees that fit in the classification below. Do NOT include substitutes or volunteers in your employee count.

Teachers/instructors: 1318
 All others/support staff (e.g., administration, bus drivers, custodial, coaches, etc.) 3181

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that the entries are true, accurate and complete to the best of my knowledge.

Executive Vice President, Chief
Gregory P. Sample Operating Officer
 Administrator name (Print) Title

 Administrator name (Signature) Date

(937) 775-4734 gregory.sample@wright.edu
 Phone E-mail address

Ron Hamilton ron.hamilton@wright.edu (937) 775-3810
 Name of person completing or filing 300AP (print or type) Email address Phone number

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Number of cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
<u>0</u> (G)	<u>5</u> (H)	<u>0</u> (I)	<u>2</u> (J)

Number of days

Total number of days away from work	Total number of days of job transfer or restriction
<u>28</u> (K)	<u>164</u> (L)

Injury and illness types

Total number of... (M)			
(1) Injury	<u>7</u>	(4) Poisoning	<u>0</u>
(2) Skin disorder	<u>0</u>	(5) Hearing loss	<u>0</u>
(3) Respiratory condition	<u>0</u>	(6) All other illnesses	<u>0</u>

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13430 Yarmouth Dr.
Pickerington, OH 43147

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Establishment information

Your establishment name Wright State University (Main Campus only)
 Street 3640 Colonel Glenn Hwy
 City Dayton State Ohio Zip code 45435
 County Greene Entity code University 660
 Establishment description (e.g., elementary school, maintenance garage, wastewater treatment plant, administration building, MRDD workshop, library, hospital, extended care facility, etc.)
University - Main Campus
 BWC policy number (e.g., 12345678-000)
10003158 - 0

Employment information

For use ONLY by state agencies, special districts, counties, cities, villages and townships

By your definition, enter the total number of full-time and part-time employees, which includes seasonal workers. Enter police, fire, EMT and paramedics separately below.

Full time: _____
 Part time: _____
 Police/Fire/EMT: _____

For use ONLY by educational institutions (universities, colleges, technical schools, school districts)

Enter the total number of full-time and part-time employees that fit in the classification below. Do NOT include substitutes or volunteers in your employee count.

Teachers/instructors: 1125
 All others/support staff (e.g., administration, bus drivers, custodial, coaches, etc.): 3066

Sign here

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Gregory P. Sample Executive Vice President, Chief
 Administrator name (Print) Operating Officer
 Title

 Administrator name (Signature) Date

(937) 775-4734 gregory.sample@wright.edu
 Phone E-mail address

Ron Hamilton ron.hamilton@wright.edu (937) 775-3810
 Name of person completing or filing 300AP (print or type) Email address Phone number

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Number of cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
<u>0</u> (G)	<u>0</u> (H)	<u>0</u> (I)	<u>0</u> (J)

Number of days

Total number of days away from work	Total number of days of job transfer or restriction
<u>0</u> (K)	<u>0</u> (L)

Injury and illness types

Total number of... (M)	
(1) Injury	<u>0</u>
(2) Skin disorder	<u>0</u>
(3) Respiratory condition	<u>0</u>
(4) Poisoning	<u>0</u>
(5) Hearing loss	<u>0</u>
(6) All other illnesses	<u>0</u>

Ohio Bureau of Workers' Compensation

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13430 Yarmouth Dr.
Pickerington, OH 43147

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Establishment information

Your establishment name Wright State University - Lake Campus
 Street 7600 State Route 703
 City Celina State Ohio Zip code 45822
 County Mercer Entity code University 660
 Establishment description (e.g., elementary school, maintenance garage, wastewater treatment plant, administration building, MRDD workshop, library, hospital, extended care facility, etc.)
University -branch campus
 BWC policy number (e.g., 12345678-000)
10003158 - 0

Employment information

For use ONLY by state agencies, special districts, counties, cities, villages and townships

By your definition, enter the total number of full-time and part-time employees, which includes seasonal workers. Enter police, fire, EMT and paramedics separately below.

Full time: _____
 Part time: _____
 Police/Fire/EMT: _____

For use ONLY by educational institutions (universities, colleges, technical schools, school districts)

Enter the total number of full-time and part-time employees that fit in the classification below. Do NOT include substitutes or volunteers in your employee count.

Teachers/instructors: _____ 138
 All others/support staff (e.g., administration, bus drivers, custodial, coaches, etc.) _____ 81

Sign here

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Gregory P. Sample Executive Vice President, Chief
 Administrator name (Print) Operating Officer
 Title

 Administrator name (Signature) Date

(937) 775-4734 gregory.sample@wright.edu
 Phone E-mail address

Ron Hamilton ron.hamilton@wright.edu (937) 775-3810
 Name of person completing or filing 300AP (print or type) Email address Phone number

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Establishment information

Your establishment name Wright State University - BSOM/Cox Institute
 Street 3525 Southern Blvd
 City Kettering State Ohio Zip code 45429
 County Montgomery Entity code University 660
 Establishment description (e.g., elementary school, maintenance garage, wastewater treatment plant, administration building, MRDD workshop, library, hospital, extended care facility, etc.)
University - Boonshoft School of Medicine departments and faculty offices and research labs
 BWC policy number (e.g., 12345678-000)
10003158 - 0

Employment information

For use ONLY by state agencies, special districts, counties, cities, villages and townships

By your definition, enter the total number of full-time and part-time employees, which includes seasonal workers. Enter police, fire, EMT and paramedics separately below.

Full time: _____
 Part time: _____
 Police/Fire/EMT: _____

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Enter the total number of full-time and part-time employees that fit in the classification below. Do NOT include substitutes or volunteers in your employee count.

Teachers/instructors: 6
 All others/support staff (e.g., administration, bus drivers, custodial, coaches, etc.): 9

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Gregory P. Sample Executive Vice President, Chief
 Administrator name (Print) Operating Officer
 Title
 _____ Date
 Administrator name (Signature)
(937) 775-4734 gregory.sample@wright.edu
 Phone E-mail address

Number of cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
<u>0</u> (G)	<u>0</u> (H)	<u>0</u> (I)	<u>0</u> (J)

Number of days

Total number of days away from work	Total number of days of job transfer or restriction
<u>0</u> (K)	<u>0</u> (L)

Injury and illness types

Total number of... (M)	(1) Injury	(2) Skin disorder	(3) Respiratory condition	(4) Poisoning	(5) Hearing loss	(6) All other illnesses
	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

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 13430 Yarmouth Dr.
 Pickerington, OH 43147

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 Name of person completing or filing 300AP (print or type) Email address Phone number

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Number of cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
<u>0</u> (G)	<u>0</u> (H)	<u>0</u> (I)	<u>0</u> (J)

Number of days

Total number of days away from work	Total number of days of job transfer or restriction
<u>0</u> (K)	<u>0</u> (L)

Injury and illness types

Total number of... (M)	
(1) Injury	<u>0</u>
(2) Skin disorder	<u>0</u>
(3) Respiratory condition	<u>0</u>
(4) Poisoning	<u>0</u>
(5) Hearing loss	<u>0</u>
(6) All other illnesses	<u>0</u>

Ohio Bureau of Workers' Compensation

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Pickerington, OH 43147

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Establishment information

Your establishment name Wright State University - Calamityville - NCMR
 Street 560 East Xenia Dr.
 City Fairborn State Ohio Zip code 45324
 County Greene Entity code University 660
 Establishment description (e.g., elementary school, maintenance garage, wastewater treatment plant, administration building, MRDD workshop, library, hospital, extended care facility, etc.)
University -Boonshoft School of Medicine, Dept. of Emergency Medicine
 BWC policy number (e.g., 12345678-000)
10003158 - 0

Employment information

For use ONLY by state agencies, special districts, counties, cities, villages and townships

By your definition, enter the total number of full-time and part-time employees, which includes seasonal workers. Enter police, fire, EMT and paramedics separately below.

Full time: _____
 Part time: _____
 Police/Fire/EMT: _____

For use ONLY by educational institutions (universities, colleges, technical schools, school districts)

Enter the total number of full-time and part-time employees that fit in the classification below. Do NOT include substitutes or volunteers in your employee count.

Teachers/instructors: 0
 All others/support staff (e.g., administration, bus drivers, custodial, coaches, etc.): 4

Sign here

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I certify that I have examined this document and that the entries are true, accurate and complete to the best of my knowledge.

Gregory P. Sample Executive Vice President, Chief
 Administrator name (Print) Operating Officer
 Title

 Administrator name (Signature) Date

(937) 775-4734 gregory.sample@wright.edu
 Phone E-mail address

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Number of cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
(G)	(H)	(I)	(J)

Number of days

Total number of days away from work	Total number of days of job transfer or restriction
<u>0</u>	<u>0</u>
(K)	(L)

Injury and illness types

Total number of... (M)			
(1) Injury	<u>0</u>	(4) Poisoning	<u>0</u>
(2) Skin disorder	<u>0</u>	(5) Hearing loss	<u>0</u>
(3) Respiratory condition	<u>0</u>	(6) All other illnesses	<u>0</u>

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Establishment information

Your establishment name Wright State University - Dayton Regional STEM School
Street 1724 Woodman Dr.
City Dayton State Ohio Zip code 45420
County Montgomery Entity code University 660
Establishment description (e.g., elementary school, maintenance garage, wastewater treatment plant, administration building, MRDD workshop, library, hospital, extended care facility, etc.)
school
BWC policy number (e.g., 12345678-000)
10003158 - 0

Employment information

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By your definition, enter the total number of full-time and part-time employees, which includes seasonal workers. Enter police, fire, EMT and paramedics separately below.

Full time: _____
Part time: _____
Police/Fire/EMT: _____

For use ONLY by educational institutions (universities, colleges, technical schools, school districts)

Enter the total number of full-time and part-time employees that fit in the classification below. Do NOT include substitutes or volunteers in your employee count.

Teachers/instructors: 47
All others/support staff (e.g., administration, bus drivers, custodial, coaches, etc.): 9

Sign here

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Administrator name (Print) Operating Officer
Title

Administrator name (Signature) Date

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Number of cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
<u>0</u>	<u>0</u>	<u>1</u>	<u>0</u>
(G)	(H)	(I)	(J)

Number of days

Total number of days away from work	Total number of days of job transfer or restriction
<u>0</u>	<u>7</u>
(K)	(L)

Injury and illness types

Total number of... (M)	
(1) Injury	<u>1</u>
(2) Skin disorder	<u>0</u>
(3) Respiratory condition	<u>0</u>
(4) Poisoning	<u>0</u>
(5) Hearing loss	<u>0</u>
(6) All other illnesses	<u>0</u>

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Establishment information

Your establishment name Wright State University - SOPP/Ellis Institute
 Street 9 N. Edwin C. Moses Blvd.
 City Dayton State Ohio Zip code 45407
 County Montgomery Entity code University 660
 Establishment description (e.g., elementary school, maintenance garage, wastewater treatment plant, administration building, MRDD workshop, library, hospital, extended care facility, etc.)
University -School of Professional Psychology/ psychological services and teaching
 BWC policy number (e.g., 12345678-000)
10003158 - 0

Employment information

For use ONLY by state agencies, special districts, counties, cities, villages and townships

By your definition, enter the total number of full-time and part-time employees, which includes seasonal workers. Enter police, fire, EMT and paramedics separately below.

Full time: _____
 Part time: _____
 Police/Fire/EMT: _____

For use ONLY by educational institutions (universities, colleges, technical schools, school districts)

Enter the total number of full-time and part-time employees that fit in the classification below. Do NOT include substitutes or volunteers in your employee count.

Teachers/instructors: 2
 All others/support staff (e.g., administration, bus drivers, custodial, coaches, etc.): 12

Sign here

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 Administrator name (Print) Operating Officer
 Title

 Administrator name (Signature) Date

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