

Summary of Work-Related Injuries and Illnesses

All establishments covered by Ohio Administrative Code (OAC) 4187 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 300P or its equivalent. You must keep this form on file for five years following the year to which it pertains.

| Number of cases | Total number of cases with days away from work | Total number of cases with job transfer or restriction | Total number of other recordable cases |
|-----------------|--|--|--|
| 0 (G) | 7 (H) | 1 (I) | 1 (J) |

| Number of days | Total number of days of job transfer or restriction |
|----------------|---|
| 135 (K) | 185 (L) |

| Injury and illness types | Total number of cases |
|---------------------------|---------------------------|
| (1) Injury | 9 (4) Poisoning |
| (2) Skin disorder | 0 (5) Hearing loss |
| (3) Respiratory condition | 0 (6) All other illnesses |

Ohio Bureau of Workers' Compensation
 Division of Safety & Hygiene, PERRP
 13430 Yarmouth Dr.
 Pickerington, OH 43147

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

ATTENTION:
 All Ohio public employers must complete this form (or an equivalent). This includes the State of Ohio and its institutions 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 4187.01.

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, ohio.bwc.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 Entry code University
 Establishment description (e.g., elementary school, maintenance garage, wastewater treatment plant, administration building, MDD 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 _____ 1509
 All other support staff (e.g., administration, bus drivers, custodial, coaches, etc.) _____ 4140

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.
 Administrator name (Print) Walt Branson, M.S.J.A. Vice President for Finance and Operations and Chief Business Officer
 Administrator name (Signature) [Signature]
 Date 1/29/19
 Phone 937-775-2312 E-mail address walt.branson@osu.edu

Summary of Work-Related Injuries and Illnesses

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. You must keep this form on file for five years following the year to which it pertains.

| Number of cases | Total number of cases with deaths | Total number of cases with job transfer or restriction away from work | Total number of cases with other recordable cases |
|-----------------|-----------------------------------|---|---|
| 0 (G) | 6 (H) | 1 (I) | 0 (J) |

| Number of days | Total number of days of job transfer or restriction |
|----------------|---|
| 132 (K) | 185 (L) |

| Injury and Illness types | Total number of... |
|---------------------------|--------------------|
| (1) Injury | 7 |
| (2) Skin disorder | 0 |
| (3) Respiratory condition | 0 |
| (4) Poisoning | 0 |
| (5) Hearing loss | 0 |
| (6) All other illnesses | 0 |

Ohio Bureau of Workers' Compensation
 Division of Safety & Hygiene, PERRP
 13430 Yarmouth Dr.
 Pickerington, OH 43147

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

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 UN-001160
 Establishment description (e.g., elementary school, maintenance garage, wastewater treatment plant, administration building, MRO 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: 1257
 All other/support staff (e.g., administration, bus drivers, custodial, coaches, etc.): 3824

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.
 Administrator name (Print) Walt Branson, M.S.J.A. Vice President for Finance and Operations and Chief Business Officer
 Date 1/29/19
 Administrator name (Signature) [Signature]
 937-775-3312
 Phone
 walt.branson@wright.edu
 E-mail address

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.

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State of Ohio — Public Employment Risk Reduction Program — Form 300AP (Rev. 01/2015) Year 2018

Summary of Work-Related Injuries and Illnesses

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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 |
|------------------------|--|--|--|
| 0 (G) | 1 (H) | 0 (I) | 0 (J) |

Number of days

Total number of days away from work _____

Total number of days of job transfer or restriction _____

3 (K) _____ 0 (L)

Injury and illness types

| Total number of (M) | (1) Injury | (4) Poisoning |
|---------------------|------------|---------------|
| 1 | 0 | 0 |
| 0 | 0 | 0 |
| 0 | 0 | 0 |

Ohio Bureau of Workers' Compensation

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

Ron Hamblen
Name of person completing or filing 300AP (print or type)

937-775-3910
Phone number

ron.hamblen@bwc.state.oh.us
Email address

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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 Establishment code UNIVERS
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: _____ 159
All other's support staff (e.g., administration, bus drivers, custodial, coaches, etc.): _____ 110

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.

Administrator name (Print)
Walt Branson

Administrator name (Signature)
Walt Branson

Date
1/29/19

Walt Branson, M.S.J.A.
Vice President for Finance and Operations and Chief Business Officer

937-775-2312
Phone
with.hampton@wrst.edu
E-mail address

State of Ohio — Public Employment Risk Reduction Program — Form 300AP (Rev. 01/2015) Year 2018

Summary of Work-Related Injuries and Illnesses

All establishments covered by Ohio Administrative Code (OAC) 4167 must complete the Summary even if no work-related injuries or illnesses occurred during the year. Remember to review the Log of Work-Related Injuries and Illnesses (300AP) 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 total 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.

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| Number of cases | Total number of cases with days away from work | Total number of cases with job transfer or restriction | Total number of other recordable cases |
|-----------------|--|--|--|
| 0 (G) | 0 (H) | 0 (I) | 0 (J) |

| Number of days | Total number of days of job transfer or restriction |
|----------------|---|
| 0 (K) | 0 (L) |

| Injury and illness types | Total number of... |
|---------------------------|--------------------|
| (1) Injury | 0 (M) |
| (2) Skin disorder | 0 |
| (3) Respiratory condition | 0 |
| (4) Poisoning | 0 |
| (5) Hearing loss | 0 |
| (6) All other illnesses | 0 |

Ohio Bureau of Workers' Compensation
 Division of Safety & Hygiene, PERRP
 13430 Yarmouth Dr.
 Pickerington, OH 43147

Ron Hamilton
 Name of person completing or filing 300AP (print or type) 937-775-3810 Phone number
 630.hamilton@acsc.state.ohio.gov Email address

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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 Crawford Entry code University
 Establishment description (e.g., elementary school, maintenance garage, wastewater treatment plant, administration building, MDD workshop, library, hospital, extended care facility, etc.)
University - Boonsholt School of Medicine, Dept. of Emergency Medicine
 BWC policy number (e.g., 12345678-000) 1000315B - 9

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 is in the classification below. Do NOT include substitutes or volunteers in your employee count.
 Teachers/instructors: _____
 All other support staff (e.g., administration, bus drivers, custodial, coaches, etc.): _____

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.
 Administrator name (Print) Wall Branson, M.S.J.A. Title Vice President for Finance and Operations and Chief Business Officer
 Administrator name (Signature) [Signature] Date 1/29/19
 Phone 937-775-2312 E-mail address wall.branson@acsc.wright.edu

Summary of Work-Related Injuries and Illnesses

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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 |
|------------------------|--|--|--|
| 0 (G) | 0 (H) | 0 (I) | 0 (J) |

Number of days

Total number of days away from work _____ (K)

Total number of days of job transfer or restriction _____ (L)

Injury and illness types

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

Ohio Bureau of Workers' Compensation

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

Ron Hamilton
Name of person completing or filing 300AP (print or type)

937-775-3810
Phone number

ron.hamilton@perc.state.ohio.us
Email address

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Establishment information

Your establishment name Wright State University - BSN/COX Institute
 Street 3525 Southern Blvd
 City Kettering State Ohio Zip code 45429
 County Montgomery Entity code University
 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, EMTs, 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 is in the classification below. Do NOT include substitutes or volunteers in your employee count.
 Teachers/instructors: 8
 All other support staff (e.g., administration, bus drivers, custodial, coaches, etc.): 8

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.

Wall Branson, M.S.J.A.
 Administrator name (Print)
 Title Vice President for Finance and Operations and Chief Business Officer
 Date 1/29/19
 Administrator name (Signature)

937-775-2312
 Phone
 ron.branson@perc.state.ohio.us
 E-mail address

State of Ohio — Public Employment Risk Reduction Program — Form 300AP (Rev. 01/2015) Summary of Work-Related Injuries and Illnesses

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.

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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 |
| 0 (G) | 0 (H) | 0 (I) | 0 (J) |

| Number of days | |
|-------------------------------------|---|
| Total number of days away from work | Total number of days of job transfer or restriction |
| 0 (K) | 0 (L) |

| Injury and illness types | |
|---------------------------|---|
| Total number of ... (M) | |
| (1) Injury | 0 |
| (2) Skin disorder | 0 |
| (3) Respiratory condition | 0 |
| (4) Poisoning | 0 |
| (5) Hearing loss | 0 |
| (6) All other illnesses | 0 |

Ohio Bureau of Workers' Compensation
Division of Safety & Hygiene PERRP
13430 Yarmouth Dr
Pickerington, OH 43147

Ron Hamilton
Name of person completing or filing 300AP (Print or type)
937-775-3810 Phone number
wpi.hamilton@wrmbh.edu E-mail address

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Establishment information
Your establishment name Wright State University - SOPP/IEHS Institute
Street 9 N. Edwin C. Moses Blvd.
City Dayton State Ohio Zip code 45407
County Montgomery Entity code University 60
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 offices

BWC policy number (e.g., 12345678-0000)
1000315B - 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 is in the classification below. Do NOT include substitutes or volunteers in your employee count.
Teachers/instructors 9
All other support staff (e.g., administration, bus drivers, custodial, coaches, etc.) 18

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.

Walt Branson, M.S.J.A. Vice President for Finance and Operations and Chief Business Officer
Administrator name (Print)
Signature Walt Branson Date 1/29/19
Administrator name (Signature)
937-775-2312 Phone
wpi.hamilton@wrmbh.edu E-mail address

State of Ohio — Public Employment Risk Reduction Program — Form 300AP (Rev. 01/2015)

Summary of Work-Related Injuries and Illnesses

Year 2018

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| | | | | | |
|--|-----|-----|-----|-----|-----|
| Number of cases | | | | | |
| Total number of deaths | 0 | 0 | 0 | 0 | 0 |
| | (G) | (H) | (I) | (J) | (K) |
| Total number of cases with job transfer or restriction | | | | | |
| Total number of cases with days away from work | | | | | |

| | | | |
|---|-----|-----|-----|
| Number of days | | | |
| Total number of days away from work | 0 | 0 | 0 |
| | (L) | (M) | (N) |
| Total number of days of job transfer or restriction | | | |

| | | | |
|---------------------------------|---|-------------------------|---|
| Injury and illness types | | | |
| Total number of... (M) | | | |
| (1) Injury | 0 | (4) Poisoning | 0 |
| (2) Skin disorder | 0 | (5) Hearing loss | 0 |
| (3) Respiratory condition | 0 | (6) All other illnesses | 0 |

Ohio Bureau of Workers' Compensation
 Division of Safety & Hygiene, PERRP
 13430 Yarmouth Dr.
 Pickington, OH 43147

Ron Hamblon
 Name of person completing or filing 300AP (print or type)
 937-775-3810
 Phone number
 ron.hamblon@wcom.ohio.gov
 Email address

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 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 - Executive Park Building
 Street 2455 Executive Park Blvd
 City Fallborn State Ohio Zip code 45324
 County Croene Entry code University
 Establishment description (e.g., elementary school, maintenance garage, wastewater treatment plant, administration building, MPOD workshop, library, hospital, extended care facility, etc.)
 University - Administrative Offices
 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 is 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.): 7

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.

Administrator name (Print) Wall Branson, M.S.J.A. Title Vice President for Finance and Operations and Chief Business Officer
 Administrator name (Signature) [Signature] Date 1/29/19
 937-775-3312 Phone 937-775-3312 Email address wall.branson@wcom.ohio.gov

Summary of Work-Related Injuries and Illnesses

All establishments covered by Ohio Administrative Code (OAC) 4187 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 total 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 inputted the correct values.

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| Number of cases | Total number of cases with days away from work | Total number of cases with job transfer or restriction | Total number of other recordable cases |
|-----------------|--|--|--|
| 0 (G) | 0 (H) | 0 (I) | 0 (J) |

| Number of days | Total number of days of job transfer or restriction |
|----------------|---|
| 0 (K) | 0 (L) |

| Injury and Illness types | (4) Poisoning | (5) Hearing loss | (6) All other illnesses |
|---------------------------|---------------|------------------|-------------------------|
| Total number of... (M) | 0 | 0 | 0 |
| (1) Injury | 0 | 0 | 0 |
| (2) Skin disorder | 0 | 0 | 0 |
| (3) Respiratory condition | 0 | 0 | 0 |

Ohio Bureau of Workers' Compensation
 Division of Safety & Hygiene, PERRP
 13430 Yarmouth Dr.
 Pickerington, OH 43147

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

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, city, village, township, municipal corporation, city, school district, state institution of higher learning, public or special district, state agency, authority, commission or board" as defined in Ohio Revised Code 4187.01.

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, ohiohw.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 - Foundation Bldg
 Street 3070 Presidential Drive
 City Fairborn State Ohio Zip code 45324
 County Greene Entity code University
 Establishment description (e.g., elementary school, maintenance garage, wastewater treatment plant, administration building, MROD workshop, library, hospital, extended care facility, etc.)
University - Administrative Offices
 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: _____
 All other support staff (e.g., administration, bus drivers, custodial, coaches, etc.): 31

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.

Wait Branson, M.S.J.A. Vice President for Finance and Operations and Chief Business Officer
 Administrator name (Print)
 Signature: [Signature] Date: 1/29/19
 Administrator name (Signature)
 937-775-2312 Phone
 wait.branson@wcohi.edu E-mail address

State of Ohio — Public Employment Risk Reduction Program — Form 300AP (Rev. 01/2015) Year 2018

Summary of Work-Related Injuries and Illnesses

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. You must keep this form on file for five years following the year to which it pertains.

Number of cases

| | | |
|------------------------|--|---|
| Total number of deaths | Total number of cases with job transfer or restriction | Total number of cases with other recordable cases |
| 0 (G) | 0 (H) | 0 (I) |
| | | 0 (J) |

Number of days

Total number of days away from work _____ (K)

Total number of days of job transfer or restriction _____ (L)

Injury and illness types

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

Ohio

Bureau of Workers' Compensation
 Division of Safety & Hygiene, PERRP
 13430 Yarmount Dr.
 Pickerington, OH 43147

Ron Hamilton
 Name of person completing or filing 300AP (print or type) Phone number 837-775-3810

ron.hamilton@workohio.edu E-mail address

Establishment information

Your establishment name Wright State University - Presidential Drive
 Street 2455 Presidential Drive
 City Fairborn State Ohio Zip code 45324
 County C Greene Entry code 10003158
 Establishment description (e.g., elementary school, maintenance garage, wastewater treatment plant, administration building, MROD workshop, library, hospital, extended care facility, etc.)
 University - Administrative Offices
 BWC policy number (e.g., 12345678-0000) 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: _____
 All other support staff (e.g., administration, bus drivers, custodial, coaches, etc.): _____

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.

Wall Branson, M.S.I.A. Vice President for Finance and Operations and Chief Business Officer
 Administrator name (Print)
 Date 1/29/19
 Administrator name (Signature)

837-775-2312 Phone
 wallbranson@wruth.edu E-mail address

ATTENTION:
 All Ohio public employers must complete this form (or an equivalent). This includes the State of Ohio and its political subdivisions and any instrumentalities, including any county, city or village, 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.

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, ohiohwc.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.

Summary of Work-Related Injuries and Illnesses

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. You must keep this form on file for five years following the year to which it pertains.

| Number of cases | Total number of cases with days away from work | Total number of cases with job transfer or restriction | Total number of other recordable cases |
|-----------------|--|--|--|
| 0 (G) | 0 (H) | 0 (I) | 0 (J) |

| Number of days | Total number of days of job transfer or restriction |
|----------------|---|
| 0 (K) | 0 (L) |

| Injury and illness types | Total number of... |
|---------------------------|--------------------|
| (1) Injury | 0 (M) |
| (2) Skin disorder | 0 (N) |
| (3) Respiratory condition | 0 (O) |
| (4) Poisoning | 0 (P) |
| (5) Hearing loss | 0 (Q) |
| (6) All other illnesses | 0 (R) |

Ohio Bureau of Workers' Compensation
 Division of Safety & Hygiene, PERRP
 13430 Yarmouth Dr.
 Pickerington, OH 43147

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

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.

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 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 - BSOM/Research Park
 Street 3123, 3155, 3171 Research Park Blvd.
 City Kettering State Ohio Zip code 45420
 County Montgomery Entry code UNIVERSITY
 Establishment description (e.g., elementary school, maintenance garage, wastewater treatment plant, administration building, MEDD workshop, library, hospital, extended care facility, etc.)
University - Boonshoft School of Medicine, medical research/support programs
 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: 21
 All others/support staff (e.g., admission, bus drivers, custodial, coaches, etc.): 43

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.
 Administrator name (Print) Walt Branson, M.S.J.A. Title Vice President for Finance and Operations and Chief Business Officer
 Administrator name (Signature) [Signature] Date 1/29/19
 937-775-2312
 Phone
 walt.branson@wvohio.edu
 E-mail address

State of Ohio — Public Employment Risk Reduction Program — Form 300AP (Rev. 01/2015) Summary of Work-Related Injuries and Illnesses

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.

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| Number of cases | Total number of cases with days away from work | Total number of cases with job transfer or restriction | Total number of other recordable cases |
|-----------------|--|--|--|
| 0 (G) | 0 (H) | 0 (I) | 0 (J) |

| Number of days | Total number of days of job transfer or restriction |
|----------------|---|
| 0 (K) | 0 (L) |

| Injury and illness types | Total number of... |
|---------------------------|---------------------------|
| (1) Injury | 0 (M) |
| (2) Skin disorder | 0 (4) Poisoning |
| (3) Respiratory condition | 0 (5) Hearing loss |
| | 0 (6) All other illnesses |

Ohio Bureau of Workers' Compensation
 Division of Safety & Hygiene, PERRP
 13430 Yammouth Dr.
 Pickerington, OH 43147

Phone number: 937-775-3810
 Email address: pp.hambler@wvohi.edu

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
 Establishment description (e.g., elementary school, maintenance garage, wastewater treatment plant, administration building, MROD workshop, library, hospital, extended care facility, etc.):
 School: _____

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. Emergencies, 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: 52
 All other support staff (e.g., administration, bus drivers, custodial, coaches, etc.): 6

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.

Administrator name (Print): Walt Branson, M.S.I.A. Title: Vice President for Finance and Operations and Chief Business Officer
 Administrator's name (Signature): [Signature] Date: 11/29/19
 Phone: 937-775-2312 E-mail address: walt.branson@wvohi.edu

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.

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State of Ohio — Public Employment Risk Reduction Program — Form 300AP (Rev. 01/2015) Year 2018
Summary of Work-Related Injuries and Illnesses

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. You must keep this form on file for five years following the year to which it pertains.

| Number of cases | Total number of cases with days away from work | Total number of cases with job transfer or restriction | Total number of other recordable cases |
|-----------------|--|--|--|
| 0 (G) | 0 (H) | 0 (I) | 0 (J) |

| Number of days | Total number of days away from work | Total number of days of job transfer or restriction |
|----------------|-------------------------------------|---|
| 0 (K) | 0 (L) | 0 (M) |

| Injury and Illness types | Total number of... |
|---------------------------|--------------------|
| (1) Injury | 0 |
| (2) Skin disorder | 0 |
| (3) Respiratory condition | 0 |
| (4) Poisoning | 0 |
| (5) Hearing loss | 0 |
| (6) All other illnesses | 0 |

Ohio Bureau of Workers' Compensation
 Division of Safety & Hygiene, PERRP
 13430 Yarmouth Dr.
 Pickerington, OH 43147

Ron Hamilton
 Name of person completing or filing 300AP (print or type)
 937-775-3810
 Phone number
 ron.hamilton@perc.state.oh.us
 E-mail address

ATTENTION:
 All Ohio public employers must complete this form (on all establishments) in 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 special district, state agency authority, commission or board" as defined in Ohio Revised Code 4167.01.

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 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 - University Park
 Street 3817 Colonel Glenn Hwy
 City Dayton State Ohio Zip code 45435
 County Greene Entity code University
 Establishment description (e.g., elementary school, maintenance garage, wastewater treatment plant, administration building, MEDD workshop, library, hospital, extended care facility, etc.)
University - Administrative Offices and Research
 BWC policy number (e.g., 123-45678-000)
109003158 - 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 (a) in the classification below. Do NOT include substitutes or volunteers in your employee count.
 Teachers/instructors: 3
 All other support staff (e.g., administration, bus drivers, custodial, coaches, etc.): 5

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.
 Signature: Walt Branson Title: Vice President for Finance and Operations and Chief Business Officer
 Name: Walt Branson, M.S.J.A.
 Address: 13430 Yarmouth Dr., Pickerington, OH 43147
 Phone: 937-775-2312 E-mail address: walt.branson@perc.state.oh.us
 Date: 1/29/19

State of Ohio — Public Employment Risk Reduction Program — Form 300AP (Rev. 01/2015) Summary of Work-Related Injuries and Illnesses

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.

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| Number of cases | Total number of cases with days away from work | Total number of cases with job transfer or restriction | Total number of other recordable cases |
|-----------------|--|--|--|
| 0 (S) | 0 (H) | 0 (I) | 0 (J) |

| Number of days | Total number of days away from work | Total number of days of job transfer or restriction |
|----------------|-------------------------------------|---|
| 0 (K) | 0 (L) | |

| Injury and illness types | Total number of cases |
|---------------------------|-----------------------|
| (1) Injury | 0 |
| (2) Skin disorder | 0 |
| (3) Respiratory condition | 0 |
| (4) Poisoning | 0 |
| (5) Hearing loss | 0 |
| (6) All other illnesses | 0 |

Ohio Bureau of Workers' Compensation
Division of Safety & Hygiene, PERRP
13430 Yarmouth Dr.
Pickerington, OH 43147

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

ATTENTION:
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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, ohiohwc.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 - Wright State Research Institute (WSRI)
 Street 4035 Colonel Glenn Hwy
 City Beavercreek State Ohio Zip code 45431
 County Greene Entity code University
 Establishment description (e.g., elementary school, maintenance garage, wastewater treatment plant, administration building, MRDD workshop, library, hospital, extended care facility, etc.)
University - Administrative Offices and Research

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: _____
 All others/support staff (e.g., administration, bus drivers, custodial, coaches, etc.): 67

Sign here
 Knowledgeably 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.

 Administrator name (Print)
 Wait Branton, M.S.J.A.
 Title
 Vice President for Finance and Operations and Chief Business Officer

 Administrator name (Signature)
 Date
 4/24/19

937-775-2312
 Phone
 pp.branton@wrmbi.edu
 E-mail address