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

<table>
<thead>
<tr>
<th>Number of cases</th>
<th>Total number of cases with deaths</th>
<th>Total number of cases with days away from work</th>
<th>Total number of cases with job transfer or restriction</th>
<th>Total number of other recordable cases</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>7</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of days</th>
<th>Total number of days away from work</th>
<th>Total number of days of job transfer or restriction</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>135</td>
<td>185</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Injury and Illness types</th>
<th>Total number of...</th>
<th>(M)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Injury</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>(2) Skin disorder</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>(3) Respiratory condition</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

**Establishment Information**
- **Your establishment name**: Wright State University - Master
- **Street**: 3640 Colonel Glenn Hwy
- **City**: Dayton
- **State**: Ohio
- **Zip code**: 45435
- **County**: Greene
- **Establishment description**: University - Master (e.g., elementary school, maintenance garage, wastewater treatment plant, administration building, MRDD workshop, library, hospital, extended care facility, etc.)
- **BWC policy number (e.g., 12345678-000)**: 100031356 - 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/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 auxiliaries or volunteers in your employee count.

- **Teachers/instructors**: __________
- **All other/support staff (e.g., administration, bus drivers, custodial, coaches, etc.)**: __________

**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.

**Vice President for Finance and Operations and Chief Business Officer**
- **Walt Brandon, M.S.A.**
- **Name**: __________________________
- **Title**: __________________________
- **Signature**: ______________________
- **Phone**: 937-775-2312
- **E-mail address**: Walt.Bland@wsu.edu

**Year**: 2018

**Signature of person completing or filing 300AP (each or type)**
- **Name**: Ron Hamilton
- **Title**: __________________________
- **Signature**: ______________________
- **Phone**: 937-775-3810
- **E-mail address**: rhamilton@wright.edu

**Ohio Bureau of Workers’ Compensation**
Division of Safety & Hygiene, PERRP 13420 YMouth Dr. Pickerington, OH 43147