

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

Summary of Work-Related Injuries and Illnesses

Year 2019

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
<u>0</u>	<u>3</u>	<u>0</u>	<u>2</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>143</u>	<u>7</u>
(K)	(L)

Injury and illness types

Total number of...	(M)	(N)	(O)
(1) Injury	<u>5</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

Ron Hamilton

ron.hamilton@wright.edu

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

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.

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, ohiobwc.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.

(937) 775-3810

Phone number

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.

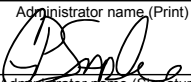
Teachers/instructors: 1555

All others/support staff (e.g., administration, bus drivers, custodial, coaches, etc.): 3854

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.

<u>Gregory P. Sample</u>	<u>Executive Vice President, Chief Operating Officer</u>
Administrator name (Print)	Title
<u></u>	<u>January 28, 2020</u>
Administrator name (Signature)	Date
<u>(937) 775-4734</u>	<u>gregory.sample@wright.edu</u>
Phone	E-mail address

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

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Year 2019

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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>1</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>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>

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@wright.edu

Email address

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(937) 775-3810

Phone number

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 branch 670

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: 157

All others/support staff (e.g., administration, bus drivers, custodial, coaches, etc.): 98

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
Administrator name (Print)

Gregory P. Sample
Administrator name (Signature)

Executive Vice President, Chief Operating Officer
Title

January 28, 2020
Date

(937) 775-4734
Phone

gregory.sample@wright.edu
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>2</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>25</u>	<u>7</u>
(K)	(L)

Injury and illness types

Total number of...	(M)	(N)	(O)
(1) Injury	<u>2</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

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

ron.hamilton@wright.edu

Email address

(937) 775-3810

Phone number

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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.

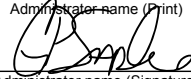
Teachers/instructors: 1324

All others/support staff (e.g., administration, bus drivers, custodial, coaches, etc.): 3724

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 Administrator name (Print)	Executive Vice President, Chief Operating Officer Title
 Administrator name (Signature)	January 28, 2020 Date

(937) 775-4734
Phone

gregory.sample@wright.edu
E-mail address

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Year 2019

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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>
(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

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@wright.edu

Email address

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(937) 775-3810

Phone number

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

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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: 8

All others/support staff (e.g., administration, bus drivers, custodial, coaches, etc.): 7

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<u>Gregory P. Sample</u> Administrator name (Print)	<u>Executive Vice President, Chief Operating Officer</u> Title
<u></u> Administrator name (Signature)	<u>January 28, 2020</u> Date
<u>(937) 775-4734</u> Phone	<u>gregory.sample@wright.edu</u> 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>1</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>118</u>	<u>0</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>

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@wright.edu

Email address

(937) 775-3810

Phone number

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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

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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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Gregory P. Sample
Administrator name (Print)
Gregory P. Sample
Administrator name (Signature)
Executive Vice President, Chief Operating Officer
Title
January 28, 2020
Date

(937) 775-4734
Phone

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E-mail address

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<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>
(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 - 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: 56

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

Sign here

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Gregory P. Sample
Administrator name (Print)

Gregory P. Sample
Administrator name (Signature)

Executive Vice President, Chief Operating Officer
Title

January 28, 2020
Date

(937) 775-4734
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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>1</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>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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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.

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, ohiobwc.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 - 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: 10

All others/support staff (e.g., administration, bus drivers, custodial, coaches, etc.): 15

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.

Gregory P. Sample
Administrator name (Print)

Gregory P. Sample
Administrator name (Signature)

Executive Vice President, Chief Operating Officer
Title

January 28, 2020
Date

(937) 775-4734
Phone

gregory.sample@wright.edu
E-mail address