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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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)	3 (H)	0 (l)	2 (J)
Number of days			
Total number of days away from work		Total number of days of job transfer or restriction	
143 (K)		7 (L)	
Injury and illness typ	es		
Total number of (M)			
(1) Injury	5	_ (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. Pickerington, OH 43147

Number of cases

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Ron Hamilton ron.hamilton@wright.edu (937) 775-3810

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

Est	ablish	ment informat	ion				
	Your es	stablishment name	Wright State	Universit	y - Master		
	Street	3640 Colonel GI	enn Hwy				
	City	Dayton		State _	Ohio	Zip code	45435
	County	Greene		_	Entity	code University 660	
		shment description (estration building, MRI					nt plant,
	Unive	rsity - Master					
	BWC p	olicy number (e.g., 1:	2345678-000) 003158 - 0				
Em	ploym	ent informatio	n				
	For us	se ONLY by state ships	agencies, sp	ecial dis	tricts, countie	es, cities, village	s and
		r definition, enter the olice, fire, EMT and p				yees, which includes	seasonal workers.
	Full tim	e:				_	
	Part tin	ne:				_	
	Police/	Fire/EMT:				_	
		se ONLY by educ ical schools, scl		tions (uı	niversities, co	olleges,	
		ne total number of ful Do NOT include subs					
	Teache	rs/instructors:				_	1555
	All other	rs/support staff (e.g., ac	ministration, bus dri	vers, custoo	lial, coaches, etc.)	_	3854
Sig	n here)					
	Know	ingly falsifying t	his document	may res	ult in a fine.		
		that I have examine wledge.	d this document a	and that th	e entries are tru	e, accurate and com	plete to the best of
					Ev	ocutivo Vice Pres	ident Chief
		Gragor	, D. Sample		EX	ecutive Vice Pres	
			y P. Sample			Operating Of	iiicel
		Administra	tor name (Print)		_	Title	
		<u> </u>	20Ce a		Ja	<u>anuary 28,</u>	2020
		Administrator	name (Signature)			Date	
		(937) 775-47	' 34		gregor	y.sample@wright.ed	<u>u</u>
		Phone				E-mail address	

'ear 2019

Zip code

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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 (H)	0	1 (J)
	cases with days away from work	cases with days away from work job transfer or restriction

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

Injury and illness type	s		
Total number of (M)			
(1) Injury	1	_ (4) Poisoning	0
(2) Skin disorder	0	_ (5) Hearing loss	0
(3) Respiratory condition	0	(6) All other illnesses	0

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

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

Ron Hamilton

ATTENTION:

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Establishment information

Your establishment name

Street 7600 State Route 703

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Phone number

ron.hamilton@wright.edu (937) 775-3810

Email address

County Mercer	
Establishment description (e.g., elementary school, m administration building, MRDD workshop, library, hos	
University -branch campus	
BWC policy number (e.g., 12345678-000) 10003158 - 0	
nployment information	
For use ONLY by state agencies, special of townships	districts, counties, cities, villages and
By your definition, enter the total number of full-time a Enter police, fire, EMT and paramedics separately be	and part-time employees, which includes seasonal workers low.
Full time:	
Part time:	
Police/Fire/EMT:	
For use ONLY by educational institutions	
technical schools, school districts)	(universities, colleges,
•	oyees that fit in the classification
technical schools, school districts) Enter the total number of full-time and part-time emplo	oyees that fit in the classification
technical schools, school districts) Enter the total number of full-time and part-time employed. Do NOT include substitutes or volunteers in your substitutes of the school of the scho	oyees that fit in the classification our employee count.
technical schools, school districts) Enter the total number of full-time and part-time employed below. Do NOT include substitutes or volunteers in your Teachers/instructors: All others/support staff (e.g., administration, bus drivers, cure	oyees that fit in the classification our employee count.
technical schools, school districts) Enter the total number of full-time and part-time employed below. Do NOT include substitutes or volunteers in your Teachers/instructors:	oyees that fit in the classification bur employee count. 157 stodial, coaches, etc.) 98
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technical schools, school districts) Enter the total number of full-time and part-time employed below. Do NOT include substitutes or volunteers in your Teachers/instructors: All others/support staff (e.g., administration, bus drivers, curing here Knowingly falsifying this document may represent the complete of the	byees that fit in the classification our employee count. 157 stodial, coaches, etc.) 98 result in a fine. It the entries are true, accurate and complete to the best Executive Vice President, Chief
technical schools, school districts) Enter the total number of full-time and part-time employed below. Do NOT include substitutes or volunteers in your Teachers/instructors: All others/support staff (e.g., administration, bus drivers, currently forms of the company of the company of the company of the control of the company of the control of the company of the control of the company of the company of the control of the company of the control of the company of the company of the control of the company of the control of the company of the control of the company of the company of the control of the company of the control of the company of the control of the control of the company of the control of the c	byyees that fit in the classification our employee count. 157
Enter the total number of full-time and part-time employed below. Do NOT include substitutes or volunteers in your Teachers/instructors: All others/support staff (e.g., administration, bus drivers, currently that I have examined this document and that my knowledge. Gregory P. Sample	byses that fit in the classification bur employee count. 157
Enter the total number of full-time and part-time employed below. Do NOT include substitutes or volunteers in your Teachers/instructors: All others/support staff (e.g., administration, bus drivers, currently that I have examined this document and that my knowledge. Gregory P. Sample	byees that fit in the classification our employee count. 157 stodial, coaches, etc.) 98 esult in a fine. t the entries are true, accurate and complete to the best Executive Vice President, Chief Operating Officer
Enter the total number of full-time and part-time emple below. Do NOT include substitutes or volunteers in your Teachers/instructors: All others/support staff (e.g., administration, bus drivers, cuter the substitutes of the substitutes of volunteers in your teachers/instructors: All others/support staff (e.g., administration, bus drivers, cuter the substitutes of the substitutes of volunteers in your teachers/instructors: All others/support staff (e.g., administration, bus drivers, cuter the substitutes of the substitutes of the substitutes of the substitutes of volunteers in your teachers of the substitutes of	poyees that fit in the classification our employee count. 157 stodial, coaches, etc.) 98 result in a fine. It the entries are true, accurate and complete to the best Executive Vice President, Chief Operating Officer Title January 28, 2020

Wright State University - Lake Campus

State

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

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)	2(H)	O (I)	0 (J)

Number of days

Total number of days Total number of days of job away from work transfer or restriction

Injury and illness types

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

Bureau of Workers Compensation

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

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ron.hamilton@wright.edu (937) 775-3810

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

Establishment information Wright State University (Main Campus only) Your establishment name 3640 Colonel Glenn Hwy Ohio 45435 Zip code County Greene 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 Sian 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 January 28, 2020 (937) 775-4734 gregory.sample@wright.edu

E-mail address

2019

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
0 (G)	0 (H)	O (I)	0 (J)

Number of days Total number of days Total number of days of job away from work 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. Pickerington, OH 43147

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ron.hamilton@wright.edu (937) 775-3810

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

Esta	ablish	ment information						
	Your es	tablishment name <u>W</u>	/right State I	Jniversi	ty - BSOM/0	Cox Institute		_
	Street	3525 Southern Blvd						_
	City	Kettering		State	Ohio	Zip code	4542	<u>29</u>
	County	Montgomery		-	Enti	ty code University 660		_
		shment description (e.g., estration building, MRDD w					nent plant,	
	Unive	rsity - Boonshoft Scho	ool of Medici	ne depa	artments and	I faculty offices ar	nd research labs	_
	BWC p	olicy number (e.g., 12345 100031						
Emp	ploym	ent information						
		se ONLY by state ag	encies, spe	cial dis	tricts, cour	ities, cities, villa	ges and	
		r definition, enter the total olice, fire, EMT and parar				oloyees, which includ	es seasonal workers	3 .
	Full tim	e:						_
	Part tim	ne:						_
	Police/F	Fire/EMT:						_
		se ONLY by education		ions (u	niversities,	colleges,		
		ne total number of full-time Do NOT include substitute						
	Teache	rs/instructors:					8	
	All other	rs/support staff (e.g., adminis	stration, bus driv	ers, custo	dial, coaches, e	tc.)	7	_
Siar	n here)						
• 5		ingly falsifying this	document r	nay res	ult in a fine			
		that I have examined thi wledge.	s document a	nd that th	ne entries are	true, accurate and c	omplete to the best	of
		O B	0			Executive Vice Pr		
		Gregory P. Administrator n				Operating Title		_
			20/2		.1	anuary 28	2020	
		Administrator nan	le (Signature)			Date	, 2020	_
		(937) 775-4734 Phone			gree	gory.sample@wright. E-mail address	<u>edu</u>	_

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

Number of days Total number of days Total number of days of job away from work transfer or restriction Injury and illness types

iotal fluffiber of			
(M)			
(1) Injury	1	(4) Poisoning	0
(2) Skin disorder	0	(5) Hearing loss	0
(3) Respiratory		(6) All other illnesses	0
condition	0		

Bureau of Workers' Compensation

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

ron.hamilton@wright.edu (937) 775-3810

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

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Phone number

Esta	ablish	ment informa	tion					
	Your es	stablishment name	Wright State	University -	Calamityville	- NCMR		
	Street	560 East Xenia	Dr.					
	City	Fairborn		State	Ohio	Zip code	453	24
	County	Greene		_	Entity cod	de University 660		
		shment description (stration building, MR					nent plant,	
	Unive	rsity -Boonshoft S	School of Medici	ne, Dept. of	Emergency N	Medicine		
	BWC p	olicy number (e.g., 1	2345678-000) 003158 - 0					
Em	ploym	ent information	on					
	For us	se ONLY by stat ships	e agencies, spe	ecial distric	cts, counties,	cities, villag	ges and	
		r definition, enter the olice, fire, EMT and			t-time employee	s, which include	es seasonal worker	S.
	Full tim	ie:						
	Part tin	ne:				-		
	Police/	Fire/EMT:						
		se ONLY by edu ical schools, sc		tions (univ	ersities, colle	eges,		
		he total number of fu Do NOT include sub				ssification		
	Teache	ers/instructors:					0	
	All other	rs/support staff (e.g., a	dministration, bus dri	vers, custodial,	coaches, etc.)		4	
Sigi	n here)						
Ū	Know	ringly falsifying t	this document	may result	in a fine.			
		that I have examinowledge.	ed this document a	and that the e	ntries are true, a	accurate and co	omplete to the best	t of
	Executive Vice President, Chief Gregory P. Sample Operating Officer							
			ater name (Print)		_	Title		_
		Administrato	r name (Signature)	ı	_ Janu	uary 28,	2020	
		(937) 775-4			gregory.sa	ample@wright.e	edu	

E-mail address

ear 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
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 O (K) O (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			



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

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

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Phone number

ron.hamilton@wright.edu (937) 775-3810

Email address

Establishment information Wright State University - Dayton Regional STEM School Your establishment name Street 1724 Woodman Dr. 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** 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.) 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

(937) 775-4734

Januarv 28. 2020

gregory.sample@wright.edu

E-mail address

'ear 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
0	0	0	1
(G)	(H)	(I)	(J)

mjury una minoco typ	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Total number of (M)			
(1) Injury	1	(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

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

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

Ron Hamilton

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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.

Phone number

ron.hamilton@wright.edu (937) 775-3810

Email address

	Your es	stablishment name	Wright State	Universi	ty - SOPP/Elli:	s Institute	
	Street	9 N. Edwin C. Mo	oses Blvd.				
	City	Dayton		State	Ohio	Zip code	45407
	County	Montgomery		_	Entity	code University 660	
		shment description (e stration building, MRD					nt plant,
	Unive	rsity -School of Pr	ofessional Psy	chology/	psychological	services and tea	ching
	BWC p	olicy number (e.g., 12	2345678-000) 03158 - 0				
Emp	oloym	ent informatio	n				
	For us	se ONLY by state	agencies, sp	ecial dis	tricts, counti	es, cities, village	es and
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	Full tim	e:				_	
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Siar	n here	1					
J.9.		ingly falsifying tl	nis document	may res	ult in a fine.		
	I certify my kno	that I have examine wledge.	d this document	and that th	ne entries are tru	ie, accurate and con	nplete to the best of
					Ex	ecutive Vice Pres	sident, Chief
			P. Sample			Operating O	fficer
		Administra	or name (Print)			Title	
		(\mathcal{A})	Apple o			January 28	2020
		Administrator	name (Signature)		Date	
		(937) 775-47	34		gregor	ry.sample@wright.ed	<u>_</u>
						E annil address	