

# 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.

**ATTENTION:**  
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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	7	1	1
(G)	(H)	(I)	(J)

Number of days	
Total number of days away from work	Total number of days of job transfer or restriction
389	199
(K)	(L)

Injury and illness types			
Total number of...			
(M)			
(1) Injury	9	(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  
30 W. Spring St., 25th Floor  
Columbus, OH 43215-2256  
Phone: 1-800-671-6858

Marjorie Markopoulos [marjorie.markopoulos@wright.edu](mailto:marjorie.markopoulos@wright.edu) 937-775-2215  
Name of person completing or filing 300AP (print or type) Email address Phone number

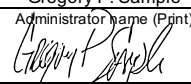
## Establishment information

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: 1215  
All others/support staff (e.g., administration, bus drivers, custodial, coaches, etc.) 2732

## 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)  
  
Administrator name (Signature)  
Executive Vice President, Chief Operating Officer  
\_\_\_\_\_  
Title  
1/26/22  
Date  
937-775-4734  
Phone  
[gregory.sample@wright.edu](mailto:gregory.sample@wright.edu)  
E-mail address

**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, [bwc.ohio.gov](http://bwc.ohio.gov)**  
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# 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	6	1	0
(G)	(H)	(I)	(J)

Number of days	
Total number of days away from work	Total number of days of job transfer or restriction
101	199
(K)	(L)

Injury and illness types			
Total number of...			
(M)			
(1) Injury	7	(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  
30 W. Spring St., 25th Floor  
Columbus, OH 43215-2256  
Phone: 1-800-671-6858

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Marjorie Markopoulos [marjorie.markopoulos@wright.edu](mailto:marjorie.markopoulos@wright.edu) 937-775-2215  
Name of person completing or filing 300AP (print or type) Email address Phone number

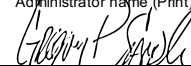
### Establishment information

Your establishment name Wright State University - Main Campus  
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: 1010  
All others/support staff (e.g., administration, bus drivers, custodial, coaches, etc.) 2641

### 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)  
  
Administrator name (Signature)  
Executive Vice President, Chief Operating Officer  
Title  
1/26/22  
Date  
937-775-4734  
Phone  
gregory.sample@wright.edu  
E-mail address

# State of Ohio — Public Employment Risk Reduction Program — Form 300AP (Rev. 09/2020)

## Summary of Work-Related Injuries and Illnesses

Year 2021

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

### Number of days

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

### Injury and illness types

Total number of... (M)	
(1) Injury	1
(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  
30 W. Spring St., 25th Floor  
Columbus, OH 43215-2256  
Phone: 1-800-671-6858

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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 Celina 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)**

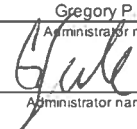
Enter the total number of full-time and part-time employees that fit in the classification below. Do NOT include substitutes or volunteers in your employee count.

Teachers/instructors: 136  
All others/support staff (e.g., administration, bus drivers, custodial, coaches, etc.): 70

### 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.

<u>Gregory P. Sample</u> Administrator name (Print)	<u>Executive Vice President, Chief Operating Officer</u> Title
 Administrator name (Signature)	<u>1/25/22</u> Date
<u>937-775-4734</u> Phone	<u>gregory.sample@wnqht.edu</u> E-mail address

Marjone Markopoulos Name of person completing or filing 300AP (print or type)	<u>marjone.markopoulos@wnqht.edu</u> Email address	<u>937-775-2215</u> Phone number
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State of Ohio — Public Employment Risk Reduction Program — Form 300AP (Rev. 09/2020)  
**Summary of Work-Related Injuries and Illnesses**

Year 2021

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**Number of cases**

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

**Number of days**

Total number of days away from work	Total number of days of job transfer or restriction
<u>288</u> (K)	<u>0</u> (L)

**Injury and illness types**

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

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**Establishment information**

Your establishment name Wright State University - BSOM/Cox Institute  
 Street 3525 Souther Boulevard  
 City Kettering State Ohio Zip code 45429  
 County Montgomery Entity code University 060  
 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, faculty offices, research labs  
 BWC policy number (e.g., 12345678-000)  
10003158 - 0

**Employment information**

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Full time: \_\_\_\_\_  
 Part time: \_\_\_\_\_  
 Police/Fire/EMT: \_\_\_\_\_

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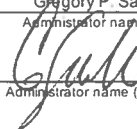
Enter the total number of full-time and part-time employees that fit in the classification below. Do NOT include substitutes or volunteers in your employee count.

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

**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.

<u>Gregory P. Sample</u> Administrator name (Print)	Executive Vice President, Chief Operating Officer Title
 Administrator name (Signature)	<u>1/25/22</u> Date
_____ Phone	_____ E-mail address

**Ohio Bureau of Workers' Compensation**  
 Division of Safety & Hygiene, PERRP  
 30 W. Spring St., 25th Floor  
 Columbus, OH 43215-2256  
 Phone: 1-800-671-6858

State of Ohio — Public Employment Risk Reduction Program — Form 300AP (Rev. 09/2020)  
**Summary of Work-Related Injuries and Illnesses**

Year 2021

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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

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 30 W. Spring St., 25th Floor  
 Columbus, OH 43215-2256  
 Phone: 1-800-671-6858

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**Establishment information**

Your establishment name Wright State University - Calamityville - National Center of Medical F  
 Street 560 East Zenia Dr  
 City Fairborn 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 -- Boonshoft School of Medicine, Dept of Emergency Medicine  
 BWC policy number (e.g., 12345678-000)  
10003158 - 0

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Full time: \_\_\_\_\_  
 Part time: \_\_\_\_\_  
 Police/Fire/EMT: \_\_\_\_\_

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

Teachers/instructors: 0  
 All others/support staff (e.g., administration, bus drivers, custodial, coaches, etc.) 1

**Sign here**

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_____ Gregory P Sample Administrator name (Print)	_____ Executive Vice President, Chief Operating Officer Title
 Administrator name (Signature)	<u>1/25/22</u> 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> (G)	<u>0</u> (H)	<u>0</u> (I)	<u>0</u> (J)

**Number of days**

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

**Injury and illness types**

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

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**Establishment information**

Your establishment name Wnght State University - Dayton Regional STEM School  
 Street 1724 Woodman Dr  
 City Dayton State Ohio Zip code 45420  
 County Montgomery Entity code University 600  
 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) as defined in Ohio Revised Code 4167.01.  
10003158 - 0

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Full time \_\_\_\_\_  
 Part time \_\_\_\_\_  
 Police/Fire/EMT \_\_\_\_\_

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

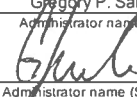
Enter the total number of full-time and part-time employees that fit in the classification below. Do NOT include substitutes or volunteers in your employee count.

Teachers/instructors 61  
 All others/support staff (e.g., administration, bus drivers, custodial, coaches, etc.) 10

**Sign here**

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<u>Gregory P. Sample</u> Administrator name (Print)	Executive Vice President, Chief Operating Officer
 Administrator name (Signature)	<u>1/25/22</u> Date
<u>937-775-4734</u> Phone	<u>gregory.sample@wnght.edu</u> E-mail address

**Ohio Bureau of Workers' Compensation**  
 Division of Safety & Hygiene, PERRP  
 30 W. Spring St., 25th Floor  
 Columbus, OH 43215-2256  
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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	0
(G)	(H)	(I)	(J)

**Number of days**

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

**Injury and illness types**

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

**Ohio Bureau of Workers' Compensation**

Division of Safety & Hygiene, PERRP  
 30 W. Spring St. 25th Floor  
 Columbus, OH 43215-2256  
 Phone: 1-800-671-6858

**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, [bwc.ohio.gov](http://bwc.ohio.gov)

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**

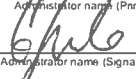
Your establishment name Wright State University - SOPP/Ellis Institute  
 Street 9 N. Edwin C. Moses Blvd.  
 City Dayton State Ohio Zip code 45407  
 County Montgomery Entity code University, etc.  
 Establishment description (e.g., elementary school, maintenance garage, wastewater treatment plant,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

**Employment information**

**For use ONLY by state agencies, special districts, counties, cities, villages and townships**  
 By your definition, enter the total number of full-time and part-time employees, which includes seasonal workers. Enter police, fire, EMT and paramedics separately below.  
 Full time \_\_\_\_\_  
 Part time \_\_\_\_\_  
 Police/Fire/EMT: \_\_\_\_\_  
**For use ONLY by educational institutions (universities, colleges, technical schools, school districts)**  
 Enter the total number of full-time and part-time employees that fit in the classification below. Do NOT include substitutes or volunteers in your employee count.  
 Teachers/instructors. \_\_\_\_\_ 2  
 All others/support staff (e.g., administration, bus drivers, custodial, coaches, etc.) \_\_\_\_\_ 4

**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 Executive Vice President, Chief Operating Officer  
 Administrator name (Print) Title  
 Date 1/25/22  
 Administrator name (Signature) Date  
937-775-4734 gregory.sample@wright.edu  
 Phone E-mail address

Marjane Markopoulos markopoulos@wright.edu 937-775-2215  
 Name of person completing or filing 300AP (print or type) Email address Phone number