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 cases with days away from work Total number of cases with days away from work Total number of cases with job transfer or restriction of other recordable cases Total number of cases with job transfer or restriction away from work Total number of cases with job transfer or restriction of other recordable cases

Total number of days of job

199

transfer or restriction

ATTENTION:

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Establishment information

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

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

You must submit this form to

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.

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

Marjorie Markopoulos

Bureau of Workers

Compensation

Number of days

away from work

Total number of days

marjorie.markopoulos@wright.edu 937-775-2215

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

Your	establishment name Wright Sta	te Universit	ty - Master		
Street	3640 Colonel Glenn Hwy				
City	Dayton	State	Ohio	Zip code	45435
Count	y Greene		Entity	code University 660	
Establ	lishment description (e.g., elementar	y school, ma	intenance gar	age, wastewater tr	eatment plant,
admin	istration building, MRDD workshop, I	ibrary, hospit	al, extended o	care facility, etc.)	
Unive	ersity - Master				
BWC p	policy number (e.g., 12345678-000) 10003158 - 0				
nployn	nent information				
	ise ONLY by state agencies, s ships	pecial dist	tricts, coun	ties, cities, villa	ges and
Ву уо	ur definition, enter the total number of			mployees, which inc	cludes seasonal
worke	rs. Enter police, fire, EMT and param	nedics separa	ately below.		
Full tin	ne:				
Part tii	me:				
Police	/Fire/EMT:				
	ise ONLY by educational insti nical schools, school districts		iversities, c	colleges,	
	the total number of full-time and par . Do NOT include substitutes or volu				
Teach	ers/instructors:				1215
All othe	ers/support staff (e.g., administration, bu	us drivers, cus	todial, coaches	, etc.)	2732
gn her	a				
_	vingly falsifying this documen	t may resu	ılt in a fine.		
I certif	y that I have examined this docume knowledge.	-		true, accurate and	complete to the bes
			_	xecutive Vice Pr	esident Chief
	Gregory P. Sample			Operating	
	Administrator name (Print))		Title	
	CHAPY F SANDLI			1/26/	22
	Administrator name (Signatu	re)		Date	
	937-775-4734		gread	ory.sample@wright.	.edu
	Phone		groge	E-mail address	

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	6	1	0
(G)	(H)	(1)	(J)

Total number of days of job

transfer or restriction

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Establishment information

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

Marjorie Markopoulos

Bureau of Workers'

Compensation

Number of days

away from work

Total number of days

marjorie.markopoulos@wright.edu 937-775-2215

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

Your e	establishment name Wrigl	ht State Universi	ty - Main Cam	ous	
Street	3640 Colonel Glenn Hv	vy			
City	Dayton	State _	Ohio	Zip code	45435
Count	y Greene		Entity co	de University 660	
	ishment description (e.g., eler istration building, MRDD works				nt plant,
Unive	ersity - Main Campus				
BWC p	policy number (e.g., 12345678 10003158				
nnlovm	nent information				
	se ONLY by state agend	ies, special dis	tricts. countie	s. cities. villages a	ınd
town		, ,	, , , , , , , , , , , , , , , , , , , ,	-,,	
	ur definition, enter the total nurs. Enter police, fire, EMT and			oyees, which includes	seasonal
Full tin	ne:				
Part tir	me:				
Police	/Fire/EMT:				
	se ONLY by educationa nical schools, school dis		iversities, col	leges,	
	the total number of full-time a Do NOT include substitutes				
Teach	ers/instructors:				1010
All othe	ers/support staff (e.g., administra	ition, bus drivers, cus	todial, coaches, e	cc.)	2641
an here	•				
•	vingly falsifying this doc	ument may resu	ılt in a fine.		
		ocument and that the	ne entries are tru	e, accurate and comp	lete to the best
I certif	y that I have examined this do knowledge.	soument and that t			
I certif		soument and that t	Fxe	cutive Vice Preside	ent Chief
I certif			Exe	cutive Vice Preside Operating Office	
I certify	knowledge.	mple	Exe		
I certify	knowledge. Gregory P <u>.</u> Sar	mple	Exe	Operating Office	
I certify	knowledge. Gregory P <u>.</u> Sar	nple (Print)	Exe	Operating Office Title	
I certif	Gregory P. Sar Administrator name	nple (Print)		Operating Office Title 1/26/22	

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	0	0	1
(G)	(H)	(1)	(1)

Number of days

Total number of days away from work

Total number of days of job transfer or restriction

0	
(K)	

Injury and illness types

Total number of...

(1) Injury

(2) Skin disorder

(4) Poisoning

(5) Hearing loss

(3) Respiratory condition

Marjorie Markopoulos

(6) All other illnesses

Bureau of Workers' Compensation

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

manorie markopoulos@wnght edu

937-775-2215

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

Email address

ATTENTION:

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Est	ablishment 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 project 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				
Em	ployment 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	n 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				
	// Alfministray8r name (Print) Title				

gregory sample@wnght edu

E-mail address

Administrator name (Signature)

937-775-4734

Phone

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 Total number of Total number of cases with Total number of deaths cases with days job transfer or restriction other recordable away from work cases

Number of days Total number of days Total number of days of job away from work transfer or restriction 288

injury and illness ty	pes		
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

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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mannon	markonoulos@woob! edu	937-775-2215
DISTRUCTOR	markopoulos@wnqht edu	937-779-2213

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

ATTENTION:

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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 and	
Establishment description (e.g., elementary school, maintenance garage, wastewater tre administration building, MRDD workshop, library, hospital, extended care facility, etc.)	atment plant
University Boonshoft School of Medicine - departments, faculty offices, re-	search labs
BWC policy number (e.g., 12345678-000) 10003158 - 0	
Employment information	
For use ONLY by state agencies, special districts, counties, cities, village townships	ges and
By your definition, enter the total number of full-time and part-time employees, which incl workers, Enter police, fire, EMT and paramedics separately below	udes seasonal
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:	6
All others/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 of my knowledge.	complete to the best
Executive Vice Pre	esident, Chief
Gregory P. Sample Operating (Administrator name (Print) Title	Officer
Aprimistration raggie (Print)	22
Administrator name (Signature) Date	
Phone E-mail address	

/ear 2021

45435

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Number of cases

Total number of deaths Total number of cases with days away from work Total number of restriction Total number of other recordable cases

Number of days

Total number of days away from work

Total number of days of job transfer or restriction

0		
 	_	
(K)		

0

injury and illness types

Total number of...

(M) (1) Injury

(3) Respiratory

condition

Manone Markonoulos

0 (4) Poisoning sorder 0 (5) Hearing loss

(2) Skin disorder

(6) All other illnesses

Bureau of Workers'

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

ne,PERRP

marjorie markopoulos@wright edu

0

937-775-2215

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

Email address

Phone number

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Establishment information Your establishment name Wright State University - Calamityville - National Center of Medical F Street 560 East Zenia Dr.

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.)

Ohio

University -- Boonshoft School of Medine, Dept of Emergency Medicine

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:

0

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

____1

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 Operating Officer

Date

Tale

Administrator name (Signature)

\Gregory PaSample

Administrator/name (Print)

937-775-4734

gregory sample@wright edu

E-mail address

Year 2021

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Number of days Total number of days of job transfer or restriction O O O

Injury and illness types				
Total number of				
(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

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

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

Marione Markopoulos

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magorie markopoulos@wright edu	937-775-2215
Email addmes	Phono number

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stablishment information			
Your establishment name Wright State Universit	y - Dayton Rec	ional STEM School	
Street 1724 Woodman Dr.			
City Dayton State	Ohio	Zip code	45420
County Montgomery	Entity co	de University 660	
Establishment description (e.g., elementary school, mai administration building, MRDD workshop, library, hospita			plant
School			
BWC policy number (e.g., 12345678-000) 10003158 - 0			
mployment information			
For use ONLY by state agencies, special dist townships	ricts, counties	, cities, villages an	d
By your definition, enter the total number of full-time and workers. Enter police, fire, EMT and paramedics separa		yees, which includes s	easonal
Full time			
Part time			
Police/Fire/EMT			
For use ONLY by educational institutions (unitechnical schools, school districts)	iversities, coll	eges,	
Enter the total number of full-time and part-time employ below. Do NOT include substitutes or volunteers in your			
Teachers/instructors			61
All others/support staff (e.g., administration, bus drivers, custodial, coaches, etc.)			10
gn here			
Knowingly falsifying this document may resu	lt in a fine.		
I certify that I have examined this document and that the of my knowledge.	e entres are true	, accurate and comple	te to the best
	Exec	utive Vice Presiden	t, Chief
Gregory P. Sample Administrator name (Print)		Operating Officer / Titler	
66		1/25/22	
Administrator name (Signature)		Date	-
Ading institute (and institute)		54.0	
937-775-4734 Phone		gregory.sample@wnqht.edu	
Phone	E-mail address		

Year 2021

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Number of cases Total number of Total number of Total number of Total number of cases with deaths cases with days job transfer or restriction other recordable away from work

(G)	(H)	(1)	(J)
Number of days			
Total number of days away from work		Total number of days of job transfer or restriction	
0		0	

injury and illness typ	103		
Total number of			
(1) Injury	00	(4) Poisoning	0
(2) Skin disorder	0	_ (5) Hearing loss	0
(3) Respiratory condition	0	(6) All other illnesses	0

hio Bureau of Workers' Compensation Division of Safety & Hygiene, PERRP

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

manone markopoulos@wnqht edu 937-775-2215

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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 and
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 fulf-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 is upport 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.
Executive Vice President, Chief Gregory R. Sample Executive Vice President, Chief Operating Officer
Adjunistylior name (Pnnt) 7 Title 25/22
Admigstrator name (Signature) Date
937-775-4734 <u>gregory sumple@wnqhi.edu</u>
Phone E-mail address

Magone Markopoulos

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