Year 2022

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.

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	5	0	1
(G)	(H)	(1)	(J)

Number of days

away from work

Total number of days

ATTENTION:

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Bureau of Workers'

Compensation

Division of Safety & Hygiene, PERRP

30 W. Spring St., 25th Floor

Columbus, OH 43215-2256 Phone: 1-800-671-6858 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

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.

Marjorie Markooulos

Marjorie Markooulos

marjorie.markopoulos@wright.edu

937-775-2797

Total number of days of job

transfer or restriction

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

Establishment information				
Your establishment name Wright Sta	ate University -	Master		
Street 3640 Colonel Glenn Hwy				
City <u>Dayton</u>	State	Ohio	Zip code	45435
County Greene		Entity co	de University 660	
Establishment description (e.g., elementa administration building, MRDD workshop,				nt plant,
Main Campus				
BWC policy number (e.g., 12345678-000 10003158 - 0)			
mployment information For use ONLY by state agencies, townships By your definition, enter the total number workers. Enter police, fire, EMT and paral	of full-time and p	art-time emplo	_	
Full time:	medics separater	y below.		
Part time:				
Police/Fire/EMT:				
For use ONLY by educational inst technical schools, school districts	s) art-time employees	s that fit in the	classification	
below. Do NOT include substitutes or volu	inteers in your er	mployee coun	i.	
Teachers/instructors:				1132
All others/support staff (e.g., administration, b	ous drivers, custodi	ial, coaches, et	c.)	2724
gn here				
Knowingly falsifying this docume	nt may result i	in a fine.		
I certify that I have examined this docume of my knowledge.	ent and that the e	entries are tru	e, accurate and comp	lete to the best
Gregory P. Sample, M.F. Administratory and (Prin)	P.A.	Exe	Operating Office Title 1/29/23	
Administrato name (Signat	ure)	_	Date	
937-775-4734		gregory.	sample@wright.edu_	
Phone			-mail address	

Year 2022

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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)	4(H)	0 (I)	1 (J)

ATTENTION:

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Establishment information

Your establishment name

Street 3640 Colonel Glenn Hwy

| Condition | Cond

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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 Markooulos

Bureau of Workers'

Compensation

Number of days

away from work

Total number of days

marjorie.markopoulos@wright.edu 937-775-2797

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

Total number of days of job

transfer or restriction

	City	Dayton	State _	Ohio	Zip code	45435
	County	Greene	_	Entity	code University 660	
		shment description (e.g., elementary stration building, MRDD workshop, libi			•	eatment plant,
	Main	Campus				
	BWC p	olicy number (e.g., 12345678-000) 10003158 - 0				
Em	oloym	ent information				
	For us	se ONLY by state agencies, sp hips	ecial dis	tricts, count	ties, cities, villaç	ges and
		r definition, enter the total number of s. Enter police, fire, EMT and parame			nployees, which inc	sludes seasonal
	Full tim	e:				
	Part tin	ne:				
	Police/	Fire/EMT:				
		se ONLY by educational institu ical schools, school districts)	tions (un	iversities, c	olleges,	
		he total number of full-time and part-t Do NOT include substitutes or volunt				
	Teache	ers/instructors:				933
	All othe	rs/support staff (e.g., administration, bus	drivers, cus	todial, coaches,	, etc.)	2632
Sig	n here			ult in a fina		
	I certify	ingly falsifying this document or that I have examined this document snowledge.	-		true, accurate and	complete to the best
		/Gregory P. Sample, M.P.A		E	xecutive Vice Pro	
		Administrator pane (Print)			Title	
		Idministrator name (Signature	·)		1/29	9/23
		937-775-4734		areas	ory.sample@wright.	edu
		Phone		grego	E-mail address	

Wright State University - Main Campus

Year 2022

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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)

ATTENTION:

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Text

41 54 (L) Injury and illness types Total number of... (M) (1) Injury (4) Poisoning 0

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

Ohio

Marjorie Markooulos

Number of days

away from work

Total number of days

Bureau of Workers' Compensation

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

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marjorie.markopoulos@wright.edu 937-775-2797

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

Total number of days of job

transfer or restriction

Est	ablish	nment informat	ion				
	Your e	stablishment name	Wright Stat	e Universi	ty - Lake Cam	pus	
	Street	7600 State Route	e 703				
	City	Celina		State _	Ohio	Zip code	45822
	County	y Mercer		_	Entity o	ode University 660	
		ishment description (e istration building, MRD				e, wastewater treatmere facility, etc.)	ent plant,
	Brand	ch Campus					
	BWC p	policy number (e.g., 12	2345678-000) 03158 - 0				
Em	ploym	nent informatio	n				
	For u		agencies, s	pecial dis	tricts, countie	es, cities, villages	and
	Ву уоц	•				loyees, which include:	s seasonal
	Full tim	ne:					
	Part tir	me:					
	Police	/Fire/EMT:					
		se ONLY by educ nical schools, sch			iversities, co	lleges,	
		the total number of fu Do NOT include subs					
	Teach	ers/instructors:					137
	All othe	ers/support staff (e.g., a	dministration, bu	s drivers, cus	todial, coaches, e	tc.)	82
Sig	n here	9					
Ŭ		ingly falsifying th	is document	t may resu	ılt in a fine.		
		y that I have examine knowledge.	d this documer	nt and that th	ne entries are tru	ue, accurate and com	plete to the best
		/Gregory P. S	Sample, M.P.	Α.	Exe	ecutive Vice Presid Operating Offic	
		Administrate	ortranse (Print)	/		Title 1/29/23	3
		Administrator	name (Signatu	re)		Date	·

gregory.sample@wright.edu

E-mail address

937-775-4734

Year 2022

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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 (1)	0

Number of days

away from work

Total number of days

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Establishment information

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

Bureau of Workers'

Compensation

Division of Safety & Hygiene, PERRP

30 W. Spring St., 25th Floor

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Marjorie Markooulos

Marjorie Markooulos

marjorie.markopoulos@wright.edu

937-775-2797

Total number of days of job

transfer or restriction

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

Your e	stablishment name	Wright State	Universit	y - Calamityvi	lle	
Street	506 E. Xenia St.					
City	Fairborn		State	Ohio	Zip code	45324
Count	y Greene		_	Entity o	ode University 660	
	ishment description (e stration building, MRD				ge, wastewater treatme re facility, etc.)	ent plant,
Boon	shoft School of Me	dicine - Dept.	of Emerge	ency Medicin	e	
BWC p	policy number (e.g., 12	2345678-000) 03158 - 0				
Employm	ent informatio	n				
			ecial dist	ricts, countie	es, cities, villages a	and
town	•	total number of	full time on	d nort time amn	lavaaa uhiah inaludaa	
	s. Enter police, fire, E				loyees, which includes	seasonai
Full tin	ne:					
Part tir	me:					
Police	/Fire/EMT:					
	se ONLY by education		tions (uni	versities, co	lleges,	
	the total number of fu Do NOT include subs					
Teach	ers/instructors:					0
All othe	ers/support staff (e.g., a	dministration, bus	drivers, cust	odial, coaches, e	etc.)	1
Sign here	•					
	ingly falsifying th	is document ı	may resu	It in a fine.		
	y that I have examine knowledge.	d this document	and that th	e entries are tru	ue, accurate and comp	plete to the best
				Exe	ecutive Vice Preside	ent, Chief
		ample, M.P.A			Operating Office	er
	Administrato	name (Print))		1/29/23	
	Autilinistrator	Janiy (Olynaidle	,		Duto	
	937-775-473 Phone	34			v.sample@wright.edu E-mail address	
	Filone			ı	L-mail address	

Year 2022

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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

Number of days

away from work

Total number of days

ATTENTION: All Ohio publi

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Establishment information

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Marjorie Markooulos <u>marjorie.markopoulos@wright.edu</u> 937-775-2797

Total number of days of job

transfer or restriction

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

Υ	our es	stablishment name	Wright State	Universit	y - Dayton S	STEM School	
S	Street	1724 Woodman	Dr.				
С	City	Dayton		State _	Ohio	Zip code	45420-
С	County	Montgomery		_	Entity	code University 660	
		shment description (estration building, MRI					eatment plant,
5	Schoo	ol					
B'	BWC po	olicy number (e.g., 1.	2345678-000) 03158 - 0				
Fmnlo	ovm	ent informatio	n				
F	•	e ONLY by state		ecial dist	ricts, coun	ties, cities, villa	ges and
В	By your	definition, enter the Enter police, fire, E				nployees, which in	cludes seasonal
F	ull time	e:					
P	art tim	e:					
Р	Police/F	Fire/EMT:					
		se ONLY by educ ical schools, sch		tions (un	iversities, d	colleges,	
		ne total number of fu Do NOT include sub					
Te	eache	rs/instructors:					62
Al	II other	s/support staff (e.g., a	dministration, bus	drivers, cus	todial, coaches	, etc.)	9
Sign I	here						
-		ingly falsifying th	is document	may resu	lt in a fine.		
		that I have examine nowledge.	d this document	and that th	ne entries are	true, accurate and	complete to the best
_			Sample, M.P.A	·. <u>/</u>	E	xecutive Vice Pour Pour Pour Pour Pour Pour Pour Pour	Officer
		Administrat	or/name (Fint)	//		1 /2 0	· /23
_		Administrator	name (Signature)		1/29/ Date	- 4 3
_		937-775-473 Phone	34		grego	ory.sample@wright E-mail address	<u>.edu</u>
		i none				L-mail address	