

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.

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>5</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>53</u>	<u>120</u>
(K)	(L)

Injury and illness types

Total number of...	(M)		
(1) Injury	<u>6</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
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

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 - 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.)

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: 1132

All others/support staff (e.g., administration, bus drivers, custodial, coaches, etc.) 2724

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, M.P.A. Executive Vice President, Chief
Administrator name (Print) Operating Officer
Gregory P. Sample Title
Date 1/29/23
Administrator name (Signature)

937-775-4734 gregory.sample@wright.edu
Phone E-mail address

Marjorie Markopoulos marjorie.markopoulos@wright.edu 937-775-2797
Name of person completing or filing 300AP (print or type) Email address Phone number

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
<u>0</u>	<u>4</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>12</u>	<u>66</u>
(K)	(L)

Injury and illness types

Total number of...	(M)		
(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>

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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.)

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: 933

All others/support staff (e.g., administration, bus drivers, custodial, coaches, etc.) 2632

Sign here

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Gregory P. Sample, M.P.A. Executive Vice President, Chief
Administrator name (Print) Operating Officer
Gregory P. Sample Title
Date 1/29/23
Administrator name (Signature)
937-775-4734 Phone
gregory.sample@wright.edu E-mail address

Marjorie Markopoulos

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

marjorie.markopoulos@wright.edu

Email address

937-775-2797

Phone number

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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>41</u>	<u>54</u>
(K)	(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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Text

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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 Mercer 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.)
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: 137
All others/support staff (e.g., administration, bus drivers, custodial, coaches, etc.): 82

Sign here

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Administrator name (Print) Operating Officer
Gregory P. Sample Title
Date 1/29/23
Administrator name (Signature)
937-775-4734 gregory.sample@wright.edu
Phone E-mail address

Marjorie Markopoulos

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

marjorie.markopoulos@wright.edu

Email address

937-775-2797

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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>	(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 - Calamityville
Street 506 E. Xenia St.
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.)
Boonshoft School of Medicine - 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)

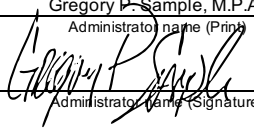
Enter the total number of full-time and part-time employees that fit in the classification below. Do NOT include substitutes or volunteers in your employee count.

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

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<p>Gregory P. Sample, M.P.A. Administrator name (Print)  Administrator name (Signature) <u>937-775-4734</u> Phone</p>	<p>Executive Vice President, Chief Operating Officer Title <u>1/29/23</u> Date <u>gregory.sample@wright.edu</u> E-mail address</p>
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Marjorie Markopoulos

marjorie.markopoulos@wright.edu

937-775-2797

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

Email address

Phone number

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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>	(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

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Establishment information

Your establishment name Wright State University - Dayton 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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Full time: _____
Part time: _____
Police/Fire/EMT: _____

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Teachers/instructors: 62

All others/support staff (e.g., administration, bus drivers, custodial, coaches, etc.) 9

Sign here

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Administrator name (Print) Operating Officer
Gregory P. Sample Title
Administrator name (Signature) 1/29/23 Date

937-775-4734 gregory.sample@wright.edu
Phone E-mail address

Marjorie Markopoulos

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

marjorie.markopoulos@wright.edu

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