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#### Number of cases

the correct values.

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	2	0	4	
(G)	(H)	(I)	(J)	

#### Number of days

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

#### Injury and illness types

## **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

Marjorie Markooulos, PhD

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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

#### ATTENTION:

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stablishment information				
Your establishment name Wrig	ght State Universi	ty - Master		
Street 3640 Colonel Glenn H	lwy			
City Dayton	State _	Ohio	Zip code	45435
County Greene		Entity co	ode University 660	
Establishment description (e.g., ele administration building, MRDD world				it plant,
Main Campus				
BWC policy number (e.g., 123456) 10003158				
mployment information				
For use ONLY by state agen townships	ncies, special dis	tricts, countie	s, cities, villages a	nd
By your definition, enter the total n workers. Enter police, fire, EMT an			oyees, which includes	seasonal
Full time:				
Part time:				
Police/Fire/EMT:				
For use ONLY by educationa technical schools, school di	•	iversities, col	lleges,	
Enter the total number of full-time abelow. Do NOT include substitutes				
Teachers/instructors:				1167
All others/support staff (e.g., administr	ration, bus drivers, cus	todial, coaches, et	tc.)	2727
gn here				
Knowingly falsifying this doo	cument may resi	ult in a fine.		
I certify that I have examined this of my knowledge.	document and that t	ne entries are tru	e, accurate and compl	ete to the best
Gregory P. Sampl	le, M.P.A.	Exe	cutive Vice Preside Operating Office	•
Administrator nam	ne (Print)		Title	
- LABOYT J	4)U		1-26-24	
	(S <b>l</b> gnature)		Date	
937-775-4734		gregory.	.sample@wright.edu	

E-mail address

2023

2023

45435

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	2	0	4
(G)	(H)	(I)	(J)

#### Number of days

Total number of days away from work	Total number of days of job transfer or restriction		
5	0		
(K)	(1.)		

#### Injury and illness types

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

#### **Bureau of Workers'** Compensation

Marjorie Markooulos, PhD

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937-775-2797

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

Email address

Phone number

#### **Establishment information** ATTENTION:

All Ohio public employers	Tour establish	ment name <u>vving</u>	int otate oniversit	y - Main Cam	риз	
must complete this form	Street 3640	Colonel Glenn H	wy			
(or an equivalent). This includes the State of Ohio and its instrumentalities; and "any political subdivisions and their	City <u>Dayto</u>	on	State _	Ohio	Zip code	
instrumentalities, including any	County Gree	ne		Entity o	ode University 660	
county, county or state hospital, municipal corporation, city, village, township, park district, school district, state institutions			ementary school, mai kshop, library, hospita		ge, wastewater treatment re facility, etc.)	nt plant,
of higher learning, public or	Main Camp	JS				
special district, state agency, authority, commission or board" as defined in Ohio Revised Code 4167.01.	BWC policy nu	mber (e.g., 1234567 10003158	,			

#### **Employment information**

## For use ONLY by state agencies, special districts, counties, cities, villages and

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)

Your establishment name Wright State University - Main Campus

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:	970
	_
All others/support staff (e.g., administration, bus drivers, custodial, coaches, etc.)	2638

#### 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,₽,Sample, M.P.A.	Executive Vice President, Chief Operating Officer
Administrator name (Print)	Title
THING SANDLE	1-26-24
Administrato name (Signature)	Date
937-775-4734	gregory.sample@wright.edu
Phone	E-mail address

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#### **Number of cases**

the correct values

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)	(1)	(1)	

#### Number of days

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

#### Injury and illness types

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

**Bureau of Workers** Compensation

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Marjorie Markooulos, PhD

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### Establishment information Your establishment name Wright State University - Lake Campus Street 7600 State Route 703 State

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.)

BWC policy number (e.g., 12345678-000) 10003158 - 0

#### Employment information

For use ONLY by state agencies, special districts, counties, cities, villages and

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.

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:

139

2023

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

79

#### 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, M.P.A. Operating Officer Title

1-26-24

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

2023

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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

#### Injury and illness types

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

#### **Bureau of Workers'** Compensation

Marjorie Markooulos, PhD

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

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937-775-2797

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

Email address

Phone number

## Establishment information Your establishment name Wright State University - Calamityville Street 506 E. Xenia St. State County Greene 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 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. 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.) Knowingly falsifying this document may result in a fine.

#### Sign here

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. Sam <u>pl</u> e, M.P.A.	Executive Vice President, Chief Operating Officer
Administrator name (Print)	Title <b>1-26-24</b>
Administrator name Abgrigature)	Date

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

ear 2023

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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)	(1)	(1)	

#### 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 0 (4) Poisoning 0

(2) Skin disorder 0 (5) Hearing loss 0

(3) Respiratory (6) All other illnesses 0

condition 0

## Ohio Bureau of Workers' Compensation

Marjorie Markooulos, PhD

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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

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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.

Est	ablish	nment information			
	Your e	establishment name Wrigh	nt State Universit	y - Dayton ST	EM School
	Street	1724 Woodman Dr.			
	City	Dayton	State	Ohio	Zip code <u>45420-</u>
	Count	y Montgomery		Entity or	ode University 660
		lishment description (e.g., elen istration building, MRDD works			ge, wastewater treatment plant, re facility, etc.)
	Scho	ool			
	BWC p	policy number (e.g., 12345678 10003158 -			
Em	ploym	nent information			
	For u	ise ONLY by state agenc ships	ies, special dist	ricts, countie	s, cities, villages and
		ur definition, enter the total nurs. Enter police, fire, EMT and			oloyees, which includes seasonal
	Full tim	ne:			
	Part tir	ne:			
	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.				
	Teach	ers/instructors:			58
	All othe	ers/support staff (e.g., administrat	tion, bus drivers, cust	rodial, coaches, e	etc.) 9
Sig	n here	е			
	Know	vingly falsifying this docu	ıment may resu	It in a fine.	
	-	y that I have examined this do knowledge.	cument and that th	e entries are tru	ue, accurate and complete to the best
		Gregory P. Sample	. M.P.A.	Exe	ecutive Vice President, Chief Operating Officer
		Administrator hame	<u> </u>		Title
		John Fift	H.		1-26-24
		Administrator Mad (S)	ianatura)		Date

gregory.sample@wright.edu

E-mail address

937-775-4734