

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

Year 2023

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 | 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) | (L) |

Injury and illness types

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



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

ATTENTION:
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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.

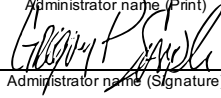
Teachers/instructors: 1167

All others/support staff (e.g., administration, bus drivers, custodial, coaches, etc.) 2727

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.

| | |
|--|--|
| <p><u>Gregory P. Sample, M.P.A.</u> <small>Administrator name (Print)</small></p>  <small>Administrator name (Signature)</small> <p><u>937-775-4734</u> <small>Phone</small></p> | <p>Executive Vice President, Chief Operating Officer <small>Title</small></p> <p style="text-align: center;">1-26-24</p> <p style="text-align: center;"><small>Date</small></p> <p><u>gregory.sample@wright.edu</u> <small>E-mail address</small></p> |
|--|--|

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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>2</u> (H) | <u>0</u> (I) | <u>4</u> (J) |

Number of days

| Total number of days away from work | Total number of days of job transfer or restriction |
|-------------------------------------|---|
| <u>5</u> (K) | <u>0</u> (L) |

Injury and illness types

| Total number of... | (M) | (N) | (O) |
|---------------------------|----------|-------------------------|----------|
| (1) Injury | <u>5</u> | (4) Poisoning | <u>0</u> |
| (2) Skin disorder | <u>0</u> | (5) Hearing loss | <u>1</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.

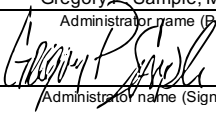
Teachers/instructors: 970

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 P. Sample, M.P.A. Administrator name (Print) | _____ Executive Vice President, Chief Operating Officer Title |
|  Administrator name (Signature) | <u>1-26-24</u> Date |
| <u>937-775-4734</u> Phone | <u>gregory.sample@wright.edu</u> 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> | <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... | (1) Injury | (2) Skin disorder | (3) Respiratory condition | (4) Poisoning | (5) Hearing loss | (6) All other illnesses |
|--------------------|------------|-------------------|---------------------------|---------------|------------------|-------------------------|
| (M) | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> |



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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: 139

All others/support staff (e.g., administration, bus drivers, custodial, coaches, etc.) 79

Sign here

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| | |
|---|---|
| Gregory P. Sample, M.P.A. Administrator name (Print) Administrator name (Signature) | Executive Vice President, Chief Operating Officer Title 1-26-24 Date |
| <u>937-775-4734</u> Phone | <u>gregory.sample@wright.edu</u> E-mail address |

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Number of days

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|--------------------|------------|-------------------|---------------------------|---------------|------------------|-------------------------|
| (M) | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> | <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

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 Part time: _____
 Police/Fire/EMT: _____

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

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

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Number of days

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|--------------------|------------|-------------------|---------------------------|---------------|------------------|-------------------------|
| (M) | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> |



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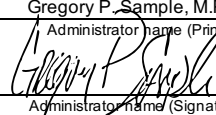
Enter the total number of full-time and part-time employees that fit in the classification below. Do NOT include substitutes or volunteers in your employee count.

Teachers/instructors: 58
 All others/support staff (e.g., administration, bus drivers, custodial, coaches, etc.): 9

Sign here

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