# State of Ohio — Public Employment Risk Reduction Program — Form 300AP (Rev. 09/2020) 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

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

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 away from work	Total number of days of job transfer or restriction		
5	0		

### 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		

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

Email address

Marjorie Markooulos, PhD

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

Phone number

### 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.

stablishment information			
Your establishment name Wright State University	ty - Master		
Street 3640 Colonel Glenn Hwy			
City Dayton State	Ohio	Zip code	45435
County Greene	Entity co	ode University 660	
Establishment description (e.g., elementary school, ma administration building, MRDD workshop, library, hospit			t plant,
Main Campus			
BWC policy number (e.g., 12345678-000) 10003158 - 0			
mployment information			
For use ONLY by state agencies, special dis townships	tricts, countie	s, cities, villages ar	nd
By your definition, enter the total number of full-time ar workers. Enter police, fire, EMT and paramedics separate		oyees, which includes s	easonal
Full time:			
Part time:			
Police/Fire/EMT:			
For use ONLY by educational institutions (un technical schools, school districts)	iversities, col	lleges,	
Enter the total number of full-time and part-time employ below. Do NOT include substitutes or volunteers in you			
Teachers/instructors:			1167
All others/support staff (e.g., administration, bus drivers, cus	stodial, coaches, e	tc.)	2727
an hara			
gn here Knowingly falsifying this document may resi	ult in a fine.		
I certify that I have examined this document and that to fmy knowledge.	he entries are tru	e, accurate and comple	te to the best
	Exe	cutive Vice Presider	nt, Chief
Gregory P. Sample, M.P.A.		Operating Office	•
Administrator name (Print)		Title 1-26-24	
Administrator name (Signature)		Date	
937-775-4734	gregory	.sample@wright.edu	
Phone		-mail address	

2023

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

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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)	(1)	(1)

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

Marjorie Markooulos, PhD

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All Ohio public employers

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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

### Establishment information

Your establishment name Wright State University - Main Campus				
Street 3640 Colonel Glenn Hwy				
City <u>Dayton</u>	State	Ohio	Zip code	45435
County Greene	_	Entity co	ode 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				

2023

### **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/FMT:	

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

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

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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

condition

Marjorie Markooulos, PhD

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

## Ohio Bureau of Workers' Compensation

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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

### Establishment information

Your establishment name Wright State	Universit	ty - Lake Cam	ipus	
Street 7600 State Route 703				
City Celina	State _	Ohio	Zip code	45822
County Mercer	_	Entity o	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)				

2023

### **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)

10003158 - 0

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

### 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 Operating Officer
/Administrator name (Print)	Title
Gliffy P SANGLE	1-26-24
Administrator 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 away from work	Total number of days of job transfer or restriction
0	0
/K)	// \

### 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

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Marjorie Markooulos, PhD

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ATTENTION:

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(or an equivalent). This includes

instrumentalities, including any

county, county or state hospital, municipal corporation, city, village, township, park district, school district, state institutions

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as defined in Ohio Revised

Code 4167.01.

must complete this form

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site, bwc.ohio.gov

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

Email address

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

937-775-2797 Phone number

### Establishment information

Your e		Vright State Universi	ty - Calamityvi	lle	
City	Fairborn	State _	Ohio	Zip code	45324
Establ	y Greene lishment description (e.g. istration building, MRDD		intenance garag		nt plant,
Boon	shoft School of Medic	cine - Dept. of Emerg	jency Medicin	е	

2023

### **Employment information**

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

10003158 - 0

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ull time:	
art time:	
olice/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	bue drivere	custodial	coachae	etc )	1

### 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.

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

 937-775-4734
 gregory.sample@wright.edu

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

### Number of days

away from work	transfer or restriction
0	0

### Injury and illness types

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

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site, bwc.ohio.gov

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

Marjorie Markooulos, PhD

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 - Dayton STEM School					
Street 1724 Woodman Dr.					
City Dayton State	Ohio Zip	o code <u>45420-</u>			
County Montgomery	Entity code Universi	ity 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					
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:	Part time:				
Police/Fire/EMT:	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:		58			
All others/support staff (e.g., administration, bus drivers, c	9				
Sign here					
Knowingly falsifying this document may re	sult in a fine.				
I certify that I have examined this document and that of my knowledge.	the entries are true, accurat	te and complete to the best			
Gregory P. Sample, M.P.A.		Executive Vice President, Chief Operating Officer			
Administrator name (Pripi)	1-20	1-26-24			
Administrator name (Signature)		Date			

gregory.sample@wright.edu

E-mail address

937-775-4734