

State of Ohio — Public Employment Risk Reduction Program — Form 300AP (Rev. 06/2024)

Summary of Work-Related Injuries and Illnesses

Year 2025

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	6	2	6
(G)	(H)	(I)	(J)

Number of days

Total number of days away from work	Total number of days of job transfer or restriction
62	69
(K)	(L)

Injury and illness types

Total number of...			
(M)			
(1) Injury	13	(4) Poisoning	0
(2) Skin disorder	0	(5) Hearing loss	0
(3) Respiratory condition	0	(6) All other illnesses	1



Bureau of Workers' Compensation

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

ATTENTION:

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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

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.)

All Campus - Master

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: 1133

All others/support staff (e.g., administration, bus drivers, custodial, coaches, etc.): 2810

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	Executive Vice President, Chief Operating Officer
Administrator name (Print)	Title
	1-29-26
Administrator name (Signature)	Date
937-775-4734	gregory.sample@wright.edu
Phone	E-mail address

Marjorie Markopoulos, PhD

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

marjorie.markopoulos@wright.edu

Email address

937-775-2797

Phone number

State of Ohio — Public Employment Risk Reduction Program — Form 300AP (Rev. 06/2024)

Summary of Work-Related Injuries and Illnesses

Year 2025

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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	6	2	6
(G)	(H)	(I)	(J)

Number of days

Total number of days away from work	Total number of days of job transfer or restriction
62	69
(K)	(L)

Injury and illness types

Total number of...			
(M)			
(1) Injury	13	(4) Poisoning	0
(2) Skin disorder	0	(5) Hearing loss	0
(3) Respiratory condition	0	(6) All other illnesses	1



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Establishment information

Your establishment name Wright State University - Main

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: 935

All others/support staff (e.g., administration, bus drivers, custodial, coaches, etc.) 2710

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. Sample	Executive Vice President, Chief Operating Officer
Administrator name (Print)	Title
	1-29-26
Administrator name (Signature)	Date
937-775-4734	gregory.sample@wright.edu
Phone	E-mail address

Marjorie Markopoulos, PhD

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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Year 2025

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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
(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 condition	0	(6) All other illnesses	0



Bureau of Workers' Compensation

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30 W. Spring St., 25th Floor
Columbus, OH 43215-2256
Phone: 1-800-671-6858

Marjorie Markopoulos, PhD

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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Establishment information

Your establishment name Wright State University - Lake

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

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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: 133

All others/support staff (e.g., administration, bus drivers, custodial, coaches, etc.) 80

Sign here

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Gregory P. Sample
Administrator name (Print)

Gregory P. Sample
Administrator name (Signature)

937-775-4734
Phone

Executive Vice President, Chief Operating Officer
Title

1-29-26
Date

gregory.sample@wright.edu
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)	(I)	(J)

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 condition	0	(6) All other illnesses	0



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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.)

Booneshoft School of Medicine - Department of Emergency Medicine

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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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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Administrator name (Signature)	Date
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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
(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 condition	0	(6) All other illnesses	0



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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

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Full time: _____

Part time: _____

Police/Fire/EMT: _____

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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: 65

All others/support staff (e.g., administration, bus drivers, custodial, coaches, etc.) 19

Sign here

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Administrator name (Print)	Title
	1-29-26
Administrator name (Signature)	Date
937-775-4734	gregory.sample@wright.edu
Phone	E-mail address

Marjorie Markopoulos, PhD

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

marjorie.markopoulos@wright.edu

Email address

937-775-2797

Phone number