

**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
<u>0</u> (G)	<u>6</u> (H)	<u>2</u> (I)	<u>6</u> (J)

**ATTENTION:**  
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**Number of days**

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

**Injury and illness types**

Total number of...			
(M)			
(1) Injury	<u>13</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>1</u>



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

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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.

Marjorie Markopoulos, PhD

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

[marjorie.markopoulos@wright.edu](mailto:marjorie.markopoulos@wright.edu)

937-775-2797

Email address

Phone number

**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.

Executive Vice President, Chief Operating Officer

Gregory P. Sample

Administrator name (Print)

Title

1-29-26

Administrator name (Signature)

Gregory Sample

Date

937-775-4734

[gregory.sample@wright.edu](mailto:gregory.sample@wright.edu)

Phone

E-mail address



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**Number of cases**

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<u>0</u> (G)	<u>0</u> (H)	<u>0</u> (I)	<u>0</u> (J)

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Total number of days away from work	Total number of days of job transfer or restriction
<u>0</u> (K)	<u>0</u> (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>
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Marjorie Markopoulos, PhD

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[marjorie.markopoulos@wright.edu](mailto:marjorie.markopoulos@wright.edu)

937-775-2797

Email address

Phone number

**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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Executive Vice President, Chief Operating Officer

Gregory P. Sample

Administrator name (Print)

Title

**1-29-26**

Date

Administrator name (Signature)

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**Number of days**

Total number of days away from work	Total number of days of job transfer or restriction
<u>0</u> (K)	<u>0</u> (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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Marjorie Markopoulos, PhD

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

[marjorie.markopoulos@wright.edu](mailto:marjorie.markopoulos@wright.edu)

937-775-2797

Email address

Phone number

**Establishment information**

Your establishment name	<u>Wright State University - Calamityville</u>				
Street	<u>506 E. Xenia St.</u>				
City	<u>Fairborn</u>	State	<u>Ohio</u>	Zip code	<u>45324</u>
County	<u>Greene</u>	Entity code	<u>University 660</u>		
Establishment description (e.g., elementary school, maintenance garage, wastewater treatment plant, administration building, MRDD workshop, library, hospital, extended care facility, etc.)					
<u>Boonesholt School of Medicine - Department of Emergency Medicine</u>					
BWC policy number (e.g., 12345678-000) <u>10003158 - 0</u>					

**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:

      

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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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Executive Vice President, Chief Operating Officer

Gregory P. Sample

Administrator name (Print)

Title

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**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>
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937-775-2797

Email address

Phone number

**Establishment information**

Your establishment name	<u>Wright State University - Dayton STEM School</u>				
Street	<u>1724 Woodman Dr.</u>				
City	<u>Dayton</u>	State	<u>Ohio</u>	Zip code	<u>45420</u>
County	<u>Montgomery</u>	Entity code	<u>University 660</u>		
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) <u>10003158 - 0</u>					

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Teachers/instructors: 65

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

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