

State of Ohio - Public Employment Risk Reduction Program - Form 300AP (Rev. 07/2007)

Summary of Work-Related Injuries and Illnesses



Year 2008

Ohio Bureau of Workers' Compensation
Division of Safety and Hygiene, PERRP
13430 Yarmouth Drive
Pickerington, Ohio 43147

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 the correct values 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. See OAC 4167-6-08, in the PERRP recordkeeping rule, for further details on the access provisions for these forms. You must keep this form on file for five years following the year to which it pertains. (OAC 4167-6-07)

Attention: This form (or an equivalent) must be completed by all OHIO PUBLIC EMPLOYERS, which means: 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 ORC 4167.01.

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>66</u>	<u>14</u>	<u>46</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>1353</u>	<u>1240</u>
(K)	(L)

Injury and illness types

Total number of... (M)	
(1) Injury	<u>114</u>
(2) Skin disorder	<u>1</u>
(3) Respiratory condition	<u>1</u>
(4) Poisoning	<u>0</u>
(5) Hearing loss	<u>0</u>
(6) All other illnesses	<u>10</u>

Post this 300AP/Summary from February 1 to April 30 of the year following the year covered by the form. It must be posted in a location accessible to public employees and/or public employee representatives, but need not be posted in areas accessible to the public or non-employees.

This Summary must be submitted to PERRP no later than February 1 of the year following the year covered by the form. The required information may be submitted by mail, fax, or electronically on BWC's Web site, ohiobwc.com.

Establishment information

Your establishment name University of Cincinnati

Street 51 West Corry Blvd.

City Cincinnati State Ohio Zip code 45221-0218

County Hamilton Entity code (select from University 660)

Establishment description (e.g., elementary school, maintenance garage, wastewater treatment plant, administration building, MRDD workshop, library, hospital, extended care facility, etc.)

University

Ohio Bureau of Workers' Compensation Risk (Policy) Number (e.g., 12345678-000)
10003505 - 0

Employment information

For State Agencies, Special Districts, Counties, Cities, Villages and Townships.

By your definition, enter the number of full time and part time employees which includes seasonal. Enter police, fire, EMT and paramedics separately below:

Full Time: _____

Part Time: _____

Police/Fire/EMT: _____

For Educational Institutions (Universities, Colleges, Technical Schools, School Districts).

Enter the number of employees that fit in the classification below. Total number of full time and part time. Do not include substitutes or volunteers in your employee count.

Teachers/Instructors: 6380

Support Staff (All Others) i.e., Administration, Bus drivers, Custodial, Coaches, etc. 10766

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Jan Arthur Utrecht Director, EH&S

Administrator name (Print) Title

Jan Arthur Utrecht Friday, January 16, 2009

Administrator name (Signature) Date

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Phone Email address

