

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 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. See OAC 4167-6-08 in the PERRP recordkeeping rule for 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)

| 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 | 85 | 15 | 46 |
| (G) | (H) | (I) | (J) |

| Number of days | |
|-------------------------------------|---|
| Total number of days away from work | Total number of days of job transfer or restriction |
| 1065 | 1072 |
| (K) | (L) |

| Injury and illness types | | | |
|---------------------------|-----|-------------------------|---|
| Total number of... | | | |
| (M) | | | |
| (1) Injury | 134 | (4) Poisoning | 0 |
| (2) Skin disorder | 1 | (5) Hearing loss | 0 |
| (3) Respiratory condition | 4 | (6) All other illnesses | 7 |

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.

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, ohiobwc.com.
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.

Ohio Bureau of Workers' Compensation
Division of Safety & Hygiene, PERRP
13430 Yarmouth Dr.
Pickerington, OH 43147

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 University 660
Establishment description (e.g., elementary school, maintenance garage, wastewater treatment plant, administration building, MRDD workshop, library, hospital, extended care facility, etc.)
University
BWC policy number (e.g., 12345678-000)
1003505 - 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: 6006
All others/support staff (e.g., administration, bus drivers, custodial, coaches, etc.): 9949

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.

Jan Arthur Utrecht Director, EH&S
Administrator name (Print) Title
 Thursday, January 12, 2012
Administrator name (Signature) Date
513-556-4968 utrechja@uc.edu
Phone E-mail address



UNIVERSITY HEALTH SERVICES
Environmental Health and Safety
PO Box 210218
Cincinnati, Ohio 45221-0218

Two Edwards Center, Room 2310
51 West Corry Street ML 0218
Phone (513) 556-4968
Fax (513) 556-4981
Web <http://ehs.uc.edu>

Date: January 2012
To: Deans, Directors, and Department Heads
East and West Campuses, Auxiliary and Satellite Locations
Academic and Research Areas
From: Jan-Arthur Utrecht, Director
Environmental Health and Safety
RE: Calendar Year 2011 Summary of Work-Related Injuries and Illnesses

The 2011 Summary of Work-Related Injuries and Illnesses for the University of Cincinnati's Academic and Research Areas is attached. In accordance with Ohio Administrative Code 4167, the Ohio Public Employees Risk Reduction Program (PERRP), this form is posted annually from February 1 through April 30. This reduction effort in essence adopted federal Occupational Safety and Health Administration, OSHA, law as Ohio law. This summary is available from Environmental Health and Safety's web site at <http://ehs.uc.edu/>; it is also posted throughout the University of Cincinnati. Posting locations are listed below.

| | |
|---------------------------|---|
| Clermont College | Bulletin boards in STU 145, S146 and S266 |
| Edgecliff | Bulletin board in the OCAS Administration Building mailroom |
| Holmes Hospital | Bulletin board in University Health Services' patient waiting room |
| Kettering Addition | Health and safety bulletin board beside room 126 |
| Medical Sciences Building | Elevator bulletin boards |
| Raymond Walters College | Bulletin boards in Muntz Hall mailroom, maintenance office, and the faculty/staff lounge; bulletin boards in the SAHB |
| Lindner Center | Bulletin boards in exam rooms |
| University Hall | Bulletin board in the 4 th floor cafeteria |

The annual summary is a record of the calendar year 2011 occupational injury and illness totals from the OSHA Form 300.

Please distribute this document throughout your department and post the summary in your establishment(s) in a conspicuous place or places where notices to employees are customarily posted. Any questions regarding this material should be directed to Environmental Health and Safety at 556-4968.

Attachment: 2011 Summary of Work-Related Injuries and Illnesses

cc: John S. Andrews, Jr., MD, Assistant Senior VP Medical Center, Director UHS
Ellen R. Elsbernd, Chief OSHA Compliance Officer, Environmental Health and Safety

