State of Ohio — Public Employment Risk Reduction Program — Form 300AP (Rev. 01/2015)

Year 2018

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. You must keep this form on file for five years following the year to which it pertains.

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.

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	27	8	19
(G)	(H)	(I)	(J)

Number of days

Total number of days away from work	Total number of days of job transfer or restriction
535	525
(K)	(L)

Injury and illness types

Total number of...

	(M)		
(1) Injury	49	(4) Poisoning	0
(2) Skin disorder	1	(5) Hearing loss	0
(3) Respiratory condition	0	(6) All other illnesses	4

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

Ellen R. Elsbernd	elsberer@uc.edu	513-556-4968
Name of person completing or filing 300AP (print or type)	Email address	Phone number

Establishment information

Your establishment name: University of Cincinnati Uptown West and Medical Campuses

Street: PO Box 210218

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.)

Uptown West and Medical Campuses

BWC policy number (e.g., 12345678-000)
10003505 -

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: 3596

All others/support staff (e.g., administration, bus drivers, custodial, coaches, etc.) 11254

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 A. Utrecht	Director, EH&S
Administrator name (Print)	Title
Jan Utrecht	Wednesday, January 16, 2019
Administrator name (Signature)	
513-556-4968	utrechja@uc.edu
Phone	E-mail address

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Year 2018

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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	1	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
2	0
(K)	(L)

Injury and illness types

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

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Ohio | Bureau of Workers' Compensation

Division of Safety & Hygiene, PERRP
13430 Yarmouth Dr.
Pickerington, OH 43147

Ellen R. Elsbernd
Name of person completing or filing 300AP (print or type)

elsberer@uc.edu
Email address

513-556-4968
Phone number

Establishment information

Your establishment name: University of Cincinnati Blue Ash Campus

Street: PO box 210218

City: Cincinnati State: Ohio Zip code: 45221-0218

County: Hamilton Entity code: University branch 670

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

UC Blue Ash Campu

BWC policy number (e.g., 12345678-000)
10003505 -

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: 212

All others/support staff (e.g., administration, bus drivers, custodial, coaches, etc.) 384

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.

Jan A. Utrecht
Administrator name (Print)

Director, EH&S
Title

Jan Utrecht
Administrator name (Signature)

Wednesday, January 16, 2019
Date

513-556-4968
Phone

utrechja@uc.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	1	0	2
(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
(K)	(L)

Injury and illness types

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

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Pickerington, OH 43147

Ellen R. Elsbernd	elsberer@uc.edu	513-556-4968
Name of person completing or filing 300AP (print or type)	Email address	Phone number

Establishment information

Your establishment name: University of Cincinnati Clermont College Campus

Street: PO Box 210218

City: Cincinnati State: Ohio Zip code: 45221-0218

County: Clermont Entity code: University branch 670

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

UC Clermont College Campus

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

_____ - _____

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: 267

All others/support staff (e.g., administration, bus drivers, custodial, coaches, etc.) 236

Sign here

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Jan A. Utrecht	Director, EH&S
Administrator name (Print)	Title
Jan Utrecht	Wednesday, January 16, 2019
Administrator name (Signature)	Date
513-556-4968	utrechja@uc.edu
Phone	E-mail address