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

Summary of Work-Related Injuries and Illnesses

Year __2018__

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.

<table>
<thead>
<tr>
<th>Number of cases</th>
<th>Total number of deaths</th>
<th>Total number of cases with days away from work</th>
<th>Total number of job transfer or restriction</th>
<th>Total number of other reportable cases</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>27</td>
<td>8</td>
<td>19</td>
</tr>
<tr>
<td>(G)</td>
<td></td>
<td>(H)</td>
<td>(I)</td>
<td>(J)</td>
</tr>
</tbody>
</table>

Number of days

<table>
<thead>
<tr>
<th>Total number of days away from work</th>
<th>Total number of days of job transfer or restriction</th>
</tr>
</thead>
<tbody>
<tr>
<td>535</td>
<td>525</td>
</tr>
<tr>
<td>(K)</td>
<td>(L)</td>
</tr>
</tbody>
</table>

Injury and illness types

<table>
<thead>
<tr>
<th>Total number of...</th>
<th>(M)</th>
<th>(N)</th>
<th>(O)</th>
<th>(P)</th>
<th>(Q)</th>
<th>(R)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Injury</td>
<td>49</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin disorder</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respiratory</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Ohio Bureau of Workers’ Compensation
Division of Safety & Hygiene, PERRP
12430 Yarmouth Dr.
Pickerington, OH 43147

Ellen R. Elsbend esperf@uc.edu 513-566-4968
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 45221-2128
County: Hamilton Entity Code: University: 440
Establishment description (e.g., elementary school, maintenance garage, wastewater treatment plant, administration building, MRD workshop, library, hospital, extended care facility, etc.): Uptown West and Medical Campuses
EWC Policy Number (e.g., 1234567-000) 1003505

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 fall in the classification below. Do NOT include substitutes or volunteers in your employee count.

Teachers/Instructors: 3506
All other/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. Ureacht Director, EH&S
Administrator Name (Print) Title
Administrator Name (Signature)

513-556-4968
Phone
utrecht@uc.edu
E-mail address

Wednesday, January 16, 2019
Summary of Work-Related Injuries and Illnesses

All establishments covered by Ohio Administrative Code (OAC) 4157 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 casualty. 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 PERPP Form 301P or its equivalent. You must keep this form on file for five years following the year to which it pertains.

<table>
<thead>
<tr>
<th>Number of cases</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of deaths</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total number of cases with days away from work</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total number of cases with job transfer or restriction</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total number of other recordable cases</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(G)</td>
<td>(H)</td>
<td>(I)</td>
<td>(J)</td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of days</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of days away from work</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total number of days of job transfer or restriction</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(K)</td>
<td>(L)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Injury and illness types</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of...</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(M)</td>
<td>(N)</td>
<td>(O)</td>
<td>(P)</td>
</tr>
<tr>
<td>(1) Injury</td>
<td>1</td>
<td>(4) Poisoning</td>
<td>0</td>
</tr>
<tr>
<td>(2) Skin disorder</td>
<td>0</td>
<td>(5) Hearing loss</td>
<td>0</td>
</tr>
<tr>
<td>(3) Respiratory condition</td>
<td>0</td>
<td>(6) All other illnesses</td>
<td>0</td>
</tr>
</tbody>
</table>

Establishment information

Your establishment name: University of Cincinnati Blue Ash Campus
Street: PO box 210218
City: Cincinnati
State: Ohio
Zip code: 45221-218
County: Hamilton
Entity code: University branch 470
Establishment description: (e.g., elementary school, maintenance garage, wastewater treatment plant, administration building, MRDD workshop, library, hospital, extended care facility, etc.)
UC Blue Ash Campus
BWC policy number: (e.g., 12345678-000)
00093505

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/Instructional: 212
All others/support staff (e.g., administration, bus drivers, custodial, coaches, etc.): 384

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. Urecht
Administrator name (Print)
Title: Director, EH&S
Administrator Name (Signature)
Date: Wednesday, January 16, 2019
513-556-4968
Phone: 513-556-4968
E-mail address: urencht@uc.edu
## State of Ohio — Public Employment Risk Reduction Program — Form 300AP (Rev. 01/2015)

### 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.

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### Number of cases

<table>
<thead>
<tr>
<th>Total number of cases</th>
<th>Total number of cases with days away from work</th>
<th>Total number of cases with job transfer or restriction</th>
<th>Total number of other recordable cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>0</td>
<td>2</td>
</tr>
</tbody>
</table>

### Total number of days

<table>
<thead>
<tr>
<th>Total number of days away from work</th>
<th>Total number of days of job transfer or restriction</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>0</td>
</tr>
</tbody>
</table>

### Injury and illness types

<table>
<thead>
<tr>
<th>Total number of...</th>
<th>(M)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Injury</td>
<td>3</td>
</tr>
<tr>
<td>(2) Skin disorder</td>
<td>0</td>
</tr>
<tr>
<td>(3) Respiratory condition</td>
<td>0</td>
</tr>
<tr>
<td>(4) Poisoning</td>
<td>0</td>
</tr>
<tr>
<td>(5) Hearing loss</td>
<td>0</td>
</tr>
<tr>
<td>(6) All other illnesses</td>
<td>0</td>
</tr>
</tbody>
</table>

### 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
- **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., 2013456789000)**: 

### 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

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. Utretch**: Administrator name (Print), Director, EH&S
- **Signature**: Jan Utretch
- **Date**: Wednesday, January 16, 2019

- **Administrative name (signature)**: Ellen R. Elsbernd
- **Phone**: 513-556-4961
- **Email address**: elberen@uc.edu

- **Phone**: 513-556-4968
- **E-mail address**: utretch@uc.edu

---

**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)