

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.

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	44	6	21
(G)	(H)	(I)	(J)

Number of days

Total number of days away from work	Total number of days of job transfer or restriction
808	492
(K)	(L)

Injury and illness types

Total number of... (M)	(1) Injury	(2) Skin disorder	(3) Respiratory condition	(4) Poisoning	(5) Hearing loss	(6) All other illnesses
	65	0	2	0	0	4

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.

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)

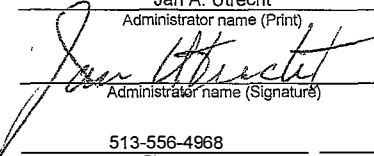
Enter the total number of full-time and part-time employees that fit in the classification below. Do NOT include substitutes or volunteers in your employee count.

Teachers/instructors: 5126
 All others/support staff (e.g., administration, bus drivers, custodial, coaches, etc.) 11337

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

 Administrator name (Signature) Friday, January 17, 2020
513-556-4968 utrechja@uc.edu
 Phone E-mail address



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

Summary of Work-Related Injuries and Illnesses

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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
<u>0</u>	<u>1</u>	<u>0</u>	<u>0</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>2</u>	<u>0</u>
(K)	(L)

Injury and illness types

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

Your establishment name University of Cincinnati Blue Ash Campus

Street PQ 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

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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: 371

All others/support staff (e.g., administration, bus drivers, custodial, coaches, etc.) 375

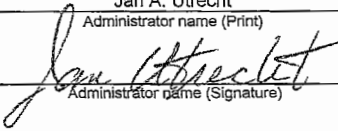
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Jan A. Utrecht Director, EH&S

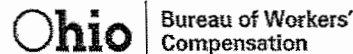
Administrator name (Print) Title

 Friday, January 17, 2020

Administrator name (Signature) Date

513-556-4968 utrechia@uc.edu

Phone E-mail address



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

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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
<u>0</u>	<u>4</u>	<u>0</u>	<u>1</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>267</u>	<u>13</u>
(K)	(L)

Injury and illness types

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

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

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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

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 Part time: _____
 Police/Fire/EMT: _____

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Teachers/instructors: 314
 All others/support staff (e.g., administration, bus drivers, custodial, coaches, etc.) 219

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Jan A. Utrecht Director, EH&S
 Administrator name (Print) Title
 Administrator name (Signature)
Friday, January 17, 2020 Date
513-556-4968 Phone
utrechja@uc.edu E-mail address

Ellen R. Elsbernd

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

elsberer@uc.edu

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