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

Summary of Work-Related Injuries and Illnesses

<table>
<thead>
<tr>
<th>Number of cases</th>
<th>Year 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of deaths</td>
<td>0</td>
</tr>
<tr>
<td>Total number of cases with days away from work</td>
<td>44</td>
</tr>
<tr>
<td>Total number of cases with job transfer or restriction</td>
<td>6</td>
</tr>
<tr>
<td>Total number of other recordable cases</td>
<td>21</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of days</th>
<th>Year 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of days away from work</td>
<td>805</td>
</tr>
<tr>
<td>Total number of days of job transfer or restriction</td>
<td>492</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Injury and illness types</th>
<th>Year 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of...</td>
<td>(M)</td>
</tr>
<tr>
<td>(1) Injury</td>
<td>65</td>
</tr>
<tr>
<td>(2) Skin disorder</td>
<td>0</td>
</tr>
<tr>
<td>(3) Respiratory condition</td>
<td>2</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>4</td>
</tr>
</tbody>
</table>

**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 440
- **BWC policy number:** 12345678-000

**Employment information**

**For use ONLY by state agencies, special districts, counties, cities, villages and townships**

- **Full time:**
- **Part time:**
- **Police/EMT:**

**For use ONLY by educational institutions (universities, colleges, technical schools, school districts)**

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

**Sign here**

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

**Administrative name (Print):** Jan A. Utrecht
**Title:** Director, EH&S
**Date:** Friday, January 17, 2020

**Administrative name (Signature):**

**Jan A. Utrecht**
## 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 have 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.

### Establishment Information

<table>
<thead>
<tr>
<th>Your establishment name</th>
<th>University of Cincinnati Blue Ash Campus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street</td>
<td>PO Box 210218</td>
</tr>
<tr>
<td>City</td>
<td>Cincinnati</td>
</tr>
<tr>
<td>State</td>
<td>Ohio</td>
</tr>
<tr>
<td>Zip code</td>
<td>45221-9218</td>
</tr>
<tr>
<td>County</td>
<td>Hamilton</td>
</tr>
<tr>
<td>Entity code</td>
<td>University branch 670</td>
</tr>
</tbody>
</table>

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

**UC Blue Ash Campus**

**BWC policy number** (e.g., 12345678-003)

| 10/03505 |

### 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 employees count.

- Teachers/instructors:

- All other/support staff (e.g., administration, bus drivers, custodials, coaches, etc.)

### 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. Utech
Director, EH&S

__________________________
[Signature]
Administrative name (Print)
Title

__________________________
[Signature]
Administrative name (Signature)
Administrator name (Print)

__________________________
Jan A. Utech
[Signature]
Director, EH&S

__________________________
[Signature]
10/03505
Phone

__________________________
[Signature]
[Signature]
[Signature]
Administrative name (Print)
[Signature]
Administrator name (Signature)
[Signature]
Administrator name (Print)

513-556-4966
Phone

513-556-4966
Phone

513-556-4966
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# State of Ohio — Public Employment Risk Reduction Program — Form 300AP (Rev. 01/2015)

## Summary of Work-Related Injuries and Illnesses

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### Number of Cases

<table>
<thead>
<tr>
<th>Total number of deaths</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></td>
<td>(G)</td>
<td>(H)</td>
<td>(I)</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(J)</td>
<td>1</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>297</td>
<td>13</td>
</tr>
</tbody>
</table>

### Injuries and Illnesses

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

## Establishment Information

<table>
<thead>
<tr>
<th>Your establishment name</th>
<th>University of Cincinnati Clermont College Campus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street</td>
<td>PO Box 210218</td>
</tr>
<tr>
<td>City</td>
<td>Cincinnati</td>
</tr>
<tr>
<td>State</td>
<td>Ohio</td>
</tr>
<tr>
<td>Zip code</td>
<td>45221-2116</td>
</tr>
<tr>
<td>County/Clermont</td>
<td>Clermont</td>
</tr>
<tr>
<td>Entity code</td>
<td>University and General Hospital Authority, Board</td>
</tr>
<tr>
<td>Establishment description</td>
<td>Elementary, secondary schools, public, private, college, university, technical schools, special districts, state institutions, etc.</td>
</tr>
<tr>
<td>UC Clermont College Campus</td>
<td></td>
</tr>
<tr>
<td>BWC policy number</td>
<td>023456789000</td>
</tr>
</tbody>
</table>

## Employment Information

**For use ONLY by state agencies, special districts, counties, cities, villages and townships**

By your signature, enter the total number of full-time and part-time employees, when 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:    | 314                                      |
| All other support staff (e.g., administration, bus drivers, custodians, coaches, etc.): | 219 |

## 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.

\[Signature\]

Jan A. Utech

Director, EHS

Friday, January 17, 2020

Administrative Name (Signature)

513-656-4969

Phone

Utechsupport@uc.edu

E-mail address

---

**Ohio Bureau of Workers’ Compensation**

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

Eiler R. Siebeneck
Name of person completing or filing 300AP (print or type)

Email address

513-558-4988

Phone number

[Signature]

Decision Office

Friday, January 17, 2020

Administrative Name (Signature)

513-656-4969

Phone

Utechsupport@uc.edu

E-mail address