

# 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	24	1	11
(G)	(H)	(I)	(J)

### Number of days

Total number of days away from work	Total number of days of job transfer or restriction
578	80
(K)	(L)

### Injury and illness types

Total number of... (M)	
(1) Injury	31
(2) Skin disorder	1
(3) Respiratory condition	3
(4) Poisoning	0
(5) Hearing loss	0
(6) All other illnesses	1

**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](http://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)  
100035 05-

### 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)**

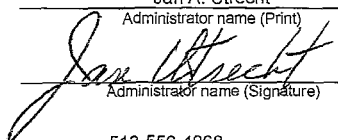
Enter the total number of full-time and part-time employees that fit in the classification below. Do NOT include substitutes or volunteers in your employee count.

Teachers/instructors: 5214  
 All others/support staff (e.g., administration, bus drivers, custodial, coaches, etc.) 9482

### 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  
 Administrator name (Print) Director, EH&S  
Title  
  
 Administrator name (Signature) Wednesday, January 20, 2021



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

State of Ohio — Public Employment Risk Reduction Program — Form 300AP (Rev. 01/2015)  
**Summary of Work-Related Injuries and Illnesses**

Year 2020

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**

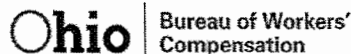
Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
<u>0</u>	<u>0</u>	<u>1</u>	<u>1</u>
(G)	(H)	(I)	(J)

**Number of days**

Total number of days away from work	Total number of days of job transfer or restriction
<u>0</u>	<u>6</u>
(K)	(L)

**Injury and illness types**

Total number of... (M)			
(1) Injury	<u>2</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>



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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 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.

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**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**

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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: 340

All others/support staff (e.g., administration, bus drivers, custodial, coaches, etc.) 166

**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 Director, EH&S  
 Administrator name (Print) Title

Thursday, January 21, 2021  
 Administrator name (Signature) Date

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

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### Number of cases

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(G)	(H)	(I)	(J)

### Number of days

Total number of days away from work	Total number of days of job transfer or restriction
<u>0</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 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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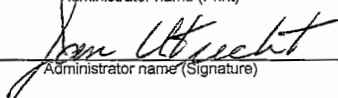
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Jan A. Utrecht Director, EH&S  
Administrator name (Print) Title

 Wednesday, January 20, 2021  
Administrator name (Signature) Date

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



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