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

			and the second state of th	
All establishments covered by Ohio Adm Summary even if no work-related injuries or review the <i>Log of Work-Related Injuries</i> complete and accurate before completing entries you made for each category. Then v entries from every page of the Log. If y electronic form, verify that you have importe Employees, former employees and their re entriety. They also have limited access to keep this form on file for five years following	or illnesses occurred during t and illnesses (300P) to veri this summary. Using the Lo write the totals below, making ou had no cases, write "0", ad the correct values. presentatives have the right the PERRP Form 301P or its	he year. Remember to y that the entries are g, count the individual sure you've added the If you are using the o review the Log in its	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	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 Establishment description (e.g., elementary school, maintenance garage, wastewater treatment plant, administration building, MRDD workshop, library, hospital, extended care facility, etc.)
Number of cases			district, state institutions of higher learning, public or	Uptown West and Medical Campuses
Total number of Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases	special district, state agency, authority, commission or board" as defined in Ohio Revised Code 4167.01.	BWC policy number (e.g., 12345678-000) 10003505 -
				Employment information
0 33 (G) (H)	- <u>5</u> (1)	(J)		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:
Number of days				
Total number of days away from work	Total number of days of job transfer or restriction			Part time: Police/Fire/EMT:
496 (K)	459 (L)	-		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.
injury and illness types			You must submit this form	
Total number of (M) (1) Injury <u>54</u>	(4) Poisoning	0	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	Teachers/instructors: 5215 All others/support staff (e.g., administration, bus drivers, custodial, coaches, etc.) 9467
(2) Skin disorder 0	(5) Hearing loss	0	BWC's Web site, ohiobwc.com.	Sign here
(3) Respiratory	(6) All other illnesses	0		Knowingly falsifying this document may result in a fine.
	sion of Safety & Hygiene, PERRP		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	I certify that I have examined this document and that the entries are true, accurate and complete to the best of my knowledge. Patrick Kowalski VP for Finance Title
Pickerington, OH 43147			public.	Wednesday, January 19, 2022
				Administrator name (Signature)
		summerer@uc.edu	513-556-4968	
Ellen R. Summers Name of person completing or filing 300AP (print or type) Email address			Phone number	513-556-4968 kowalspk@uc.edu Phone E-mail address
tune of person completing of hing bookr (phil				

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

Establishment information All establishments covered by Ohio Administrative Code (OAC) 4167 must complete this ATTENTION: Summary even if no work-related injuries or illnesses occurred during the year. Remember to Your establishment name University of Cincinnati Clermont College Campus review the Log of Work-Related Injuries and Illnesses (300P) to verify that the entries are All Ohio public employers complete and accurate before completing this summary. Using the Log, count the individual must complete this form Street PO Box 210218 entries you made for each category. Then write the totals below, making sure you've added the (or an equivalent). This entries from every page of the Log. If you had no cases, write "0". If you are using the includes the State of Ohio and electronic form, verify that you have imported the correct values. Cincinnati City State Ohio Zip code 45221-0218 its instrumentalities; and "any political subdivisions and their Employees, former employees and their representatives have the right to review the Log in its instrumentalities, including entirety. They also have limited access to the PERRP Form 301P or its equivalent. You must County Clermont Entity code University branch 670 any county, county or state keep this form on file for five years following the year to which it pertains. hospital, municipal Establishment description (e.g., elementary school, maintenance garage, wastewater treatment plant, corporation, city, village, administration building, MRDD workshop, library, hospital, extended care facility, etc.) township, park district, school Number of cases district, state institutions of UC Clermont College Campus higher learning, public or special district, state agency, Total number of Total number of Total number of cases Total number of BWC policy number (e.g., 12345678-000) authority, commission or deaths cases with days with job transfer or other recordable board" as defined in Ohio away from work restriction cases Revised Code 4167.01. Employment information 0 0 0 0 For use ONLY by state agencies, special districts, counties, cities, villages and (H) (G) 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: Number of days Part time: Total number of Total number of days of days away from job transfer or restriction Police/Fire/EMT: work For use ONLY by educational institutions (universities, colleges, technical schools, school districts) 0 (K) (1) 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 Injury and illness types You must submit this form Teachers/instructors 313 to PERRP by Feb. 1 of each Total number of ... year to summarize the (M) previous year's activities. 105 All others/support staff (e.g., administration, bus drivers, custodial, coaches, etc.) You may submit it by mail (4) Poisoning 0 0 (1) Injury or fax, or electronically via BWC's Web (2) Skin disorder 0 (5) Hearing loss 0 site, Sign here ohiobwc.com. Knowingly falsifying this document may result in a fine. (3) Respiratory (6) All other illnesses 0 condition 0 You must also post this I certify that I have examined this document and that the entries are true, accurate and complete to the form from Feb. 1 to April 30 best of my knowledge. of each year in a location Bureau of Workers' that is readily accessible **n10** Compensation by your employees and their representatives. You Patrick Kowalski VP for Finance Division of Safety & Hygiene, PERRP do not have to post it for dministrator name (Print) Title 13430 Yarmouth Dr. non-employees or the Pickerington, OH 43147 public. Wednesday, January 19, 2022 Administrator name (Signature) Date summerer@uc.edu 513-556-4968 Ellen R. Summers 513-556-4968 kowalspk@uc.edu Name of person completing or filing 300AP (print or type) Email address Phone number Phone E-mail address

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

				Providence and the second state of the second	
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 <i>Log of Work-Related Injuries and Illnesses</i> (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.				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	Establishment information Your establishment name University of Cincinnati Blue Ash Campus Street PO box 210218 City Cincinnati State Ohio Zip code 45221-0218
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.			s equivalent. You must	instrumentalities, including any county, county or state hospital, municipal corporation, city, village,	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.)
Number of cases				township, park district, school district, state institutions of	
				higher learning, public or special district, state agency,	UC Blue Ash Campu
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	authority, commission or board" as defined in Ohio Revised Code 4167.01.	BWC policy number (e.g., 12345678-000) 10003505 -
					Employment information
0 (G)	0 (H)	0 (1)	0		For use ONLY by state agencies, special districts, counties, cities, villages and townships
(6)	(⊓)	(1)	(3)		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.
Number of days					Full time:
					Part time:
Total number of days away from work		Total number of days of job transfer or restriction			Police/Fire/EMT:
0		0			For use ONLY by educational institutions (universities, colleges, technical schools, school districts)
(К)		(L)			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.
njury and illness ty	ypes				
Total number of				You must submit this form to PERRP by Feb. 1 of each year to summarize the	Teachers/instructors: 316
(M)				previous year's activities. You may submit it by mail	All others/support staff (e.g., administration, bus drivers, custodial, coaches, etc.) 147
1) Injury	0	(4) Poisoning	0	or fax, or electronically via	
2) Skin disorder	0	(5) Hearing loss	0	BWC's Web site, ohiobwc.com.	Sign here
 Respiratory condition 	O	(6) All other illnesses	0	You must also post this	Knowingly falsifying this document may result in a fine.
Ohio Bureau of Workers' Compensation				form from Feb. 1 to April 30 of each year in a location that is readily accessible by your employees and their representatives. You	I certify that I have examined this document and that the entries are true, accurate and complete to the best of my knowledge.
					Patrick Kowalski VP for Finance
Division of Safety & Hygiene, PERRP 13430 Yarmouth Dr. Pickerington, OH 43147				do not have to post it for non-employees or the	Administrator name (Print) Title
Fickerington, OH 43	5147			public.	Administrator name (Signature) Uednesday, January 19, 2022 Date
			summerer@uc.edu	513-556-4968	
Ellen R. Summers		t t \			513-556-4968 <u>kowalspk@uc.edu</u>
vame of person complet	ting or filing 300AP (prin	t or type)	Email address	Phone number	Phone E-mail address