

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

Summary of Work-Related Injuries and Illnesses

Year 2022

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
<u>0</u>	<u>20</u>	<u>5</u>	<u>13</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>563</u>	<u>383</u>
(K)	(L)

Injury and illness types

Total number of... (M)			
(1) Injury	<u>36</u>	(4) Poisoning	<u>0</u>
(2) Skin disorder	<u>0</u>	(5) Hearing loss	<u>0</u>
(3) Respiratory condition	<u>1</u>	(6) All other illnesses	<u>1</u>

ATTENTION:
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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, ohioabc.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: 5396
 All others/support staff (e.g., administration, bus drivers, custodial, coaches, etc.): 9825

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.

Patrick Kowalski Sr VP Administration and Finance, CFO
 Administrator name (Print) Title

 Administrator name (Signature)
Wednesday, January 11, 2023



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

Ellen R. Summers summerer@ucmail.uc.edu 513-556-4968
 Name of person completing or filing 300AP (print or type) Email address Phone number

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

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> (G)	<u>2</u> (H)	<u>0</u> (I)	<u>0</u> (J)

Number of days

Total number of days away from work	Total number of days of job transfer or restriction
<u>30</u> (K)	<u>14</u> (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>

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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 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

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: 318


All others/support staff (e.g., administration, bus drivers, custodial, coaches, etc.): 149

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.

Patrick Kowalski Sr VP Administration and Finance, CFO
Administrator name (Print) Title

 Wednesday, January 11, 2023
Administrator name (Signature) Date



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

Injury and illness types

Total number of... (M)			
(1) Injury	<u>0</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

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

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Full time: _____
 Part time: _____
 Police/Fire/EMT: _____

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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: 346
 All others/support staff (e.g., administration, bus drivers, custodial, coaches, etc.) 119

Sign here

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Patrick Kowalski Sr VP Administration and Finance, CFO
 Administrator name (Print) Title

[Signature] Wednesday, January 11, 2023
 Administrator name (Signature) Date

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

Ellen R. Summers summerer@ucmail.uc.edu 513-556-4968
 Name of person completing or filing 300AP (print or type) Email address Phone number