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

(J)

Year 2023

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.

Total number of cases Total number of cases with days away from work Total number of cases with job transfer or restriction Total number of other recordable cases 1 Total number of other recordable cases

(1)

(H)

Number of days Total number of days of days away from job transfer or restriction work 965 773

Injury and illness ty	pes		
Total number of (M)			
(1) Injury	46	(4) Poisoning	0
(2) Skin disorder	0	(5) Hearing loss	1
(3) Respiratory condition	1	(6) All other illnesses	0

hio Bureau of Workers'

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

(G)

G

513-556-4968

Ellen R. Summers

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

Email address

summerer@ucmail.uc.edu

Phone number

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.

Esta	ablish	ment informat	tion				
	Your es	stablishment name	University of	f Cincin	nati Uptown	West and Medic	cal Campuses
	Street	PO Box 210218					
	City	Cincinnati		State	Ohio	_ Zip code	45221-0218
	County	Hamilton		_	Entity	y code University 660	
		shment description (e stration building, MRI					treatment plant,
	Uptow	n West and Medi	cal Campuse	es			
	BWC p	olicy number (e.g., 1: 1000	2345678-000) 3505				
Emp	ploym	ent information	on				
		se ONLY by state	e agencies, s	special	districts, d	counties, cities,	villages and
		r definition, enter the s. Enter police, fire, E					ncludes seasonal
	Full tim	e:					
	Part tim	ne:					
	Police/I	Fire/EMT:					
		se ONLY by edu ical schools, sci			s (universit	ies, colleges,	
		he total number of ful cation below. Do NO					
	Teache	ers/instructors:					5632
	All other	rs/support staff (e.g., ad	dministration, bus	drivers, o	custodial, coach	es, etc.)	10353
Sign	n here	9					
- igi		, ingly falsifying t	his docume	nt may	result in a	fine.	
		that I have examine my knowledge.	ed this docume	nt and th	nat the entries	are true, accurate	and complete to the
		B-121	Kannalo III		د نيو	VD 4 4 - 1 - 1 - 1 - 1	-dE 050
			Kowalski r name (Print)		<u>Sr</u>	VP Administration a Title	nd Finance, CFO
	2	Administrator n	ame (Signature	e)		Friday, Janua	ry 5, 2024
		513-556-496			kov	walspk@ucmail.uc.e	du

Phone

E-mail address

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ATTENTION:

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includes the State of Ohio and

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township, park district, school

district, state institutions of

higher learning, public or special district, state agency,

authority, commission or

Revised Code 4167.01.

board" as defined in Ohio

must complete this form

(or an equivalent). This

county, county or state

corporation, city, village,

hospital, municipal

Year 2023

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Number of cases Total number of Total number of Total number of cases Total number of deaths cases with days with job transfer or other recordable away from work restriction cases

Number of days

Total number of days away from work

Total number of days of iob transfer or restriction

8	0
(K)	(1)

Injury and illness types

Total number of... (1) Injury

(4) Poisoning (2) Skin disorder (5) Hearing loss 0

(3) Respiratory condition

Fllen R. Summers

(6) All other illnesses

Bureau of Workers' Compensation

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

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summerer@ucmail.uc.edu

513-556-4968

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

Email address

Phone number

Establishment information Your establishment name University of Cincinnati Blue Ash Campus Street PO Box 210218 Cincinnati 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 Campus BWC policy number (e.g., 12345678-000) 10003505 -**Employment information** For use ONLY by state agencies, special districts, counties, cities, villages and 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/FMT 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: 316 147 All others/support staff (e.g., administration, bus drivers, custodial, 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. Patrick Kowalski Sr VP Administration and Finance, CFO Administrator name (Print) Friday, January 5, 2024 Administrator name (Signature)

E-mail address

513-556-4968

Phone

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Number of cases Total number of cases with days away from work Total number of cases with job transfer or restriction Total number of cases with job transfer or restriction Total number of cases other recordable cases Total number of other recordable cases

Number of days Total number of days of days away from work Total number of days of job transfer or restriction O (K) O (L)

Injury and illness ty	pes		
Total number of (M)			
(1) Injury	0	_ (4) Poisoning	0
(2) Skin disorder	0	(5) Hearing loss	0
(3) Respiratory condition	0	(6) All other illnesses	0

hio Bureau of Workers' Compensation

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BWC's Web site, ohiobwc.com.

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Ellen R. Summers

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Establishment information

Your es	tablishment name Univ	ersity of Cincinn	ati Clermont	College Cam	pus
Street	PO Box 210218				
City	Cincinnati	State _	Ohio	Zip code	45221-0218
County	Clermont		Entity co	ode University bra	nch 670
	shment description (e.g., electration building, MRDD wo				
UC CI	ermont College Campi	us			
BWC p	olicy number (e.g., 123456	78-000)			
mploym	ent information				
For u	se ONLY by state age	ncies, special	districts, cou	ınties, cities,	villages and
	definition, enter the total name. Enter police, fire, EMT and			ployees, which i	ncludes seasonal
Full tim	e:				
Part tin	ne:				
Police/	Fire/EMT:				
	se ONLY by education ical schools, school		(universities	s, colleges,	
	ne total number of full-time cation below. Do NOT inclu				
Teache	ers/instructors:				370
All othe	rs/support staff (e.g., administ	ration, bus drivers, cu	istodial, coaches,	etc.)	143
ign here	•				
Know	ingly falsifying this d	ocument may r	esult in a fin	e.	
	that I have examined this my knowledge.	document and tha	at the entries are	e true, accurate	and complete to the
	Patrick Kowa	alski	Sr VP	Administration	and Finance, CFO
×	Administrator name	e (Print)		Title	
0	WY			Friday, Janua	
	Administrator name (Signature)		Date	
	513-556-4968			spk@ucmail.uc.	edu
	Phone		E	-mail address	