

# State of Ohio — Public Employment Risk Reduction Program — Form 300AP (Rev. 06/2024)

## 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.

**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.

### 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	23	10	19
(G)	(H)	(I)	(J)

### Number of days

Total number of days away from work	Total number of days of job transfer or restriction
446	467
(K)	(L)

### Injury and illness types

Total number of... (M)	(1) Injury	(2) Skin disorder	(3) Respiratory condition	(4) Poisoning	(5) Hearing loss	(6) All other illnesses
	51	0	1	0	0	0



Office of Safety Services, PERRP  
30 W. Spring St., 25th Floor  
Columbus, OH 43215-2256  
Phone: 1-800-671-6858

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, [bwc.ohio.gov](http://bwc.ohio.gov).

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 680  
 Establishment description (e.g., elementary school, maintenance garage, wastewater treatment plant, administration building, MRDD workshop, library, hospital, extended care facility, etc.)  
University of Cincinnati All Campuses  
 BWC policy number (e.g., 12345678-000)  
10003503 -

### 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)**

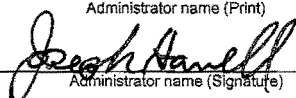
Enter the total number of full-time and part-time employees that fit in the classification below. Do NOT include substitutes or volunteers in your employee count.

Teachers/instructors: 5286  
 All others/support staff (e.g., administration, bus drivers, custodial, coaches, etc.): 11394

### 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.

Joseph Harrell Sr Assoc VP Operations  
 Administrator name (Print) Title  
  
 Administrator name (Signature) Date  
Friday, January 10, 2025  
 Date  
513-556-4968 harrellj@ucmail.uc.edu  
 Phone E-mail address

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

# 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	0	0	1
(G)	(H)	(I)	(J)

### Number of days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

### Injury and illness types

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

**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, [bwc.ohio.gov](http://bwc.ohio.gov).

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 Campuses

Street PO Box 210218

City Cincinnati State Ohio Zip code 45221-0218

County Hamilton Entity code University 670

Establishment description (e.g., elementary school, maintenance garage, wastewater treatment plant, administration building, MRDD workshop, library, hospital, extended care facility, etc.)  
University of Cincinnati All Campuses

BWC policy number (e.g., 12345678-000)  
10003503

### 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: 465

All others/support staff (e.g., administration, bus drivers, custodial, coaches, etc.): 161

### 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.

Joseph Harrell Sr Assoc VP Operations  
Administrator name (Print) Title

Joseph Harrell Friday, January 10, 2025  
Administrator name (Signature) Date

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



Office of Safety Services, PERRP  
30 W. Spring St., 25th Floor  
Columbus, OH 43215-2256  
Phone: 1-800-671-6858

# 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	0	0	0
(G)	(H)	(I)	(J)

### Number of days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

### Injury and illness types

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



Office of Safety Services, PERRP  
30 W. Spring St., 25th Floor  
Columbus, OH 43215-2256  
Phone: 1-800-671-6858

**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, [bwc.ohio.gov](http://bwc.ohio.gov).

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 Clermont College Campuses

Street PO Box 210218

City Cincinnati State Ohio Zip code 45221-0218

County Hamilton Entity code University 670

Establishment description (e.g., elementary school, maintenance garage, wastewater treatment plant, administration building, MRDD workshop, library, hospital, extended care facility, etc.)  
University of Cincinnati All Campuses

BWC policy number (e.g., 12345678-000)  
10003503 -

### 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: 459

All others/support staff (e.g., administration, bus drivers, custodial, coaches, etc.) 136

### 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.

Joseph Harrell Sr Assoc VP Operations  
Administrator name (Print) Title

Friday, January 10, 2025  
Administrator name (Signature) Date

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