

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

Summary of Work-Related Injuries and Illnesses

Year 2024

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	8	2	8
(G)	(H)	(I)	(J)

Number of days

Total number of days away from work	Total number of days of job transfer or restriction
44	101
(K)	(L)

Injury and illness types

Total number of...		(M)	
(1) Injury	16	(4) Poisoning	0
(2) Skin disorder	0	(5) Hearing loss	0
(3) Respiratory condition	1	(6) All other illnesses	1



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

Marjorie Markopoulos, PhD
Name of person completing or filing 300AP (print or type)

marjorie.markopoulos@wright.edu
Email address

937-775-2797
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, 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 Wright State University
Street 3640 Colonel Glenn Hwy
City Dayton State Ohio Zip code 45435
County Greene 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.)
All Campus - Master
BWC policy number (e.g., 12345678-000)
10003158 - 0

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)

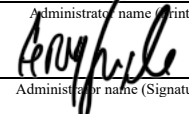
Enter the total number of full-time and part-time employees that fit in the classification below. Do NOT include substitutes or volunteers in your employee count.

Teachers/instructors: 632
All others/support staff (e.g., administration, bus drivers, custodial, coaches, etc.): 1656

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.

Gregory P. Sample
Administrative name (Print)

Administrative name (Signature)
11/28/25
Date
Executive Vice President, Chief Operating Officer
Title
937-775-4734
Phone
gregory.sample@wright.edu
E-mail address

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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
0	7	2	7
(G)	(H)	(I)	(J)

Number of days

Total number of days away from work	Total number of days of job transfer or restriction
32	101
(K)	(L)

Injury and illness types

Total number of... (M)			
(1) Injury	14	(4) Poisoning	0
(2) Skin disorder	0	(5) Hearing loss	0
(3) Respiratory condition	1	(6) All other illnesses	1



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Establishment information

Your establishment name Wright State University - Main
 Street 3640 Colonel Glenn Hwy
 City Dayton State Ohio Zip code 45435
 County Greene 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.)
Main Campus
 BWC policy number (e.g., 12345678-000)
10003158 - 0

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)

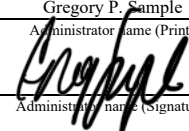
Enter the total number of full-time and part-time employees that fit in the classification below. Do NOT include substitutes or volunteers in your employee count.

Teachers/instructors: 545
 All others/support staff (e.g., administration, bus drivers, custodial, coaches, etc.) 1498

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.

_____ Gregory P. Sample Administrator name (Print)	_____ Executive Vice President, Chief Operating Officer Title
 Administrator name (Signature)	<u>1/28/25</u> Date
<u>937-775-4734</u> Phone	<u>gregory.sample@wright.edu</u> E-mail address

Marjorie Markopoulos, PhD
Name of person completing or filing 300AP (print or type)

marjorie.markopoulos@wright.edu
Email address

937-775-2797
Phone number

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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>1</u>	<u>0</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>13</u>	<u>0</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>



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Establishment information

Your establishment name Wright State University - Lake
 Street 7600 State Route 703
 City Celina State Ohio Zip code 45822
 County Mercer 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.)
 Branch Campus _____
 BWC policy number (e.g., 12345678-000)
10003158 - 0

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: 40
 All others/support staff (e.g., administration, bus drivers, custodial, coaches, etc.) 134

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.

<u>Gregory P. Sample</u> <small>Administrator Name (Print)</small> <small>Administrator Name (Signature)</small>	<u>Executive Vice President, Chief Operating Officer</u> <small>Title</small> <u>1/28/25</u> <small>Date</small>
<u>937-775-4734</u> <small>Phone</small>	<u>gregory.sample@wright.edu</u> <small>E-mail address</small>

Marjorie Markopoulos, PhD
 Name of person completing or filing 300AP (print or type)

marjorie.markopoulos@wright.edu
 Email address

937-775-2797
 Phone number

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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 Wright State University - Calamityville

Street 506 E. Xenia St.

City Fairborn State Ohio Zip code 45324

County Greene 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.)
Booneshott School of Medicine - Department of Emergency Medicine

BWC policy number (e.g., 12345678-000)
10003158 - 0

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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: 0

All others/support staff (e.g., administration, bus drivers, custodial, coaches, etc.): 1

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 Administrator name (Signature)	<u>1/28/25</u> Date
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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 Wright State University - Dayton STEM School
 Street 1724 Woodman Dr.
 City Dayton State Ohio Zip code 45420
 County Montgomery 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.)
School
 BWC policy number (e.g., 12345678-000)
10003158 - 0

Employment information

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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: 47
 All others/support staff (e.g., administration, bus drivers, custodial, coaches, etc.): 23

Sign here

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 Administrator name (Print)

 Administrator name (Signature)

 937-775-4734
 Phone

 Executive Vice President, Chief Operating Officer
 Title
11/28/25
 Date

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