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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)		(J)	

Number of days

Total number of days Total number of days of job away from work transfer or restriction

Injury and illness types

Total number of...

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



Marjorie Markopoulos, PhD

Bureau of Workers Compensation

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

937-775-2797 Phone number

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

Email address

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.

All Ohio public employers must

(or an equivalent). This includes the

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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.

	blishment information		
	Your establishment name Wright State University		
1	Street 3640 Colonel Glenn Hwy	_	
	City Dayton State Ohio	Zip code	45435
	County Greene En	ntity code University 660	
	Establishment description (e.g., elementary school, maintenance garage, wast MRDD workshop, library, hospital, extended care facility, etc.)	tewater treatment plant, a	dministration building,
	All Campus - Master		
1	BWC policy number (e.g., 12345678-000) 10003158 - 0		
pΙ	loyment information		
	For use ONLY by state agencies, special districts, cou	nties, cities, villag	jes and
	townships		
	By your definition, enter the total number of full-time and part-time employed police, fire, EMT and paramedics separately below.	es, which includes season	al workers. Enter
]	Full time:	-	
]	Part time:	-	
1	Police/Fire/EMT:	-	
	For use ONLY by educational institutions (universities technical schools, school districts)	, colleges,	
	Enter the total number of full-time and part-time employees that fit in the class NOT include substitutes or volunteers in your employee count.	ssification below. Do	
,	Teachers/instructors:	-	632
	All others/support staff (e.g., administration, bus drivers, custodial, coaches, etc.)	-	1656
	here		
n	Knowingly falsifying this document may result in a fine	e.	
ı	I certify that I have examined this document and that the entries are true, accurately that I have examined this document and that the entries are true, accurately that I have examined this document and that the entries are true, accurately that I have examined this document and that the entries are true, accurately that I have examined this document and that the entries are true, accurately that I have examined this document and that the entries are true, accurately that I have examined this document and that the entries are true, accurately that I have examined this document and that the entries are true, accurately that I have examined the entries are true, accurately that I have examined the entries are true, accurately that I have examined the entries are true, accurately the	arate and complete to the	best of my knowledge.

E-mail address

2024

Year

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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)

(3) Respiratory

condition

Marjorie Markopoulos, PhD

(1) Injury
(2) Skin disorder

14 (4) Poisoning

(5) Hearing loss

(6) All other illnesses

Bureau of Workers Compensation

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

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marjorie.markopoulos@wright.edu 937-775-2797

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

Email address

Phone number

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stablishment information				
Your establishment name Wright State Un	niversity -	- Main		
Street 3640 Colonel Glenn Hwy				
City Dayton	State	Ohio	Zip code	45435
County Greene	_	Entity c	ode University 660	
Establishment description (e.g., elementary school, n MRDD workshop, library, hospital, extended care far		garage, wastewate	er treatment plant, adm	ninistration building,
Main Campus				
BWC policy number (e.g., 12345678-000) 10003158 - 0				
mployment information				
For use ONLY by state agencies, spe	cial dist	ricts, countie	s, cities, village	s and
townships By your definition, enter the total number of full-time	e and part-t	ime employees, wl	hich includes seasonal	workers. Enter
police, fire, EMT and paramedics separately below.	•			
Full time:				
Part time:			_	
Police/Fire/EMT:				
For use ONLY by educational institut technical schools, school districts)	ions (un	iversities, co	lleges,	
Enter the total number of full-time and part-time employed NOT include substitutes or volunteers in your employed.		fit in the classifica	ation below. Do	
Teachers/instructors:			_	545
All others/support staff (e.g., administration, bus drivers, co	ustodial, coa	ches, etc.)		1498
ign here				
Knowingly falsifying this document n	nay resu	It in a fine.		
I certify that I have examined this document and that	the entries	are true, accurate a	and complete to the be	st of my knowledge.
Gregory P. Sample		Execut	ive Vice President, Officer	Chief Operating
Administrator Jame (Print)			Title	
			1/28/29	,
Ädministutu nar e (Signature)			Date	
937-775-4734		areaon	.sample@wright.ed	11

E-mail address

2024

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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 othe recordable cases	
0	1	0	1	
(G)	(H)	(I)	(J)	

Number of days

Total number of days Total number of days of job away from work transfer or restriction

Injury and illness types

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



condition

Marjorie Markopoulos, PhD

Bureau of Workers Compensation

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

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Establishment information

City	Celina	State	Ohio	Zip code	45822
County	Mercer		Entity co	ode University 660	
Establis	hment description (e.g., eleme	ntary school, maintenan	ce garage, wastewate	r treatment plant, administ	ration building,
MRDD	workshop, library, hospital, e	xtended care facility, etc.)		

2024

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.

ıll time:	
art time:	
plice/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

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	Executive Vice President, Chief Operating Officer
Afministrator Tame (Drint)	1/28/25
Administrator name (Signature)	Date
937-775-4734	gregory.sample@wright.edu
Phone	E mail address

E-mail address

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are using the electronic form, verify that you have imported the correct values.

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 Total number of days of job away from work transfer or restriction

Injury and illness types

Total number of... (M) (1) Injury (4) Poisoning (2) Skin disorder (5) Hearing loss

(6) All other illnesses

(3) Respiratory

condition

Bureau of Workers Compensation

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ATTENTION:

complete this form

State of Ohio and its

subdivisions and their

All Ohio public employers must

(or an equivalent). This includes the

instrumentalities; and "any political

instrumentalities, including any

township, park district, school

Ohio Revised Code 4167.01.

county, county or state hospital,

municipal corporation, city, village,

district, state institutions of higher learning, public or special district, state agency, authority,

commission or board" as defined in

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Marjorie Markopoulos, PhD

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

Email address

937-775-2797 Phone number

Establishment information Wright State University Colomitywille

Y our e	stabiishment name	Wilgin State C	miversity	- Caramity vinc		
Street	506 E. Xenia St.					
City	Fairborn		State	Ohio	Zip code	45324

2024

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

Entity code University 660

Booneshoft School of Medicine - Department of Emergency Medicine

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

Employment information

Police/Fire/EMT

County Greene

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:	

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.

Teacl	ners/instructors:	0
A 11 of	hardgunnort staff (a.g., administration, bus drivers, quetodial, consher, etc.)	1

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.

Executive Vice President, Chief Operating Officer
1/28/25 Title
Date

937-775-4734 Phone E-mail address

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are using the electronic form, verify that you have imported the correct values.

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 (4) Poisoning 0

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

(3) Respiratory (6) All other illnesses 0

condition 0



Marjorie Markopoulos, PhD

Bureau of Workers' Compensation

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ATTENTION:

Establishment information Your establishment name Wright State University - Dayton STEM School

Street 1724 Woodman Dr.

2024

45420

23

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.)

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

10003158 - 0

Employment information

Part time:

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:

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: 47

Sign here

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

I certify that I have examined this document and that the entries are true, accurate and complete to the best of my knowledge.

Executive Vice President, Chief Operating
Officer
Title

Title

937-775-4734 gregory.samp

gregory.sample@wright.edu
E-mail address