

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 | 23 | 12 | 13 |
| (G) | (H) | (I) | (J) |

Number of days

| Total number of days away from work | Total number of days of job transfer or restriction |
|-------------------------------------|---|
| 965 | 773 |
| (K) | (L) |

Injury and illness types

| Total number of... (M) | |
|---------------------------|----|
| (1) Injury | 46 |
| (2) Skin disorder | 0 |
| (3) Respiratory condition | 1 |
| (4) Poisoning | 0 |
| (5) Hearing loss | 1 |
| (6) All other illnesses | 0 |



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

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: 5632


All others/support staff (e.g., administration, bus drivers, custodial, coaches, etc.) 10353

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

 Friday, January 5, 2024
Administrator name (Signature)

513-556-4968 kowalspk@ucmail.uc.edu
Phone 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 |
|------------------------|--|--|--|
| <u>0</u> | <u>1</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>8</u> | <u>0</u> |
| (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 |
|--------------------|-----|------------|-------------------|---------------------------|---------------|------------------|-------------------------|
| | | <u>1</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> |



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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 Campus

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: 316


All others/support staff (e.g., administration, bus drivers, custodial, coaches, etc.) 147

Sign here

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Administrator name (Print) Title

 Friday, January 5, 2024
Administrator name (Signature) 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> |
| (2) Skin disorder | <u>0</u> |
| (3) Respiratory condition | <u>0</u> |
| (4) Poisoning | <u>0</u> |
| (5) Hearing loss | <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

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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: 370
 All others/support staff (e.g., administration, bus drivers, custodial, coaches, etc.) 143

Sign here

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 Phone E-mail address