

State of Ohio — Public Employment Risk Reduction Program — Form 300AP (Rev. 01/2015)

Summary of Work-Related Injuries and Illnesses

Year 2021

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	1	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
4	0
(K)	(L)

Injury and illness types

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



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

Establishment information

Your establishment name Delaware County - BODD

Street 7991 Columbus Pike

City Lewis Center State Ohio Zip code 43035

County Delaware Entity code County commission 210

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

County Government

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

2005590 - 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: 86

Part time: 2

Police/Fire/EMT: 0

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.

Teacher/instructors: N/A

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

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.

Dawn Huston

Administrator name (Print)

Deputy County Administrator

Title

Administrator name (Signature)

Date

740-833-2122

Phone

dhuston@co.delaware.oh.us

E-mail address

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

beuans@co.delaware.oh.us
Email address

740-833-2127
Phone number

State of Ohio — Public Employment Risk Reduction Program — Form 300AP (Rev. 01/2015)

Summary of Work-Related Injuries and Illnesses

Year 2021

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.

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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	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...

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

Ohio Bureau of Workers' Compensation

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

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

beuans@co.delaware.oh.us
Email address

740-833-2127
Phone number

Establishment information

Your establishment name Delaware County - Carnegie Building

Street 10 Court Street

City Delaware State Ohio Zip code 43015

County Delaware Entity code County Commissioner 210

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

County Government

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

2005590 - 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: 51

Part time: 0

Police/Fire/EMT: 0

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: N/A

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

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.

Dawn Huston
Administrator name (Print)
Title Deputy County Administrator

Dawn Huston
Administrator name (Signature)
Date 1/10/22

740-833-2122
Phone
dhuston@co.delaware.oh.us
E-mail address

Year 2021

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.

dhuston@co.delaware.oh.us
E-mail address

State of Ohio — Public Employment Risk Reduction Program — Form 300AP (Rev. 01/2015)

Summary of Work-Related Injuries and Illnesses

Year 2021

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

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)

0 0

(K) (L)

Injury and illness types

Total number of...

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

Ohio Bureau of Workers' Compensation

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

Bradley J. Evans
Name of person completing or filing 300AP (print or type)

bejans@co.delaware.oh.us
Email address

740-833-2127
Phone number

Establishment information

Your establishment name Delaware County - New Court House

Street 117 North Union Street

City Delaware State Ohio Zip code 43015

County Delaware Entity code County commissioner 210

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

County Government

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

2005590 - 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: 74

Part time: 5

Police/Fire/EMT: 1

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: N/A

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

Sign here

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Dawn Huston
Administrator name (Print)
Title
Deputy County Administrator
Date 1/10/22

Administrator name (Signature)

740-833-2122
Phone
dhuston@co.delaware.oh.us
E-mail address

State of Ohio — Public Employment Risk Reduction Program — Form 300AP (Rev. 01/2015)

Summary of Work-Related Injuries and Illnesses

Year 2021

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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	2	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
40	78
(K)	(L)

Injury and illness types

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

Ohio Bureau of Workers' Compensation

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

Bradley J. Evans
Name of person completing or filing 300AP (print or type)

bejans@co.delaware.oh.us
Email address

740-833-2127
Phone number

Establishment information

Your establishment name Delaware County - DATA Bus

Street 119 Henderson Court

City Delaware State Ohio Zip code 43015

County Delaware Entity code County commissioner 210

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

County Government

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

2005590 - 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: 21

Part time: 23

Police/Fire/EMT: 0

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: N/A

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

Sign here

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Dawn Huston
Administrator name (Print)
Title Deputy County Administrator

Dawn Huston
Administrator name (Signature)
Date 1/10/22

740-833-2122
Phone
dhuston@co.delaware.oh.us
E-mail address

State of Ohio — Public Employment Risk Reduction Program — Form 300AP (Rev. 01/2015)

Summary of Work-Related Injuries and Illnesses

Year 2021

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Number of cases

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

Ohio Bureau of Workers' Compensation

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

Bradley J. Euans
Name of person completing or filing 300AP (print or type)

beuans@co.delaware.oh.us
Email address

740-833-2127
Phone number

Establishment information

Your establishment name Delaware County - Dog Warden
Street 4781 County Home Road
City Delaware State Ohio Zip code 43015
County Delaware Entity code County commissioners 210
Establishment description (e.g., elementary school, maintenance garage, wastewater treatment plant, administration building, MRD workshop, library, hospital, extended care facility, etc.)
County Government

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

2005590 - 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: 4
Part time: 0
Police/Fire/EMT: 0

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:

N/A

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

N/A

Sign here

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Dawn Huston
Administrator name (Print)
Deputy County Administrator
Title
Date 1/10/22
Administrator name (Signature)

740-833-2122
Phone

dhuston@co.delaware.oh.us
E-mail address

State of Ohio — Public Employment Risk Reduction Program — Form 300AP (Rev. 01/2015)

Summary of Work-Related Injuries and Illnesses

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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	4	0	5
(G)	(H)	(I)	(J)

0 4 0 5

(G) (H) (I) (J)

Number of days

Total number of days away from work	Total number of days of job transfer or restriction
119	116
(K)	(L)

119 116

(K) (L)

Injury and illness types

Total number of...	(M)	(4)	(5)	(6)
(1) Injury	8	Poisoning	0	
(2) Skin disorder	0	Hearing loss	0	
(3) Respiratory condition	1	All other illnesses	0	

Ohio Bureau of Workers' Compensation

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

Establishment information

Your establishment name Delaware County - EMS

Street 10 Court Street

City Delaware State Ohio Zip code 43015

County Delaware Entity code County commissioner 210

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

County Government

BWC policy number (e.g., 12345678-000)
2005590 - 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: 105

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: _____ N/A

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

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.

Dawn Huston Administrator name (Print) Title Deputy County Administrator
Administrator name (Signature) Date 1/10/22

Brady J Euans Name of person completing or filing 300AP (print or type) beuans@co.delaware.oh.us Email address 740-833-2127 Phone number

State of Ohio — Public Employment Risk Reduction Program — Form 300AP (Rev. 01/2015)

Summary of Work-Related Injuries and Illnesses

Year 2021

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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	1	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
-------------------------------------	-----------------------------------------------------

11	0
(K)	(L)

Injury and illness types

Total number of...

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

Ohio Bureau of Workers' Compensation

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

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

beuans@co.delaware.oh.us
Email address

740-833-2127
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, ohiodwc.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 Delaware County - Facilities

Street 1405 US 23 North

City Delaware State Ohio Zip code 43015

County Delaware Entity code County commissioner 210

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

County Government

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

2005590 - 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: 28

Part time: 0

Police/Fire/EMT: 0

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: N/A

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

Sign here

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Dawn Huston
Administrator name (Print) Title Deputy County Administrator

Dawn Huston
Administrator name (Signature) Date 1/10/22

740-833-2122
Phone E-mail address dhuston@co.delaware.oh.us

State of Ohio — Public Employment Risk Reduction Program — Form 300AP (Rev. 01/2015)

Summary of Work-Related Injuries and Illnesses

Year 2021

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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	2	0	3
(G)	(H)	(I)	(J)

Number of days

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

220	272
(K)	(L)

Injury and illness types

Total number of...

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



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

ATTENTION:

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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.

Establishment information

Your establishment name Delaware County - Hayes Building
Street 145 North Union Street
City Delaware State Ohio Zip code 43015
County Delaware Entity code County commissioner 210
Establishment description (e.g., elementary school, maintenance garage, wastewater treatment plant, administration building, WRD workshop, library, hospital, extended care facility, etc.)
County Government

BWC policy number (e.g., 12345678-000)
2005590 - 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:	<u>209</u>
Part time:	<u>15</u>
Police/Fire/EMT:	<u>1</u>

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:	<u>N/A</u>
All others/support staff (e.g., administration, bus drivers, custodial, coaches, etc.)	<u>N/A</u>

Sign here

Knowing 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.

Dawn Huston Administrator name (Print)	Deputy County Administrator Title
	<u>1/10/22</u> Date
Administrator name (Signature)	

Bradley J. Evans
Name of person completing or filing 300AP (print or type)

bejans@co.delaware.oh.us
Email address

740-833-2127
Phone number

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Phone

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

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

Ohio Bureau of Workers' Compensation

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

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, ohiohwc.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 Delaware County - Health Department
Street 1 West Winder Street
City Delaware State Ohio Zip code 43015
County Delaware Entity code County commissioner 210
Establishment description (e.g., elementary school, maintenance garage, wastewater treatment plant, administration building, MRPD workshop, library, hospital, extended care facility, etc.)
County Government
BWC policy number (e.g., 12345678-000) 2005590 - 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: 75
Part time: 17
Police/Fire/EMT: 0

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

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.

Administrator name (Print) Dawn Huston Deputy County Administrator
Administrator name (Signature)  Title 1/10/22
Date

Bradley J. Evans
Name of person completing or filing 300AP (print or type) beuans@co.delaware.oh.us Email address
740-833-2127 Phone number

740-833-2122 Phone
dhuston@co.delaware.oh.us E-mail address

State of Ohio — Public Employment Risk Reduction Program — Form 300AP (Rev. 01/2015)

Summary of Work-Related Injuries and Illnesses

Year 2021

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

Ohio Bureau of Workers' Compensation

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

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

beuans@co.delaware.oh.us
Email address

740-833-2127
Phone number

Establishment information

Your establishment name Delaware County - Historic Court House
Street 91 North Sandusky Street
City Delaware State Ohio Zip code 43015
County Delaware Entity code County commissioner 210
Establishment description (e.g., elementary school, maintenance garage, wastewater treatment plant, administration building, MRDD workshop, library, hospital, extended care facility, etc.)
County Government

BWC policy number (e.g., 12345678-000)
2005590 - 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: 29
Part time: 0
Police/Fire/EMT: 0

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:

N/A

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

N/A

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.

Dawn Huston
Administrator name (Print) Deputy County Administrator
Title
Dawn Huston 1/10/22
Administrator name (Signature) Date

740-833-2122
Phone dhuston@co.delaware.oh.us
E-mail address

State of Ohio — Public Employment Risk Reduction Program — Form 300AP (Rev. 01/2015)

Summary of Work-Related Injuries and Illnesses

Year 2021

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)

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

Number of days

Total number of days away from work

Total number of days of job transfer or restriction

Injury and illness types

Total number of...

(M)	(N)	(O)	(P)	(Q)	(R)
(1) Injury	0	(4) Poisoning	0	(5) Hearing loss	0
(2) Skin disorder	0	(6) All other illnesses	0		0
(3) Respiratory condition	0				

Ohio Bureau of Workers' Compensation

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

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, ohiodwc.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 Delaware County - Law Library
Street 20 West Central Ave.

City Delaware State Ohio Zip code 43015

County Delaware Entity code County commissioner 210

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

County Government

BWC policy number (e.g., 12345678-000)
2005590 - 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: 1

Part time: 0

Police/Fire/EMT: 0

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.

Teacher/instructors: N/A

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

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.

Administrator name (Print) Dawn Huston Title Deputy County Administrator
Administrator name (Signature) [Signature] Date 1/10/22

Name of person completing or filing 300AP (print or type) Brady J Euans Email address beuans@co.delaware.oh.us Phone number 740-833-2127

Phone 740-833-2122 E-mail address dhuston@co.delaware.oh.us

State of Ohio — Public Employment Risk Reduction Program — Form 300AP (Rev. 01/2015)

Summary of Work-Related Injuries and Illnesses

Year 2021

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.

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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	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...

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

Ohio Bureau of Workers' Compensation

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

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

beuans@co.delaware.oh.us
Email address

740-833-2127
Phone number

ATTENTION:

All Ohio public employers must complete this form (or an equivalent). This includes the State of Ohio and its instrumentalities; and many 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.

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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.

Establishment information

Your establishment name Delaware County - Mental Health
Street 40 North Sandusky Street

City Delaware State Ohio Zip code 43015

County Delaware Entity code County commissioner 210

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

County Government

BWC policy number (e.g., 12345678-000)
2005590 - 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:	7
Part time:	0
Police/Fire/EMT:	0

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.


Teacher/s/instructors: N/A

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

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.

Dawn Huston Administrator name (Print)	Deputy County Administrator Title
	1/10/22 Date
Administrator name (Signature)	

740-833-2122
Phone

dhuston@co.delaware.oh.us
E-mail address

State of Ohio — Public Employment Risk Reduction Program — Form 300AP (Rev. 01/2015)

Summary of Work-Related Injuries and Illnesses

Year 2021

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.

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

Number of days

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

Injury and illness types

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

Ohio Bureau of Workers' Compensation

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

Bradley J. Evans
Name of person completing or filing 300AP (print or type)

bevens@co.delaware.oh.us
Email address

740-833-2127
Phone number

Establishment information

Your establishment name Delaware County - Preservation Parks
Street 2656 Hogback Road
City Sunbury State Ohio Zip code 43074
County Delaware Entry code County commissioner 210
Establishment description (e.g., elementary school, maintenance garage, wastewater treatment plant, administration building, WRRDD workshop, library, hospital, extended care facility, etc.)
County Government

BWC policy number (e.g., 12345678-000)
2005590 - 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: 28
Part time: 5
Police/Fire/EMT: 0

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:

N/A

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

N/A

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.

Administrator name (Print) Dawn Huston Deputy County Administrator
Administrator name (Signature) [Signature] Date 1/10/22

740-833-2122 Phone dhuston@co.delaware.oh.us E-mail address

State of Ohio — Public Employment Risk Reduction Program — Form 300AP (Rev. 01/2015)

Summary of Work-Related Injuries and Illnesses

Year 2021

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.

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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
(G) <u>0</u>	(H) <u>0</u>	(I) <u>0</u>	(J) <u>0</u>

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

Number of days

Total number of days away from work

Total number of days of job transfer or restriction

Injury and illness types

Total number of...

(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)	(W)	(X)	(Y)	(Z)
(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>		

Ohio Bureau of Workers' Compensation

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

Bradley J. Evans
Name of person completing or filing 300AP (print or type)

beuans@co.delaware.oh.us
Email address

740-833-2127
Phone number

Establishment information

Your establishment name Delaware County - Regional Planning
Street 109 North Sandusky Street

City Delaware State Ohio Zip code 43015

County Delaware Entry code County commissioner 210

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

County Government

BWC policy number (e.g., 12345678-000)
2005590 - 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: 4

Part time: 0

Police/Fire/EMT: 0

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: N/A

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

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.

Administrator name (Print) Dawn Huston Title Deputy County Administrator
Administrator name (Signature) [Signature] Date 1/10/22

740-833-2122 Phone dhuston@co.delaware.oh.us E-mail address

State of Ohio — Public Employment Risk Reduction Program — Form 300AP (Rev. 01/2015)

Summary of Work-Related Injuries and Illnesses

Year 2021

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	1	1	4
(G)	(H)	(I)	(J)

Number of days

Total number of days away from work	Total number of days of job transfer or restriction
169	125
(K)	(L)

Injury and illness types

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

Ohio Bureau of Workers' Compensation

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

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

beuans@co.delaware.oh.us
Email address

740-833-2127
Phone number

Establishment information

Your establishment name Delaware County - Regional Sewer
Street 10 Court Street
City Delaware State Ohio Zip code 43015
County Delaware Entity code County commissioner 210
Establishment description (e.g., elementary school, maintenance garage, wastewater treatment plant, administration building, MRDD workshop, library, hospital, extended care facility, etc.)
County Government

BWC policy number (e.g., 12345678-000)
2005590 - 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: 54
Part time: 0
Police/Fire/EMT: 0

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

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.

Dawn Huston
Administrator name (Print) Title
Deputy County Administrator
Date 1/10/22

740-833-2122
Phone E-mail address dhuston@co.delaware.oh.us

State of Ohio — Public Employment Risk Reduction Program — Form 300AP (Rev. 01/2015)

Summary of Work-Related Injuries and Illnesses

Year 2021

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.

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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	2	1	5
(G)	(H)	(I)	(J)

Number of days

Total number of days away from work	Total number of days of job transfer or restriction
51	104
(K)	(L)

Injury and illness types

Total number of...	(M)	(4) Poisoning	(5) Hearing loss	(6) All other illnesses
(1) Injury	8	0	0	0
(2) Skin disorder	0	0	0	0
(3) Respiratory condition	0	0	0	0

Ohio Bureau of Workers' Compensation

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

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

beuans@co.delaware.oh.us
Email address

740-833-2127
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, 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.

Establishment information

Your establishment name Delaware County - Jail
Street 844 US 42 North
City Delaware State Ohio Zip code 43015
County Delaware Entry code County commission/ 210
Establishment description (e.g., elementary school, maintenance garage, wastewater treatment plant, administration building, WIPDD workshop, library, hospital, extended care facility, etc.)
County Government

BWC policy number (e.g., 12345678-000)
2005590 - 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: 0
Part time: 0
Police/Fire/EMT: 169

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

Sign here

Knowing 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.

Dawn Huston
Administrator name (Print) Title Deputy County Administrator
Dawn Huston 1/10/22
Administrator name (Signature) Date

740-833-2122 Phone dhuston@co.delaware.oh.us E-mail address

State of Ohio — Public Employment Risk Reduction Program — Form 300AP (Rev. 01/2015)

Summary of Work-Related Injuries and Illnesses

Year 2021

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.

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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	0	0	8
(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)	(N)	(O)	(P)	(Q)	(R)
(1) Injury	8					
(2) Skin disorder	0					
(3) Respiratory condition	0					
(4) Poisoning						
(5) Hearing loss						
(6) All other illnesses						

Ohio Bureau of Workers' Compensation

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

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

beuans@co.delaware.oh.us
Email address

740-833-2127
Phone number

Establishment information

Your establishment name Delaware County - Sheriff
Street 149 North Sandusky Street
City Delaware State Ohio Zip code 43015
County Delaware Entity code County commission/ 210
Establishment description (e.g., elementary school, maintenance garage, wastewater treatment plant, administration building, WRDD workshop, library, hospital, extended care facility, etc.)
County Government

BWC policy number (e.g., 12345678-000)
2005590 - 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: 10
Part time: 1
Police/Fire/EMT: 58

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

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.

Administrator name (Print) Dawn Huston Title Deputy County Administrator
Administrator name (Signature) [Signature] Date 1/10/22

740-833-2122 Phone dhuston@co.delaware.oh.us E-mail address

State of Ohio — Public Employment Risk Reduction Program — Form 300AP (Rev. 01/2015)

Summary of Work-Related Injuries and Illnesses

Year 2021

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 of job transfer or restriction
0	0
(K)	(L)

Injury and illness types

Total number of days away from work

Total number of days of job transfer or restriction

0	0
(M)	(N)

Total number of...

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

Ohio Bureau of Workers' Compensation

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

Bradley J. Evans
Name of person completing or filing 300AP (print or type)

bejans@co.delaware.oh.us
Email address

740-833-2127
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, ohiohwc.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 Delaware County - Soil and Water
Street 557 Sunbury Road A
City Delaware State Ohio Zip code 43015
County Delaware Entity code County commission# 210
Establishment description (e.g., elementary school, maintenance garage, wastewater treatment plant, administration building, WRDD workshop, library, hospital, extended care facility, etc.)
County Government

BWC policy number (e.g., 12345678-000)
2005590 - 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: 15
Part time: 1
Police/Fire/EMT: 0

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:

N/A

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

N/A

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.

Dawn Huston
Administrator name (Print)
Title
Deputy County Administrator
Date 1/10/22
Administrator name (Signature)

740-833-2122
Phone
dhuston@co.delaware.oh.us
E-mail address

State of Ohio — Public Employment Risk Reduction Program — Form 300AP (Rev. 01/2015)

Summary of Work-Related Injuries and Illnesses

Year 2021

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

Total number of days away from work	Total number of days of job transfer or restriction
1	0
(K)	(L)

Number of days

Total number of days away from work

Injury and illness types

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

Ohio Bureau of Workers' Compensation

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

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

beuans@co.delaware.oh.us
Email address

740-833-2127
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, ohiohwc.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 Delaware County - Willis Building
Street 2079 US 23 N
City Delaware State Ohio Zip code 43015
County Delaware Entity code County commissioner 210
Establishment description (e.g., elementary school, maintenance garage, wastewater treatment plant, administration building, MRDD workshop, library, hospital, extended care facility, etc.)
County Government

BWC policy number (e.g., 12345678-000)
2005590 - 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: 32
Part time: 16
Police/Fire/EMT: 0

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

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.

Dawn Huston
Administrator name (Print)
Deputy County Administrator
Title
Date 1/10/22
Administrator name (Signature)
dhuston@co.delaware.oh.us
E-mail address

740-833-2122
Phone