Year

2021

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 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 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.

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
(5)	王	(3)	(C)

corporation, city, village, township, park district, school or state hospital, municipal including any county, county "any political subdivisions and their instrumentalities, ATTENTION:
All Ohio public employers and its instrumentalities; and includes the State of Ohio (or an equivalent). This must complete this form ct, state institutions of sed Code 4167.01. ial district, state agency er learning, public or rity, commission or as defined in Ohio

### (3) Respiratory condition (1) Injury Name of person completing or filing 300AP (print or type) (2) Skin disorder Total number of. days away from Division of Safety & Hygiene, PERRP 13430 Yarmouth Dr. Injury and illness types Pickerington, OH 43147 Total number of 4 2 Bureau of Workers' Compensation 0 0 (5) Hearing loss (4) Poisoning (6) All other illnesses job transfer or restriction Total number of days of Email address beuans@co.delaware.oh.us 0 0 0 You must also post this form from Feb. 1 to April 30 of each year in a location that is readily to PERRP by Feb. 1 of each year to summarize employees or the public. it by mail or fax, or electronically via BWC's not have to post it for nonrepresentatives. You do employees and accessible Web site, ohiobwc.com. activities. You may submit You must submit this form previous Phone number 740-833-2127 by year's their your Part time: Full time: workers. Enter police, fire, EMT and paramedics separately below

Establishment description (e.g., elementary school, maintenance garage, wastewater treatment plant,	County Delaware	City Lewis Center State	Street 7991 Columbus Pike	Your establishment name Delaware County - BODD	Establishment information
l, maintenance ga	Entity cor	Ohio		BODD	
rage, wastewater tre	Entity code County commissioner 210	Zip code			
atment plant,	er 210	43035			

BWC policy number (e.g., 12345678-000) 2005590 - 0 administration building, MRDD workshop, library, hospital, extended care facility, etc.)

### **Employment information**

By your definition, enter the total number of full-time and part-time employees, which includes seasonal For use ONLY by state agencies, special districts, counties, cities, villages and

Police/Fire/EMT:

colleges, technical schools, school districts) For use ONLY by educational institutions (universities,

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

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

### Sign here

Knowingly falsifying this document may result in a fine.

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

Phone	740-833-2122	Administrator name (Signature)	Lampanian)	Administrator name (Print)	Dawn Huston	
E-mail address	dhuston@co.delaware.oh.us	Date	1/10/22	Title	Deputy County Administrator	

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.

(G)	0	Number of cases Total number of deaths
(H)	0	Total number of cases with days away from work
(1)	0	Total number of cases with job transfer or restriction
(L)	0	Total number of other recordable cases

"any political subdivision and their instrumentalities All Ohio public employ must complete this form authority, commission o board" as defined in Oh or state hospital, munici special district, state ag higher learning, public o district, state institutions corporation, city, village including any county, co and its instrumentalities includes the State of Oh (or an equivalent). This township, park district, s

Total number of  (M)  (A) Poisoning  (B) Hearing loss  (C) Skin disorder  (D) Total number of  (M)  (A) Poisoning  (B) Hearing loss  (C) Skin disorder  (C) Total number of  (A) Peb. 1 of to perk submit each year to summarize the previous year's activities. You may submit to year in the previous year's activities. You may submit to year to summarize the previous year's activities. You may submit to year to summarize the previous year's activities. You may submit to year to summarize the previous year's activities. You may submit to year to summarize the previous year's activities. You may submit to year to summarize the previous year's activities. You may submit to year's activities.	(K) (L)	Total number of days of days away from job transfer or restriction work	Number of days
---	---------	---	----------------

		Establishment information
	ers	Your establishment name Delaware County - Carnegie Building
		Street 10 Court Street
	io and	Delaware State
	38, 18	
	unty	
	pal	Establishment description (e.g., elementary school, maintenance garage, wastewater treatment plant, administration building, MRDD workshop, library, hospital, extended care facility, etc.)
	of	County Government
2005590 - 0	r ency,	BWC policy number (e.g., 12345678-000)
	3	2005590 - 0

### **Employment information**

For use ONLY by state agencies, special districts, counties, cities, villages and

workers. Enter police, fire, EMT and paramedics separately below. By your definition, enter the total number of full-time and part-time employees, which includes seasonal

Police/Fire/EMT: Part time: Full time:

colleges, technical schools, school districts) For use ONLY by educational institutions (universities,

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

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

### Sign here

Knowingly falsifying this document may result in a fine.

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

Phone	740-833-2122	Administrator name (Signature)	atenthumber	Administrator name (Print)	Dawn Huston	
E-mail address	dhuston@co.delaware.oh.us	Date	1/10/22	Title	Deputy County Administrator	

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

employees or the public.

not have to post it for nonrepresentatives. You do employees and accessible location that is readily 30 of each year in

by

their your

Division of Safety & Hygiene, PERRP 13430 Yarmouth Dr.

) bio

Bureau of Workers'
Compensation

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

keep this form on file for five years following the year to which it pertains. 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

number of rotal number of cases with days with job transfer or other recordable cases with days with job transfer or other recordable authority, commission of away from work restriction  O 1 0 3  (G) (H) (I) (I) (J)  ber of days  Gradien work restriction  Total number of days of job transfer or restriction  Total number of days of job transfer or restriction  O (K) (K) (L)  You must submit this to PERRP by Feb. each year to sumn the previous yard illness types  Inumber of (M) (B) Hearing loss  (M) (B) All other illnesses  O (Web site, ohiobwc.out form from Feb. 1 to 30 of each year loss of each year or oach year oach year or oach year oach year or oach year or oach year oach ye	Number of cases				township, park district, school district, state institutions of higher learning, public or
ber of days    Compensation   (H)	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	nigner learning, public or special district, state agency, authority, commission or board" as defined in Ohio Revised Code 4167.01.
(H) (I) (J)  Total number of days of job transfer or restriction  O (L)  You must submit thi to PERRP by Feb. each year to sum the previous activities. You may at the previous activities. You may if by mail or feelectronically via Web site, ohiobwc.co (6) All other illnesses O  Bureau of Workers'  Compensation  (J)  You must submit thi to PERRP by Feb. each year to sum the previous activities. You may if by mail or feelectronically via web site, ohiobwc.co form from Feb. 1 to 30 of each year location that is accessible by	0	<u> </u>	0	ω	
number of away from  9 0 (K)  9 0 (K)  You must submit thi to PERRP by Feb. each year to sum the previous activities. You may form it by mail or free electronically via web site, chiobwc.co form from Feb. 1 to gray and illnesses  Name of Workers'  Nou must submit thi to PERRP by Feb. each year to sum the previous activities. You may if by mail or free electronically via web site, chiobwc.co form from Feb. 1 to gray fr	(G)	(H)	(0)	(J)	
number of away from job transfer or restriction  9 0 (K)  9 0 (K)  You must submit this to PERRP by Feb. each year to sum the previous activities. You may vand illnesses on the previous activities. You may it by mail or felectronically via web site, ohiobwc.co form from Feb. 1 to green the previous activities. You may it by mail or felectronically via web site, ohiobwc.co form from Feb. 1 to green the previous activities. You may it by mail or felectronically via web site, ohiobwc.co form from Feb. 1 to green the previous activities. You may it by mail or felectronically via web site, ohiobwc.co form from Feb. 1 to green the previous activities. You may it by mail or felectronically via web site, ohiobwc.co form from Feb. 1 to green the previous activities. You may it by mail or felectronically via web site, ohiobwc.co form from Feb. 1 to green the previous activities. You may it by mail or felectronically via web site, ohiobwc.co form from Feb. 1 to green the previous activities. You may it by mail or felectronically via web site, ohiobwc.co form from Feb. 1 to green the previous activities. You may it by mail or felectronically via web site, ohiobwc.co form from Feb. 1 to green the previous activities. You may it by mail or felectronically via web site, ohiobwc.co form from Feb. 1 to green the previous activities.	Number of days				
stypes  (L)  You must submit this to PERRP by Feb. each year to sum the previous activities. You may activities. You may activities. You may or if by mail or feb. (6) Hearing loss  (6) All other illnesses  O  You must also postorm from Feb. 1 to accept the previous activities. You may activities form from Feb. 1 to accept the previous activities on form from Feb. 1 to accept the previous activities. You may activities form from Feb. 1 to accept the previous activities on form from Feb. 1 to accept the previous activities.	Total number of days away from work		Total number of days of job transfer or restriction		
you must submit thi to PERRP by Feb.  to PERRP by Feb. each year to sum ea	(K)		(L)		
to PERRP by Feb. each year to sum the previous the previous activities. You may it by mail or fe electronically via o (5) Hearing loss o electronically via O (6) All other illnesses O  Bureau of Workers' Compensation  to PERRP by Feb. each year to sum the previous activities. You may it by mail or fe electronically via o electronically via form from Feb. 1 to saccessible by	Injury and illness ty	pes			You must submit this form
4 (4) Poisoning 0 it by mail or favore the compensation 0 (5) Hearing loss 0 web site, ohiobwc.coi electronically via E electronically	Total number of (M)				PERRP by Feb. h year to sum previous vities You may
(6) All other illnesses  O  You must also post form from Feb. 1 to 30 of each year location that is recessible by	<ol> <li>Injury</li> <li>Skin disorder</li> </ol>	0 4	<ul><li>(4) Poisoning</li><li>(5) Hearing loss</li></ul>	0 0	it by mail or fax, or electronically via BWC's
Bureau of Workers'  Bureau of Workers'  Compensation  form from Feb. 1 to 30 of each year location that is rule accessible by	(3) Respiratory condition	0	(6) All other illnesses	0	You must also post this
	Ohio B	Bureau of Workers Compensation			form from Feb. 1 to April 30 of each year in a location that is readily accessible by your

ATTENTION:
All Ohio public employe corporation, city, village, or state hospital, municipa including any county, cour "any political subdivisions and their instrumentalities and its instrumentalities; a includes the State of Ohio (or an equivalent). This must complete this form uthority, commission or oard" as defined in Ohio istrict, state institutions of evised Code 4167.01 pecial district, state agen igher learning, public or wnship, park district, sch

	Establishment information	
w	Your establishment name Delaware County - Engineer / Code Compliance	
	Street 50 Channing Street	
ā	City Delaware State Ohio Zip code 43015	
•	County Delaware	
-,	Establishment description (e.g., elementary school, maintenance garage, wastewater treatment plant,	
<u>8</u>		
Ş	BWC policy number (e.g., 12345678-000) 2005590 - 0	
	Employment information	
	For use ONLY by state amencies special districts counties cities villages and	

### Part time: Full time: Police/Fire/EMT: workers. Enter police, fire, EMT and paramedics separately below. By your definition, enter the total number of full-time and part-time employees, which includes seasonal For use ONLY by educational institutions (universities, townships

### 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

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

### Sign here

### Knowingly falsifying this document may result in a fine.

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

740-833-2122 Phone	Administrator name (Signature)	Dawn Huston
dhuston@co.delaware.oh.us E-mail address	1/16/2A	Deputy County Administrator

employees or the public. not have to post it for non representatives. You do employees and

their your

Bradley J Euans

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

beuans@co.delaware.oh.us Email address

Phone number 740-833-2127 Division of Safety & Hygiene, PERRP 13430 Yarmouth Dr.

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 "O". 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.

(G)	Total number of deaths	Number of cases
(H)	Total number of cases with days away from work	
0	Total number of cases with job transfer or restriction	
(J)	Total number of other recordable cases	

including any county, county or state hospital, municipal Revised Code 4167.01 authority, commission or district, state institutions of corporation, city, village, township, park district, schoo and their instrumentalities, and its instrumentalities; and includes the State of Ohio (or an equivalent). This ATTENTION:
All Ohio public employers board" as defined in Ohio special district, state agency higher learning, public or any political subdivisions must complete this form

### (1) Injury Total number of Injury and illness types 30 (4). Poisoning 0

days away from

job transfer or restriction Total number of days of

Total number of

Number of days

(5) Hearing loss (6) All other illnesses 0 0

0

(3) Respiratory condition (2) Skin disorder

0

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

E-mail address

Administrator name (Signature)

Administrator name (Print Dawn Huston

Deputy County Administrator

0

(da

Bradley J Euans

Pickerington, OH 43147

Division of Safety & Hygiene, PERRP

Bureau of Workers' Compensation

not have to post it for nonrepresentatives. You do employees and accessible 30 of each year in a location that is readily You must also post this form from Feb. 1 to April by their your

to PERRP by Feb. 1 of each year to summarize it by mail or fax, or electronically via BWC's Web site, ohiobwc.com. activities. You may submit You must submit this form previous year's Sign here

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

N/A

employees or the public.

best of my knowledge.

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

Teachers/	Enter the to classificati count.	For use colleges	Police/Fire/EMT:	Part time:	Full time:	For use OI townships By your defini workers. Ente	Employme	BWC polic	County C	Establishn administra	County Delaware	City	Street 11	Your estab	Establishr
Teachers/instructors:	otal number of full-ti on below. Do NOT ir	ONLY by educa , technical scho	/EMT:			ONLY by state and state an	Employment information	BWC policy number (e.g., 12345678-000) 2005590 - 0	County Government	ent description (e.g tion building, MRDD	elaware	Delaware	117 North Union Street	Your establishment name D	Establishment information
	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.	For use ONLY by educational institutions (universities, colleges, technical schools, school districts)				For use ONLY by state agencies, special districts, ctownships By your definition, enter the total number of full-time and part-time workers. Enter police, fire, EMT and paramedics separately below	, , , , , , , , , , , , , , , , , , ,	45678-000) 90 - 0	2.	Establishment description (e.g., elementary school, maintenance garage, wastewater administration building, MRDD workshop, library, hospital, extended care facility, etc.)	1	State	treet	Delaware County - New Court House	ion
	nployees that fit in the volunteers in your	ns (universities tricts)				al districts, cou e and part-time emp eparately below.				l, maintenance gara	Entity code	Ohio		New Court Hou	
	ne employee		_	51	74	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.				Establishment description (e.g., elementary school, maintenance garage, wastewater treatment plant, administration building, MRDD workshop, library, hospital, extended care facility, etc.)	Entity code County commissioner 210	Zip code		se	
N/A		e e e e e e e e e e e e e e e e e e e		=		<b>ages and</b> les seasonal	7	e o a e		ment plant,	210	43015			

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.

Injury and illness types	40 (K)	Total number of days away from work	Number of days	(G)	Total number of deaths	Number of cases
types				(H)	Total number of cases with days away from work	
	78 (L)	Total number of days of job transfer or restriction		()	Total number of cases with job transfer or restriction	
	j.			(J)	Total number of other recordable cases	
<u> </u>				-	spe autl boa Rev	dist

corporation, city, villag including any county, or state hospital, mun and their instrumental any political subdivisi must submit this form ised Code 4167.01 nority, commission rd" as defined in C cial district, state a ner learning, public rict, state institutio ship, park district

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.

For use ONLY by state agencies, special districts, counties, cities, villages and

**Employment information** 

townships

### (3) Respiratory condition (1) Injury Total number of. (2) Skin disorder Division of Safety & Hygiene, PERRP 13430 Yarmouth Dr. Bureau of Workers' Compensation 0 0 (4) Poisoning (6) All other illnesses (5) Hearing loss 0 0 0

to PERRP by Feb. 1 of each year to summarize

activities. You may submit

previous

year's

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

Email address <u> peuans@co.delaware.oh.us</u>

Phone number 740-833-2127

740-833-2122 Phone

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

employees or the public. not have to post it for nonrepresentatives. You do employees and accessible

Administrator name (Signature)

/10/aa Date

Administrator name (Print Dawn Huston

Deputy County Administrator
Title

30 of each year in a location that is readily You must also post this form from Feb. 1 to April

best of my knowledge.

I certify that I have examined this document and that the entries are true, accurate and complete to the

Knowingly falsifying this document may result in a fine.

by

their your Web site, ohiobwc.com. it by mail or fax, or electronically via BWC's

Sign here

nigher learning, public or special district, state agency, authority, commission or hoard" as defined in Ohio	district, state institutions of	or state hospital, municipal corporation, city, village, fownship park district school	and their instrumentalities, including any county, county	includes the State of Ohio and its instrumentalities; and "any political subdivisions	(or an equivalent). This	All Ohio public employers	ATTENTION:
BWC policy number (e.g., 12345678-000) 2005590 - 0	County Government	Establishment description (e.g., elementary school, maintenance garage, wastewater treatment plant, administration building, MRDD workshop, library, hospital, extended care facility, etc.)	County Delaware	City Delaware	Street 119 Henderson Court	Your establishment name	<b>Establishment information</b>
		y school, maintenance garagi library, hospital, extended car	Entity code c	State Ohio		ounty - DATA Bus	
5 × × × × × × × × × × × × × × × × × × ×		e, wastewater treatment plant, re facility, etc.)	Entity code County commissioner 210	Zip code 43015			

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

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 legicles to the contractive that the entries from every page of the Log. If you had no cases, write "0". If you are using the legicles to the contractive that 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.

Ohio Bure	(3) Respiratory condition	(2) Skin disorder _	(1) Injury _	Total number of	Injury and illness types	(K)	days away from work	Total number of	Number of days	(6)	0	Total number of T deaths	Number of cases
Bureau of Workers'	0,	0	0		38					3	0	Total number of cases with days away from work	
<i>S</i> ,	(6) All other illnesses	(5) Hearing loss	(4) Poisoning			(F)	Job transfer or restriction	Total number of days of		3	0	Total number of cases with job transfer or restriction	
	0	0	0							(3)	0	Total number of other recordable cases	
30 of each year in a location that is readily accessible by your	You must also post this	web site, ohiobwc.com.	activities. You may submit it by mail or fax, or	to PERRP by Feb. 1 of each year to summarize the previous year's	You must submit this form							nigner learning, public or special district, state agency, authority, commission or board" as defined in Ohio Revised Code 4167.01.	district, state institutions of

corporation, city, village, township, park district, schoo or state hospital, municipal "any political subdivisions and their instrumentalities, ATTENTION:
All Ohio public employers including any county, county and its instrumentalities; and includes the State of Ohio (or an equivalent). This must complete this form pard" as defined in Ohio evised Code 4167.01. thority, commission or ther learning, public or strict, state institutions of ecial district, state agency

Full time:  4	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 to the following the followi	Employment information	BWC policy number (e.g., 12345678-000) 2005590 - 0	County Government	Establishment description (e.g., elementary school, maintenance garage, wastewater treatment plant, administration building, MRDD workshop, library, hospital, extended care facility, etc.)	County Delaware Entity code County commissioner 210	City Delaware State Ohio Zip code 43015	Street 4781 County Home Road	Your establishment name Delaware County - Dog Warden	Establishment information

Police/Fire/EMT: Part time:

colleges, technical schools, school districts) For use ONLY by educational institutions (universities,

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

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

Phone	740-833-2122	Administrator name (Signature)	( edundhuston	Administrator name (Print)	Dawn Huston	
E-mail address	dhuston@co.delaware.oh.us	Date	110/22	Title	Deputy County Administrator	

employees or the public. not have to post it for nonrepresentatives. You do employees and

their your

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

Email address beuans@co.delaware.oh.us

Phone number 740-833-2127 Division of Safety & Hygiene, PERRP 13430 Yarmouth Dr.

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.

### Total number of Number of cases (G) 0 cases with days away from work Total number of $\Xi$ restriction with job transfer or Total number of cases $\equiv$ 0 other recordable Total number of S 5

corporation, city, village, township, park district, school district, state institutions of Revised Code 4167.01. authority, commission or board" as defined in Ohio special district, state agency higher learning, public or or state hospital, municipal including any county, county and their instrumentalities, "any political subdivisions and its instrumentalities; and includes the State of Ohio (or an equivalent). This must complete this form ATTENTION:
All Ohio public employers

### (3) Respiratory condition Division of Safety & Hygiene, PERRP 13430 Yarmouth Dr. (2) Skin disorder Total number of. Injury and illness types Bureau of Workers' Compensation 0 00 (4) Poisoning (5) Hearing loss (6) All other illnesses 0 0 0

You must submit this form to PERRP by Feb. 1 of each year to summarize the previous year's it by mail or fax, Web site, ohiobwc.com. it by mail or fax, or electronically via BWC's activities. You may submit previous year's Sign here

employees or the public. 30 of each year in a location that is readily not have to post it for non representatives. You do employees and accessible You must also post this form from Feb. 1 to April their your

Establ	Count	City	Street	Your e	Establis
stration building MRI	County Delaware	Delaware	Street 10 Court Street	stablishment name	Establishment information
Establishment description (e.g., elementary school, maintenance garage, wastewater treatment plant, administration hilliting MRDD workshon library hospital extended care facility ato	3 2	State		Your establishment name	ation
l, maintenance ga	Entity cod	Ohio		- EMS	
rage, wastewater treat	Entity code County commissioner 210	Zip code			
ment plant,	210	43015			E

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

### Employment information

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. For use ONLY by state agencies, special districts, counties, cities, villages and

Police/Fire/EMT: Part time: Full time: 105

colleges, technical schools, school districts) For use ONLY by educational institutions (universities, days away from

job transfer or restriction

Total number of days of

3 1/2

(T) 16

Total number of

Number of days

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

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

Knowingly falsifying this document may result in a fine.

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

Phone	740-833-2122	Administrator name (Signature)	( Jaundhuston	Administrator name (Print)	Dawn Huston
E-mail address	dhuston@co.delaware.oh.us	Date	1/10/aa	Title	Deputy County Administrator

E-mail address

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

Email address beuans@co.delaware.oh.us

Phone number 740-833-2127

Bradley J Euans

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.

location that is readily accessible by your employees and their			Bureau of Workers' Compensation	Ohio B
You must also post this form from Feb. 1 to April	0	(6) All other illnesses	0	(3) Respiratory condition
Web site, ohiobwc.com.	0	(5) Hearing loss	0	
each year to summarize the previous year's activities. You may submit it by mail or fax, or	0	(4) Poisoning		Total number of (M) (1) Injury
You must submit this form to PERRP by Feb. 1 of			/pes	Injury and illness types
		(L)		11 (K)
		Total number of days of job transfer or restriction		Total number of days away from work
				Number of days
	(J)	(1)	(H)	(G)
	0	0	_	0
nigner learning, public or special district, state agency, authority, commission or board" as defined in Ohio Revised Code 4167.01.	Total number of other recordable cases	Total number of cases with job transfer or restriction	Total number of cases with days away from work	Total number of deaths
district, state institutions of				Number of cases

ATTENTION:
All Ohio public employers or state hospital, municipal including any county, count and their instrumentalities, and its instrumentalities; an includes the State of Ohio (or an equivalent). This must complete this form district, state institutions of township, park district, scho corporation, city, village, any political subdivisions defined in Ohio ode 4167.01. ommission or ning, public or ict, state agency

### **Employment information**

By your definition, enter the total number of full-time and part-time employees, which includes seasonal For use ONLY by state agencies, special districts, counties, cities, villages and

workers. Enter police, fire, EMT and paramedics separately below

Police/Fire/EMT: Part time: Full time:

colleges, technical schools, school districts) For use ONLY by educational institutions (universities,

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

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

* * .			
Phone	740-833-2122	Administrator name (Print)  Administrator name (Signature)	Dawn Huston
E-mail address	dhuston@co.delaware.oh.us	Tritle  1/10/2A  Date	Deputy County Administrator

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

beuans@co.delaware.oh.us Email address

Phone number 740-833-2127 not have to post it for non-employees or the public.

representatives. You do

Division of Safety & Hygiene, PERRP 13430 Yarmouth Dr.

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 entires 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

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.

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	cownsnip, 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.
0 (G)	(H)	(i)	(J)	
Number of days				
Total number of days away from work		Total number of days of job transfer or restriction		
220 (K)		272 (L)		
Injury and illness types	ypes			You must submit this form
Total number of (M)				to PERRP by Feb. 1 of each year to summarize the previous year's activities You may submit
<ul><li>(1) Injury</li><li>(2) Skin disorder</li></ul>	0 0	(4) Poisoning (5) Hearing loss	0 0	it by mail or fax, or electronically via BWC's Web site chiobwc.com.
(3) Respiratory condition	0	(6) All other illnesses	0	You must also post this form from Feb. 1 to April
Ohio B	Bureau of Workers'	S.		30 of each year in a location that is readily accessible by your

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

beuans@co.delaware.oh.us Email address

Phone number 740-833-2127

740-833-2122 Phone

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

\dministrator name (Signature) 255 CAP 255 Administrator name (Print) Dawn Huston

not have to post it for non-

representatives. You do

employees and

their your

accessible

Sign here

best of my knowledge.

I certify that I have examined this document and that the entries are true, accurate and complete to the

Deputy County Administrator

10

da

Knowingly falsifying this document may result in a fine.

employees or the public,

Division of Safety & Hygiene, PERRP 13430 Yarmouth Dr.

Pickerington, OH 43147

higher learning, public or special district, state agency, authority, commission or board" as defined in Ohio corporation, city, village, township, park district, school or state hospital, municipal includes the State of Ohio and its instrumentalities; and All Ohio public employers including any county, count and their instrumentalities, must complete this form ATTENTION: "any political subdivisions (or an equivalent). This evised Code 4167.01 istrict, state institutions of

ATTENTION:	Establishment information	
All Ohio public employers	Your establishment name Delaware County - Hayes Building	
or an equivalent). This	Street 145 North Union Street	
ncludes the State of Ohio and its instrumentalities; and	City Delaware State Ohio Zip code	43015
any pointed subdivisions and their instrumentalities, ncluding any county, county	County Delaware Entity code County commissioner 210	missioner 210
overship park district school	Establishment description (e.g., elementary school, maintenance garage, wastewater treatment plant, administration building, MRDD workshop, library, hospital, extended care facility, etc.)	iter treatment plant, tc.)
district, state institutions of	County Government	,
nigner learning, public or special district, state agency, authority, commission or	BWC policy number (e.g., 12345678-000) 2005590 - 0	
Revised Code 4167.01.	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.	es, <i>villages and</i> ch includes seasonal
-	Full time:	209
	Part time:	15
*	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.	
You must submit this form to PERRP by Feb. 1 of each year to summarize	Teachers/instructors:	N/A
he previous year's activities. You may submit	All others/support staff (e.g., administration, bus drivers, custodial, coaches, etc.)	N/A

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 "O". 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.

Total number of

away from work cases with days Total number of

restriction with job transfer or Total number of cases

> other recordable Total number of

**Employment information** 

For use ONLY by state agencies, special districts, counties, cities, villages and

Number of cases

Phone number	Email address	print or type)	Name of person completing or filing 300AP (print or type)	Name of perso
us 740-833-2127	beuans@co.delaware.oh.us		ns	Bradley J Euans
employees or the public.			Pickerington, OH 43147	Pickeringtor
representatives. You do			Division of Safety & Hyglene, FERRY	Division of Safety &
		,		
accessible by your				
year		DAL.	Burgall of Workers	
form from Feb. 1 to April				
You must also post this			0	condition
	0	(6) All other illnesses	tory	(3) Respiratory
Web site, ohiobwc.com.		(2) 115411119 1033	olde:	(4) ONLI GISOTGE
electronically via BWC's	o	(5) Hearing loss		(3) Skin dier
it by mail or fax, or	0	(4) Poisoning	_	(1) Injury
activities. You may submit				(IVI)
the previous year's			-	(M)
each year to summarize			er of	Total number of
to PERRP by Feb. 1 of		,		
You must submit this form			Injury and illness types	Injury and il
		(L)		3
		0		0
				work
		job transfer or restriction	rom	days away from
		Total number of days of	er of	Total number of
			days	Number of days
	(J)	()	(H)	(G)
		0	0	0

including any county, county or state hospital, municipal ATTENTION:
All Ohio public employers board" as defined in Ohio Revised Code 4167.01. authority, commission or special district, state agency, district, state institutions of township, park district, school corporation, city, village, and their instrumentalities, and its instrumentalities; and includes the State of Ohio (or an equivalent). This must complete this form higher learning, public or "any political subdivisions Establishment information City Street 1 West Winter Street BWC policy number (e.g., 12345678-000) administration building, MRDD workshop, library, hospital, extended care facility, etc.) Establishment description (e.g., elementary school, maintenance garage, wastewater treatment plant County Delaware Your establishment name Delaware County - Health Department State Ohio Entity code County commissioner 210 Zip code

43015

### For use ONLY by educational institutions (universities Police/Fire/EMT: Part time: Full time: colleges, technical schools, school districts) 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. 17

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

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

### Sign here

### Knowingly falsifying this document may result in a fine.

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

Phone	740-833-2122	Administrator name (Signature)	(Xaundhustan	Administrator name (Print)	Dawn Huston	
E-mail address	dhuston@co.delaware.oh.us	Date	1/10/22	Title	Deputy County Administrator	

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				district, state institution
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	nigher learning, public special district, state at authority, commission board" as defined in Ol Revised Code 4167.01
0	0	0	0	
(G)	(H)	(1)	(L)	
Number of days				
Total number of days away from work		Total number of days of job transfer or restriction		
(K)	2	(L)		
Injury and illness types	ypes			You must submit this
Total number of (M)				to PERRP by Feb. each year to sumi the previous
(1) Injury	0	(4) Poisoning	0	it by mail or fa
(2) Skin disorder	0	(5) Hearing loss	0	electronically via I
(3) Respiratory condition	0	(6) All other illnesses	0	You must also pos
Ohio B	Bureau of Workers'	•		form from Feb. 1 to 30 of each year location that is a accessible by
Division of Safety & Hygiene, PERRP 13430 Yarmouth Dr.	Hygiene, PERRP			employees and representatives. Yo not have to post it fo

ATTENTION: All Ohio public employers must complete this form	Establishment information  Your establishment name Delaware County - Historic Court House
(or an equivalent). This includes the State of Ohio	Street 91 North Sandusky Street
and its instrumentalities; and "any political subdivisions	City Delaware State Ohio Zip code
and their instrumentalities, including any county, county	County Delaware Entity code County commissioner 210
or state hospital, municipal corporation, city, village, township, park district, school	Establishment description (e.g., elementary school, maintenance garage, wastewater treatment plant, administration building, MRDD workshop, library, hospital, extended care facility, etc.)
district, state institutions of higher learning, public or	County Government
special district, state agency, authority, commission or	BWC policy number (e.g., 12345678-000) 2005590 - 0

### **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

classification below. Do NOT include substitutes or volunteers in your employee Enter the total number of full-time and part-time employees that fit in the colleges, technical schools, school districts) Police/Fire/EMT: Part time: Full time: Teachers/instructors: For use ONLY by educational institutions (universities, N/A

### c.com. ay submit summarize =eb. 1 of this form fax, or BWC's year's All others/support staff (e.g., administration, bus drivers, custodial, coaches, etc.)

N/A

not have to post it for nonemployees or the public. ear post this 1 to April ear in a readily your

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

Email address beuans@co.delaware.oh.us

740-833-2127 Phone number

Bradley J Euans

Pickerington, OH 43147

### 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.

Phone	740-833-2122	Administrator name (Print)  Administrator name (Signature)	
E-mail address	dhuston@co.delaware.oh.us	Deputy County Administrator Title  1/10/AA Date	

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.

Total number of (M) (1) Injury (2) Skin disorder (3) Respiratory 0 (3) Respiratory 0 Condition  Bureau of Workers' Compensation	(K)	Total number of days away from work	Number of days	(G) (H)	Total number of Total number of deaths cases with days away from work
. (4) Poisoning . (5) Hearing loss . (6) All other illnesses	(L)	Total number of days of job transfer or restriction		(1)	Total number of cases with job transfer or restriction
	0 2 3			(J)	Total number of other recordable cases
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					higher learning, public or special district, state agency, authority, commission or board" as defined in Ohio Revised Code 4167.01.

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	Your establishment information  Your establishment name Delaware County - Law Library  Street 20 West Central Ave.  City Delaware State Ohio Zip code County Commissioner 210
includes the State of Ohio and its instrumentalities; and "any political subdivisions	Delaware State
and their instrumentalities, including any county, county	w
or state hospital, municipal corporation, city, village, township, park district, school	Establishment description (e.g., elementary school, maintenance garage, wastewater treatment plant, administration building, MRDD workshop, library, hospital, extended care facility, etc.)
district, state institutions of	County Government
higher learning, public or special district, state agency, authority, commission or	BWC policy number (e.g., 12345678-000) 2005590 - 0
board" as defined in Ohio	

### **Employment information**

By your definition, enter the total number of full-time and part-time employees, which includes seasonal For use ONLY by state agencies, special districts, counties, cities, villages and

workers. Enter police, fire, EMT and paramedics separately below.

colleges, technical schools, school districts) For use ONLY by educational institutions (universities,

Police/Fire/EMT: Part time: Full time:

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

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

NA 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.

Phone	740-833-2122	Administrator name (Print)  Administrator name (Signature)	Dawn Huston	
E-mail address	dhuston@co.delaware.oh.us	1/10/12 Date	Deputy County Administrator	

representatives. You do not have to post it for non-employees or the public.

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

Email address beuans@co.delaware.oh.us

Phone number 740-833-2127 Division of Safety & Hygiene, PERRP 13430 Yarmouth Dr.

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 "O". 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

30 of each year in a location that is readily accessible by your		8,	Bureau of Workers'	Ohio B
You must also post this form from Feb. 1 to April	0	(6) All other illnesses	0	(3) Respiratory condition
Web site, ohiobwc.com.	0	(5) Hearing loss	0	(2) Skin disorder
it by mail or fax, or	0	(4) Poisoning	0	(1) Injury
to PERRP by Feb. 1 of each year to summarize the previous year's				Total number of (M)
You must submit this form			ypes	Injury and illness types
		(L)	-	0 (K)
		job transfer or restriction		days away from work
		Total number of days of		Number of days
	()	. 0	Ĥ	(G)
	0	0	0	0
higher learning, public or special district, state agency, authority, commission or board" as defined in Ohio Revised Code 4167.01.	Total number of other recordable cases	Total number of cases with job transfer or restriction	Total number of cases with days away from work	Total number of deaths

ATTENTION:	Establishment information
All Ohio public employers	Your establishment name Delaware County - Mental Health
must complete this form	
(or an equivalent). This	Street 40 North Sandusky Street
includes the State of Ohio	
and its instrumentalities; and	City Delaware State Ohio Zip code 43015
"any political subdivisions	
including any county, county	County Delaware Entity code County commissioner 210
or state hospital, municipal	Establishment description (e.g., elementary school, maintenance garage, wastewater treatment plant,
corporation, city, village, township, park district, school	administration building, MRDD workshop, library, hospital, extended care facility, etc.)
district, state institutions of	County Government
special district, state agency,	BWC policy number (e.g., 12345678-000)
authority, commission or hoard" as defined in Ohio	2005590 - 0

### **Employment information**

By your definition, enter the total number of full-time and part-time employees, which includes seasonal For use ONLY by state agencies, special districts, counties, cities, villages and

workers. Enter police, fire, EMT and paramedics separately below

colleges, technical schools, school districts) For use ONLY by educational institutions (universities Police/Fire/EMT: Part time: Full time:

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

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

Phone	740-833-2122	Dawn Huston Administrator name (Print) Administrator name (Signature)	
E-mail address	dhuston@co.delaware.oh.us	Deputy County Administrator  1 10 732  Date	

employees or the public. not have to post it for non employees

and

their you

representatives. You do

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

Email address beuans@co.delaware.oh.us

Phone number 740-833-2127 Division of Safety & Hygiene, PERRP 13430 Yarmouth Dr.

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 "O". 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				district, state institutions of higher learning, public or
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	special district, state agency, authority, commission or board" as defined in Ohio Revised Code 4167.01.
0	0	0	0	
(G)	(H)	9	(J)	
Number of days				
Total number of days away from work		Total number of days of job transfer or restriction		
(K)		(L)		
Injury and illness types	pes			You must submit this form
Total number of (M)				to PERRP by Feb. 1 of each year to summarize the previous year's activities. You may submit
<ul><li>(1) Injury</li><li>(2) Skin disorder</li></ul>	0 0	(4) Poisoning (5) Hearing loss	0 0	it by mail or fax, or electronically via BWC's
(3) Respiratory	o	(6) All other illnesses	0	Voll must also post this
				form from Feb. 1 to April
Ohio Bu	Bureau of Workers' Compensation			hat is re
Division of Safety & Hygiene, PERRP 13430 Yarmouth Dr.	Hygiene, PERRP			representatives. You do not have to post it for non-

including any county, county includes the State of Ohio corporation, city, village, or state hospital, municipal and their instrumentalities, and its instrumentalities; and (or an equivalent). This must complete this form All Ohio public employers ATTENTION: "any political subdivisions uthority, commission or oard" as defined in Ohio evised Code 4167.01. ownship, park district, school igher learning, public or istrict, state institutions of pecial district, state agency

### Establishment information Employment information City BWC policy number (e.g., 12345678-000) Establishment description (e.g., elementary school, maintenance garage, wastewater treatment plant, administration building, MRDD workshop, library, hospital, extended care facility, etc.) Street 2656 Hogback Road Police/Fire/EMT: Part time: Full time: County Government County Delaware colleges, technical schools, school districts) For use ONLY by educational institutions (universities, workers. Enter police, fire, EMT and paramedics separately below. By your definition, enter the total number of full-time and part-time employees, which includes seasonal For use ONLY by state agencies, special districts, counties, cities, villages and townships 2005590 - 0 State Ohio Entity code County commissioner 210 Zip code 43074

### Sign here best of my knowledge. I certify that I have examined this document and that the entries are true, accurate and complete to the Knowingly falsifying this document may result in a fine. All others/support staff (e.g., administration, bus drivers, custodial, coaches, etc.) Teachers/instructors: Sandy Area Administrator name (Print) Dawn Huston 3 Deputy County Administrator 0 N/A N/A

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

Bradley J Euans

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

beuans@co.delaware.oh.us Email address

Phone number 740-833-2127

740-833-2122 Phone

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

Administrator name (Signature)

employees or the public. not have to post it for nonrepresentatives. You do

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. must complete this form All Ohio public employers (or an equivalent). This ATTENTION:

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.

township, park district, scho or state hospital, municipal including any county, count and their instrumentalities, includes the State of Ohio and its instrumentalities; an

stitutions of

corporation, city, village,

any political subdivisions"

30 of each year in a location that is readily accessible by your		S.	Bureau of Workers'	Ohio
You must also post this	0	(6) All other illnesses	0	(3) Respiratory condition
Web site, ohiobwc.com.	0	(5) Hearing loss	0	(2) Skin disorder
each year to summarize the previous year's activities. You may submit it by mail or fax, or	0	(4) Poisoning	0	Total number of (M) (1) Injury
You must submit this form			types	Injury and illness types
		(L)	, I	(K)
		Total number of days of job transfer or restriction		Total number of days away from work
				Number of days
	(J)	0	(H)	(G)
special district, state agency, authority, commission or board" as defined in Ohio Revised Code 4167.01.	Total number of other recordable cases	Total number of cases with job transfer or restriction	Total number of cases with days away from work	Total number of deaths
higher learning, public or				Indiliber of pasco

Sign here

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

Knowingly falsifying this document may result in a fine.

Bradley J Euans

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

beuans@co.delaware.oh.us Email address

Phone number 740-833-2127 Division of Safety & Hygiene, PERRP 13430 Yarmouth Dr.

representatives. You do not have to post it for non-

and

your

employees or the public.

MAN TO THE PARTY OF THE PARTY O

Administrator name (Print) Dawn Huston

Deputy County Administrator

ىلا

Administrator name (Signature)

740-833-2122

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

count.  count.  Teachers/instructors:	count.	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 er	For use ONLY by educational institutions (universities, colleges, technical schools, school districts)	Police/Fire/EMT:	Part time:	Full time:	For use ONLY by state agencies, special districts, c townships  By your definition, enter the total number of full-time and part-time workers. Enter police, fire, EMT and paramedics separately below.	Employment information	BWC policy number (e.g., 12345678-000)	County Government		lities, County Delaware	es; and City Delaware	Street 109 North Sandusky Street	Your establishment name Delaware	Establishment information
nployee		iversities,		D	0	4	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.		00)		Establishment description (e.g., elementary school, maintenance garage, wastewater treatment plant, administration building, MRDD workshop, library, hospital, extended care facility, etc.)	Entity code County commissioner 210	State Ohio Zip code 43015		Delaware County - Regional Planning	

Establishment information

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.

### (2) Skin disorder Work days away from Number of days Number of cases (3) Respiratory (1) Injury Injury and illness types Total number of Total number of Total number of <u>G</u> S 69 0 away from work cases with days Total number of $\Xi$ 0 0 restriction with job transfer or (5) Hearing loss Total number of cases (6) All other illnesses (4) Poisoning job transfer or restriction Total number of days of **C** | 125 $\equiv$ other recordable cases Total number of 3 4 0 0 0

authority, commission or board" as defined in Ohio special district, state agency district, state institutions of township, park district, schoo corporation, city, village, or state hospital, municipal including any county, county and their instrumentalities "any political subdivisions includes the State of Ohio and its instrumentalities; and (or an equivalent). This must complete this form All Ohio public employers ATTENTION: higher learning, public or

### City Street 10 Court Street Establishment description (e.g., elementary school, maintenance garage, wastewater treatment plant, administration building, MRDD workshop, library, hospital, extended care facility, etc.) County Delaware Your establishment name BWC policy number (e.g., 12345678-000) County Government 2005590 - 0 Delaware County - Regional Sewer State Ohio Entity code County commissioner 210 Zip code 43015

### Employment information

# 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.

For use ONLY by state agencies, special districts, counties, cities, villages and

Full time: Police/Fire/EMT: Part time:

colleges, technical schools, school districts) For use ONLY by educational institutions (universities,

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

Teachers/instructors N/A

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

N/A

to PERRP by Feb. 1 of each year to summarize

activities. You may submit

previous

year's

You must submit this form

Sign here

Web site, ohiobwc.com. it by mail or fax, or electronically via BWC's

Knowingly falsifying this document may result in a fine.

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

Dr. S.	740-833-2122	Administrator name (Signature)	( warmanton	Administrator name (Print)	Dawn Huston
II mail address	dhuston@co.delaware.oh.us	Date	1/10/22	Title	Deputy County Administrator

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

beuans@co.delaware.oh.us Email address

Phone number 740-833-2127 employees or the public. representatives. You do

not have to post it for non-

employees accessible

and

their your 30 of each year in a

form from Feb. 1 to April You must also post this

location that is

readily

Division of Safety & Hygiene, PERRP 13430 Yarmouth Dr.

hio

Bureau of Workers' Compensation

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.

keep this form on file for five years following the year to which it pertains. 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

Ohio Bure	(3) Respiratory condition	(2) Skin disorder	Total number of (M) (1) Injury	Injury and illness types	(K)	Total number of days away from work	Number of days	(G)	0	Total number of Total number of Condeaths	Number of cases
Bureau of Workers'	0	0	ω	S				(H)	N	Total number of cases with days away from work	
	(6) All other illnesses	(5) Hearing loss	(4) Poisoning		104 (L)	Total number of days of job transfer or restriction		(1)	<u> </u>	Total number of cases with job transfer or restriction	
	0	0	0					(J)	ហ	Total number of other recordable cases	
30 of each year in a location that is readily accessible by your employees and their	You must also post this form from Eeb. 1 to April	Web site, ohiobwc.com.	each year to summarize the previous year's activities. You may submit it by mail or fax, or	You must submit this form to PERRP by Feb. 1 of						higher learning, public or special district, state agency, authority, commission or board" as defined in Ohio Revised Code 4167.01.	district, state institutions of

Bradley J Euans

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

Email address

Phone number 740-833-2127

740-833-2122

<u>dhuston@co.delaware.oh.us</u> E-mail address

MONTH WILL Administrator name (Prin Dawn Huston

0

laa

Division of Safety & Hygiene, PERRP 13430 Yarmouth Dr.

representatives. You do not have to post it for non-

best of my knowledge

I certify that I have examined this document and that the entries are true, accurate and complete to the

Deputy County Administrator

Knowingly falsifying this document may result in a fine.

Sign here

employees or the public.

Pickerington, OH 43147

or state hospital, municipal including any county, county and their instrumentalities, includes the State of Ohio and its instrumentalities; and must complete this form All Ohio public employers ATTENTION: corporation, city, village, (or an equivalent). This 'any political subdivisions nority, commission or rd" as defined in Ohio nship, park district, school er learning, public or ised Code 4167.01. cial district, state agency ict, state institutions of

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

Year 2021

# 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 (G) 0 away from work cases with days Total number of $\Xi$ 0 restriction with job transfer or Total number of cases $\ni$ 0 cases other recordable Total number of 3 α

authority, commission or board" as defined in Ohio special district, state agency corporation, city, village, or state hospital, municipal including any county, county and their instrumentalities, includes the State of Ohio (or an equivalent). This must complete this form All Ohio public employers ATTENTION: Revised Code 4167.01 district, state institutions of township, park district, school and its instrumentalities; and nigher learning, public or any political subdivisions

### (2) Skin disorder (1) Injury Injury and illness types Total number of 30 0 00 (4) Poisoning (5) Hearing loss E 0 C

days away from

job transfer or restriction

0

Total number of days of

Total number of

Number of days

(3) Respiratory condition

0

(6) All other illnesses

0

Division of Safety & Hygiene, PERRP

Bureau of Workers'
Compensation

Pickerington, OH 43147 13430 Yarmouth Dr.

> activities. You may submit it by mail or fax, or electronically via BWC's the Web site, ohiobwc.com. each year to summarize to PERRP by Feb. 1 of You must submit this form previous year's

employees or the public. employees not have to post it for nonrepresentatives. You do accessible location that is 30 of each year in a form from Feb. 1 to April You must also post this and by readily your

### **Employment information** Establishment information Establishment description (e.g., elementary school, maintenance garage, wastewater treatment plant, administration building, MRDD workshop, library, hospital, extended care facility, etc.) City Street 149 North Sandusky Street BWC policy number (e.g., 12345678-000) County Delaware County Government Delaware 2005590 - 0 State Ohio Entity code County commissioner 210

Zip code

43015

### Full time: 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. Enter the total number of full-time and part-time employees that fit in the Police/Fire/EMT: Part time: All others/support staff (e.g., administration, bus drivers, custodial, coaches, etc.) Teachers/instructors classification below. Do NOT include substitutes or volunteers in your employee colleges, technical schools, school districts) For use ONLY by educational institutions (universities, townships For use ONLY by state agencies, special districts, counties, cities, villages and NA 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.

Phone	740-833-2122	Administrator name (Print) Administrator name (Print) Administrator name (Signature)	
E-mail address	dhuston@co.delaware.oh.us	Deputy County Administrator Title Title  1/10/aa ture) Date	

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

beuans@co.delaware.oh.us Email address

Phone number 740-833-2127

Year

2021

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. 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 entires are complete and accurate before completing this summary. Using the Log, count the individual

keep this form on file for five years following the year to which it pertains. 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

corporation, city, village, or state hospital, municipa including any county, cou and their instrumentalities and its instrumentalities; includes the State of Ohio (or an equivalent). This must complete this form All Ohio public employe ATTENTION:

any political subdivisions"

b of	Ohio  Bureau of Workers' Compensation  Division of Safety & Hygiene, PERRP 13430 Yarmouth Dr.	(3) Respiratory (6) All other illnesses 0 condition	(2) Skin disorder 0 (5) Hearing loss 0	Total number of (M) (1) Injury (2) (4) Poisoning (3) O	injury and illness types	0 (F) (L)	Total number of days of days away from job transfer or restriction work	Number of days	(G) (H) (I) (J)	0 0 0	Total number of Total number of cases Total number of deaths cases with days with job transfer or other recordable away from work restriction cases
				0			of days of restriction		(J)	0	is es

1.2

### **Employment information** Police/Fire/EMT: Part time: Full time: By your definition, enter the total number of full-time and part-time employees, which includes seasonal All others/support staff (e.g., administration, bus drivers, custodial, coaches, etc.) Teachers/instructors: Enter the total number of full-time and part-time employees that fit in the colleges, technical schools, school districts) For use ONLY by educational institutions (universities, workers. Enter police, fire, EMT and paramedics separately below For use ONLY by state agencies, special districts, counties, cities, villages and classification below. Do NOT include substitutes or volunteers in your employee N/A N/A

### Sign here

Knowingly falsifying this document may result in a fine.

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

Phone	740-833-2122	Administrator name (Print)  Administrator name (Signature)	
E-mail address	dhuston@co.delaware.oh.us	Deputy County Administrator Title  110 / 22  Date	

employees or the public.

not have to post it for non-

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

beuans@co.delaware.oh.us Email address

Phone number 740-833-2127

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 enrites 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.

keep this form on file for five years following the year to which it pertains. 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

30 of each year in a location that is readily			Bureau of Workers'	Ohio B
You must also post this	0	(6) All other illnesses	0	(3) Respiratory condition
Web site, ohiobwc.com.	0	(5) Hearing loss	0	(2) Skin disorder
each year to summarize the previous year's activities. You may submit it by mail or fax, or	0	(4) Poisoning		Total number of (M) (1) Injury
You must submit this form to PERRP by Feb. 1 of			/pes	Injury and illness types
		(L)		(K)
		Total number of days of job transfer or restriction		Total number of days away from work
				Number of days
	( <u>C</u> )	9	(H)	(G)
	0	0		0
nigner reaming, public or special district, state agency, authority, commission or board" as defined in Ohio Revised Code 4167.01.	Total number of other recordable cases	Total number of cases with job transfer or restriction	Total number of cases with days away from work	Total number of deaths
district, state institutions of				Number of cases

township, park district, school corporation, city, village, or state hospital, municipal including any county, county and their instrumentalities and its instrumentalities; and includes the State of Ohio must complete this form ATTENTION:
All Ohio public employers "any political subdivisions (or an equivalent). This ommission or lefined in Ohio de 4167.01 ct, state agency, ng, public or institutions of Establishment information BWC policy number (e.g., 12345678-000) 2005590 - 0 City Establishment description (e.g., elementary school, maintenance garage, wastewater treatment plant, Street 2079 US 23 N administration building, MRDD workshop, library, hospital, extended care facility, etc.) County Delaware Your establishment name Delaware County - Willis Building Delaware State Ohio Entity code County commissioner 210 Zip code 43015

### Employment information

By your definition, enter the total number of full-time and part-time employees, which includes seasonal For use ONLY by state agencies, special districts, counties, cities, villages and

Full time: Police/Fire/EMT: Part time: workers. Enter police, fire, EMT and paramedics separately below

colleges, technical schools, school districts) For use ONLY by educational institutions (universities

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

### Sign here

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

N/A N/A

Teachers/instructors:

Knowingly falsifying this document may result in a fine.

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

Phone	740-833-2122	Administrator name (Print)  Administrator name (Signature)
E-mail address	dhuston@co.delaware.oh.us	Deputy County Administrator Title  1 / 10 / 22  Date

Bradley J Euans

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

beuans@co.delaware.oh.us Email address

Phone number 740-833-2127 employees or the public.

not have to post it for nonrepresentatives. You do employees and

your

Division of Safety & Hygiene, PERRP

13430 Yarmouth Dr.