

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

## Summary of Work-Related Injuries and Illnesses

Year 2022

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

### Number of days

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

1	0
(K)	(L)

### Injury and illness types

Total number of...

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

## Ohio Bureau of Workers' Compensation

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 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: 93  
Part time: 3  
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:

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

### 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  
Title  
Administrator name (Signature) Dawn Huston Date 1.24.23

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

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 2022

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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

### 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](http://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 - 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, 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:	<u>52</u>
Part time:	<u>0</u>
Police/Fire/EMT:	<u>0</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

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) <u>Dawn Huston</u>	Deputy County Administrator <u>1.24.23</u>
Administrator name (Signature) <u>[Signature]</u>	Date <u>1.24.23</u>

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

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Year 2022

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### Number of cases

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	3
(G)	(H)	(I)	(J)

### Number of days

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

57	216
(K)	(L)

### Injury and illness types

Total number of...

(1) Injury (M)	5	(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

### 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.

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

[beuans@co.delaware.oh.us](mailto:beuans@co.delaware.oh.us)  
Email address

740-833-2127  
Phone number

### Establishment information

Your establishment name Delaware County - Engineer / Code Compliance

Street 50 Channing 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: 107

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 other/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 Administrator name (Signature) 1.24.23 Date

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

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

## Summary of Work-Related Injuries and Illnesses

Year 2022

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	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)

### Injury and illness types

Total number of...	(M)	(4) Poisoning	(5) Hearing loss	(6) All other illnesses
(1) Injury	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

### 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, MIDD 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>69</u>
Part time:	<u>4</u>
Police/Fire/EMT:	<u>0</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 fill 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

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.

<u>Dawn Huston</u> Administrator name (Print) <u>Dawn Huston</u> Administrator name (Signature)	<u>Deputy County Administrator</u> Title <u>1.24.23</u> Date
--	---

Bradley J. Evans  
Name of person completing or filing 300AP (print or type)  
delans@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 2022

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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
-------------------------------------	---

10	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

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### 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:	<u>17</u>
Part time:	<u>33</u>
Police/Fire/EMT:	<u>0</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

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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)	Deputy County Administrator Title
 Administrator name (Signature)	<u>1.24.23</u> Date

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

[bejans@co.delaware.oh.us](mailto:bejans@co.delaware.oh.us)  
Email address

740-833-2127  
Phone number

740-833-2122  
Phone

[dhuston@co.delaware.oh.us](mailto:dhuston@co.delaware.oh.us)  
E-mail address

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

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

delians@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 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., 12345679-000)  
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>4</u>
Part time:	<u>0</u>
Police/Fire/EMT:	<u>0</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

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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.

Administrator name (Print) <u>Dawn Huston</u>	Deputy County Administrator <u>1.24.23</u>
Administrator name (Signature) <u>Dawn Huston</u>	Date <u>1.24.23</u>

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 2022

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### Number of cases

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	9	0	4
(G)	(H)	(I)	(J)

### Number of days

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

308	141
(K)	(L)

### Injury and illness types

Total number of...

(1) Injury (M)	(4) Poisoning	(5) Hearing loss	(6) All other illnesses
13	0	0	0
(2) Skin disorder			
0			
(3) Respiratory condition			
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 Entry 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:

139

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:

All other staff (e.g., administration, bus drivers, custodial, coaches, etc.)

### 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) Deputy County Administrator  
Title

Dawn Huston  
Administrator name (Signature) Date 1.24.23

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

740-833-2122  
Phone

djhuston@co.delaware.oh.us  
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	2
(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	2	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

### 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, 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:	<u>29</u>
Part time:	<u>0</u>
Police/Fire/EMT:	<u>0</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

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) <u>Dawn Huston</u>	Deputy County Administrator <u>1.24.23</u>
Administrator name (Signature) <u>[Signature]</u>	Date <u>1.24.23</u>

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

beilans@co.delaware.oh.us  
Email address

740-833-2127  
Phone number

740-833-2122  
Phone

dihuston@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 2022

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	2
(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
2	0	0	0	0	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.

### 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, 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:	<u>233</u>
Part time:	<u>16</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 other/support staff (e.g., administration, bus drivers, custodial, coaches, etc.)	<u>N/A</u>

### 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)	_____ Deputy County Administrator Title
_____ Administrator name (Signature)	<u>1.24.23</u> Date

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

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 2022

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...

(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

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You must submit this form to PERRP by Feb. 1 of each year to summarize the previous year's activities. You may submit it by mail or fax, or electronically via BWC's Web site, [ohiobwc.com](http://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 - Health Department  
Street 1 West Winter 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, MMDD 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>78</u>
Part time:	<u>10</u>
Police/Fire/EMT:	<u>0</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.

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

### Sign here

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

<u>Dawn Huston</u> Administrator name (Print)	<u>Deputy County Administrator</u> Title
<u>Dawn Huston</u> Administrator name (Signature)	<u>1.24.23</u> Date

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

## Summary of Work-Related Injuries and Illnesses

Year 2022

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...

(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

### 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, 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: 30

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.

Administrator name (Print) Dawn Huston Title Deputy County Administrator

Administrator name (Signature)  Date 1.24.23

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

740-833-2122  
Phone

djhuston@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 2022

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

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)	(5)	(6)
(1) Injury	0	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

### 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: 9  
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 fill 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.

Administrator name (Print) Dawn Huston Deputy County Administrator  
Administrator name (Signature)  Title 1.24.23  
Date



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

## Summary of Work-Related Injuries and Illnesses

Year 2022

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	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
-------------------------------------	---

1	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

### Establishment information

Your establishment name Delaware County - Preservation Parks  
Street 2656 Hogback Road  
City Sunbury State Ohio Zip code 43074  
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:	<u>37</u>
Part time:	<u>15</u>
Police/Fire/EMT:	<u>0</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

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) <u>Dawn Huston</u>	Deputy County Administrator Title <u>1.24.23</u>
Administrator name (Signature)	Date

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

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 2022

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

### Establishment information

Your establishment name Delaware County - Regional Planning  
Street 109 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: 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)  Date 1.23.23

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



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

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

## Summary of Work-Related Injuries and Illnesses

Year 2022

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	3
(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	(4) Poisoning	(5) Hearing loss	(6) All other illnesses
3	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

### 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, MRDP 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>63</u>
Part time:	<u>0</u>
Police/Fire/EMT:	<u>0</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: N/A

All other/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	Deputy County Administrator
Administrator name (Print)	Title
<u>Dawn Huston</u>	<u>1.24.23</u>
Administrator name (Signature)	Date

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

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 2022

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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	3
(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	3						
(2) Skin disorder	0						
(3) Respiratory condition	0						

## Ohio Bureau of Workers' Compensation

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 - Jail  
Street 844 US 42 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, MPDD 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: 195

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  
Administrator name (Signature) Dawn Huston Date 1.24.23



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

## Summary of Work-Related Injuries and Illnesses

Year 2022

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
4	4	6	6
(G)	(H)	(I)	(J)

### Number of days

Total number of days away from work	Total number of days of job transfer or restriction
211	126
(K)	(L)

### Injury and illness types

Total number of...	(M)	(4)	Poisoning	(5)	Hearing loss	(6)	All other illnesses
(1) Injury	10			0			
(2) Skin disorder	0			0			
(3) Respiratory condition	0			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, [ohiobwc.com](http://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 - Sheriff  
Street 149 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: \_\_\_\_\_  
Part time: \_\_\_\_\_  
Police/Fire/EMT: 41

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 other/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) 1.24.23  
Date

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

## Summary of Work-Related Injuries and Illnesses

Year 2022

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						
(2) Skin disorder	0						
(3) Respiratory condition	0						

## Ohio Bureau of Workers' Compensation

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

### 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 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:	<u>15</u>
Part time:	
Police/Fire/EMT:	<u>0</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

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
<u>Dawn Huston</u> Administrator name (Signature)	<u>1.24.23</u> Date

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

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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 2022

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...	(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

### 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: 26

Part time: 139

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 Title Deputy County Administrator

Administrator name (Print)

Administrator name (Signature)

Date 1.24.23

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

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Phone number

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