Year

2022

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 Illnessess* (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.

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

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 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

# Number of days Total number of Total number of days of days away from job transfer or restriction

S		
Ĉ	0	

# Injury and illness types Total number of...

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

## Ohio Bureau of Workers' Compensation

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

Bradley J Euans

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

Email address

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 Aprill 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.

nty County Chiawate  Establishment description (e.g., elementary school, maintenance garage, wastewater treatment plant, administration building, MRDD workshoo, library, hospital, extended dare facility, etc.)	Street 7991 Columbus Pike  City Lewis Center State Oh
	ame Delaware County nbus Pike er State
1	BODD Ohio
	Zip code
	43035

## **Employment information**

Revised Code 4167.01

poard" as defined in Ohio

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.

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.

structors:

Teachers/in

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

NA

#### 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 (Signature)	(J)aum (Muston	Administrator name (Print)	Dawn Huston
Date	1.24.23	Title	Deputy County Administrator

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

Year 2022

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

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

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

#### it by mail or fax, or electronically via BWC's each year to summarize You must submit this form not have to post it for nonemployees and their representatives. You do activities. You may submit form from Feb. 1 to April You must also post this r in a readily year's your **Establishment information** Sign here Employment information Establishment description (e.g., elementary school, maintenance garage, wastewater treatment plant, administration building, MRDD workshop, library, hospital, extended care facility, etc.) 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. BWC policy number (e.g., 12345678-000) 2005590 - 0 County Delaware Street 10 Court Street Full time: County Government Your establishment name 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: 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) For use ONLY by educational institutions (universities, Police/Fire/EMT: Part time: For use ONLY by state agencies, special districts, counties, cities, villages and Delaware Administrator name (Signature Dawn Huston Administrator name (Print) Delaware County - Carnegie Building Ohio Entity code County Commissioner 210 Deputy County Administrator Title Zip code N/A X 43015

(3) Respiratory condition

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

beuans@co.delaware.oh.us Email address

Phone number

740-833-2122

dhuston@co.delaware.oh.us

Division of Safety & Hygiene, PERRP 13430 Yarmouth Dr.

hio

Bureau of Workers' Compensation

accessible

employees or the public.

30 of each year location that is r

(1) Injury

Total number of..

Injury and illness types

30

0

(2) Skin disorder

0 0

(6) All other illnesses

0 0 0

Web site, ohiobwc.com.

previous

(4) Poisoning (5) Hearing loss

days away from

job transfer or restriction

Total number of days of

Total number of

Number of days

Year 2022

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

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

#### (1) Injury Total number of.. days away from Number of days injury and illness types Total number of 2 3 job transfer or restriction Total number of days of (L)

0 0 |m (5) Hearing loss (4) Poisoning (6) All other illnesses Ю 0 lo

(3) Respiratory condition (2) Skin disorder

Division of Safety & Hygiene, PERRP 13430 Yarmouth Dr.

Bureau of Workers' Compensation

Pickerington, OH 43147

Name of person completing or filing 300AP (print or type) beuans@co.delaware.oh.us

740-833-2122

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

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

Establishment information			
Your establishment name Delaw	Delaware County - Engineer / Code Compliance	ode Compliance	
Street 50 Channing Street			
City Delaware	State Ohio	Zip code	43015
County Delaware	Entity o	Entity code County commissioner 210	er 210
Establishment description (e.g., elementary school, maintenance garage, wastewater treatment plant, administration building, MRDD workshop, library, hospital, extended care facility, etc.)	mentary school, maintenance ç kshop, library, hospital, extende	arage, wastewater treatd care facility, etc.)	atment plant,
County Government			
BWC policy number (e.g., 12345678-000) 2005590 - 0	70		
	0		

## Employment information

For use ONLY by state agencies, special districts, countles, 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

Full time: Part time: 107

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

Police/Fire/EMT:

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: Z Z X

#### 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

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

Year

2022

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

#### ATTENTION: All Ohio public employers (or an equivalent). This

corporation, city, village, township, park district, school district, state institutions of or state hospital, municipal including any county, county and their instrumentalities, includes the State of Ohio must complete this form "any political subdivisions and its instrumentalities; and

							_	_
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	City Delaware	Street 117 North Union Street	Your establishment name Delaware County - New Court House	Establishment information
	0)		ary school, o, library, ho	-	State -		County -	
			maintenance ( ospital, extende	Entity o	Ohio		New Court H	
			garage, wastewater treated care facility, etc.)	Entity code County commissioner 210	Zip code		louse	
			ment plant,	210	43015			

#### Revised Code 4167.01. special district, state agency higher learning, public or board" as defined in Ohio authority, commission or

#### days away from Total number of Number of days job transfer or restriction Total number of days of

Ē	0	

30

## Injury and illness types

Total number of..

(1) Injury

- (2) Skin disorder (4) Poisoning
- 0
- (5) Hearing loss (6) All other illnesses

0

(3) Respiratory condition

## Bureau of Workers' Compensation

Division of Safety & Hygiene, PERRP 13430 Yarmouth Dr.

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

beuans@co.delaware.oh.us Email address

Phone number

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

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

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.

4	Part time:
69	Full time:

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

count. 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:
, administration,	
bus drivers, o	
custodial, coa	
ches, etc.)	
N/A	N/A

## 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

Phone	740-833-2122	Administrator name (Signature)	variable winder	Administrator name (Print)	Dawn Huston
E-mail address	dhuston@co.delaware.oh.us	Date	1.24.23	Title	Deputy County Administrator

Year

2022

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 rijuries 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 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 ତି | ୦ cases with days Total number of away from work $\Xi$ restriction with job transfer or Total number of cases 30 other recordable Total number of 3 0

Revised Code 4167.01. authority, commission or

board" as defined in Ohio

higher learning, public or

#### corporation, city, village, township, park district, school ATTENTION: All Ohio public employers district, state institutions of or state hospital, municipal including any county, county and their instrumentalities, includes the State of Ohio (or an equivalent). This must complete this form and its instrumentalities; and any political subdivisions

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days away from

job transfer or restriction Total number of days of

Total number of

Number of days

Bradley J Euans

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

beuans@co.delaware.oh.us Email address

Phone number

740-833-2122 Phone

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

Division of Safety & Hygiene, PERRP 13430 Yarmouth Dr.

Bureau of Workers' Compensation

30 of each year location that is r

employees accessible

and

(3) Respiratory condition

(1) Injury

Total number of...

Injury and illness types

36

Ē

(2) Skin disorder

0 0

(5) Hearing loss

0 0

Web site, ohiobwc.com.

previous

(6) All other illnesses

(4) Poisoning

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 venify 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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(G)	Total number of deaths	Number of cases
(H) 0	Total number of cases with days away from work	4
(1)	Total number of cases with job transfer or restriction	The state of the s
(L)	Total number of other recordable cases	

Revised Code 4167.01.

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

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

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

## Number of days

days away from Total number of

job transfer or restriction Total number of days of

(L)	0	ı

30

## Injury and illness types

(1) Injury Total number of.

- 0 0 (5) Hearing loss (4) Poisoning

- (3) Respiratory condition

- (2) Skin disorder

0

(6) All other illnesses

0 0 0

it by mail or fax, or electronically via BWC's

activities. You may submit previous

year's

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

N. N/A

Web site, ohiobwc.com.

Sign here

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

best of my knowledge.

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

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by

your

You do

to PERRP by Feb. 1 of each year to summarize

Teachers/instructors:

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) For use ONLY by educational institutions (universities, Police/Fire/EMT: Part time: Full time:

ю 0

You must submit this form

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

Email address

Phone number

740-833-2122 Phone

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

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

variation phuston

Administrator name (Print) Dawn Huston

Deputy County Administrator
Title

ナル・

بى س

Administrator name (Signature)

Division of Safety & Hygiene, PERRP 13430 Yarmouth Dr.

Bureau of Workers'
Compensation

Year

2022

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#### Total number of Number of cases <u>@</u> 0 cases with days away from work Total number of $\exists$ 9 restriction with job transfer or Total number of cases $\equiv$ 0 other recordable Total number of $\subseteq$ 4

#### All Ohio public employers or state hospital, municipal including any county, county and their instrumentalities, and its instrumentalities; and includes the State of Ohio (or an equivalent). This must complete this form special district, state agency, higher learning, public or district, state institutions of any political subdivisions

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

#### corporation, city, village, township, park district, school Revised Code 4167.01. board" as defined in Ohio authority, commission or

#### (3) Respiratory (2) Skin disorder (1) Injury Total number of... Injury and illness types condition 0 0 끖 (5) Hearing loss (4) Poisoning (6) All other illnesses 0 0 Ю

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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

Division of Safety & Hygiene, PERRP

hio

Bureau of Workers' Compensation

Pickerington, OH 43147 13430 Yarmouth Dr.

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

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Full time: Police/Fire/EMT: Part time: 139

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

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

#### Sign here

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Phone	740-833-2122	Administrator name (Signature)	Dawn Huston
E-mail address	dhuston@co.delaware.oh.us	1.24.23 Date	Deputy County Administrator

Year 2022

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0 (G)	Total number of deaths	Number of cases
(H) 0	Total number of cases with days away from work	4
(1)	Total number of cases with job transfer or restriction	
(J)	Total number of other recordable cases	

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

## board" as defined in Ohio authority, commission or

#### **Establishment information** Employment information BWC policy number (e.g., 12345678-000) 2005590 - 0 Establishment description (e.g., elementary school, maintenance garage, wastewater treatment plant, administration building, MRDD workshop, library, hospital, extended care facility, etc.) County Delaware Street 1405 US 23 North County Government Your establishment name Delaware County - Facilities For use ONLY by state agencies, special districts, counties, cities, villages and Delaware State Ohio Entity code County commissioner 210 Zip code 43015

## Revised Code 4167.01.

## 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

Full time: Part time: 0

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

Police/Fire/EMT:

0

days away from

job transfer or restriction

Total number of days of

Total number of

Number of days

count. 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

# Teg

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

X X

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You must submit this form

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

(3) Respiratory condition

0 0 N

(1) Injury

(2) Skin disorder

(5) Hearing loss (4) Poisoning

(6) All other illnesses

0 0 0 Total number of.

Injury and illness types

30

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740-833-2122	Administrator name (Signature)	CO TO STATE OF THE PARTY OF THE	Administrator name (Print)	Dawn Huston
dhuston@co.delaware.oh.us	Date	となったが、	Title	Deputy County Administrator

E-mail address

	beuans@co.delaware.oh.us	740-833-2127
ting or filing 300AP (print or type)	Email address	Phone number

Bradley J Euans
Name of person comple

Division of Safety & Hygiene, PERRP 13430 Yarmouth Dr.

Bureau of Workers'
Compensation

Year 2022

Establishment information

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Employees, former employees and their representatives have the right to review the Log in its entirety. They also have limited access to the PERRP Form 301P or its equivalent. You must keep this form on file for five years following the year to which it pertains.

Total no cases v away fr	
Total number of cases with days away from work	B
Total number of cases with job transfer or restriction	
Total number of other recordable cases	
	Total number of cases with job transfer or restriction

## 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.

Dawn Huston Administrator name (Print)  Administrator name (Print)  Administrator name (Signature)  Deputy County Administrator  Title	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.	Teachers/instructors:  NI/A  All others/support staff (e.g., administration, bus drivers, custodial, coaches, etc.)  NI/A	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)	Police/Fire/EMT:	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.	Employment information	BWC policy number (e.g., 12345678-000) 2005590 - 0	Establishment description (e.g., elementary school, maintenance garage, wastewater treatment plant, administration building, MRDD workshop, library, hospital, extended care facility, etc.)  County Government	County Delaware Entity code County commissioner 210	City Delaware State Ohio Zip code 43015	I = 1/2	Your establishment name Delaware County - Hayes Building

days away from

Total number of days of job transfer or restriction

Total number of

Number of days

(3) Respiratory condition

0

(5) Hearing loss(6) All other illnesses

0 0 0

Web site, ohiobwc.com.

it by mail or fax, or electronically via BWC's

activities. You may submit

previous

year's

)hio

Bureau of Workers' Compensation (1) Injury
 (2) Skin disorder

0

(4) Poisoning

You must submit this form to PERRP by Feb. 1 of each year to summarize

Injury and illness types

30

ĵ o

Total number of...

3

Bradley J Euans

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

Email address

740-833-2127 Phone number

740-833-2122

dhuston@co.delaware.oh.us E-mail address representatives. You do not have to post it for non-employees or the public.

accessible employees

and

your

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

Division of Safety & Hygiene, PERRP 13430 Yarmouth Dr.

Summary of Work-Related Injuries and Illnesses

Establishment information

Year

2022

Your establishment name Delaware County - Health Department

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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#### deaths Number of cases Total number of <u>G</u> away from work cases with days Total number of 冝 restriction with job transfer or Total number of cases $\equiv$ other recordable cases Total number of 3

corporati district, ATTENTION:
All Ohio public employers board\* or state including and their "any poli includes authority special o and its ir (or an ec must cor nigher le

# Number of days

uivalent). This uivalent) This the State of Ohio strumentalities; and tical subdivisions instrumentalities, any county, county	Street 1 West Winter Street  City Delaware State Ohio Zip code 4301:  County Delaware Entity code County commissioner 210
nstrumentalities,	
any county, county	
nospital, municipal	Establishment description (e.g., elementary school, maintenance garage, wastewater treatment plant,
on, city, village, , park district, school	administration building, MRDD workshop, library, hospital, extended care facility, etc.)
tate institutions of	County Government
arning, public or istrict, state agency.	DIAD policy works of a 173 AEG70 DON
commission or	2005590 - 0
s defined in Unio	

43015

days away from Total number of

> job transfer or restriction Total number of days of

### **E**|0

30

## Injury and illness types

Total number of..

(2) Skin disorder 0

(1) Injury

0 (4) Poisoning

> 0 0

0

(5) Hearing loss

0 (6) All other illnesses

(3) Respiratory condition

### hio Bureau of Workers' Compensation

Division of Safety & Hygiene, PERRP 13430 Yarmouth Dr.

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

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

employees or the public. not have to post it for nonrepresentatives. employees accessible location that form from Feb. 1 to April You must also post this of each year You do readily 3 your

## **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.

Full time: Police/Fire/EMT: Part time: 5 78

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

Teachers/instructors: N.

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

Z.

#### 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)	Dawn Huston	Administrator name (Print)	Dawn Huston
E-mail address	dhuston@co.delaware.oh.us	Date	1.24.23	Title	Deputy County Administrator

beuans@co.delaware.oh.us Email address Phone number 740-833-2127

Summary of Work-Related Injuries and Illnesses

**Establishment information** 

Year

2022

Your establishment name Delaware County - Historic Court House

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

#### or state hospital, municipal including any county, county and their instrumentalities, must complete this form ATTENTION: All Ohio public employers and its instrumentalities; and includes the State of Ohio (or an equivalent). This board" as defined in Ohio any political subdivisions

# Number of days

## corporation, city, village, township, park district, school district, state institutions of higher learning, public or special district, state agency, authority, commission or Revised Code 4167.01.

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

(K)	0
	I
(L)	0

(3) Respiratory condition	(2) Skin disorder	(1) Injury	l otal number of (M)	Injury and illness types
0	0	0		jes
(6) All other illnesses	(5) Hearing loss	_ (4) Poisoning		
0	0	0		

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

representatives. You do not have to post it for non-employees or the public. employees 30 of each year in a location that is readily accessible and your

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

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

Division of Safety & Hygiene, PERRP 13430 Yarmouth Dr.

hio

Bureau of Workers' Compensation

Street 91 Noith Sandusky Street	ļ
City Delaware State Ohio Zip code 430	43015
County Delaware Entity code County commissioner 210	210
Establishment description (e.g., elementary school, maintenance garage, wastewater treatment plant, administration building, MRDD workshop, library, hospital, extended care facility, etc.)	tment plant,
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	lages and des seasonal
Full time:	
Part time:	
Police/Fire/EMT:	
For use ONLY by educational institutions (universities, colleges, technical schools, school districts)	
Enter the total number of full-time and part-time employees that fit in the classification below. Do NOT include substitutes or volunteers in your employee count.	
Teachers/instructors: N/A	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	omplete to the
Administrator name (Print)  Title	log a co
Administrator name (Signature)  Administrator name (Signature)  Date	W

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 (30sp) 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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(G)	Total number of deaths	Number of cases
(H)	Total number of cases with days away from work	
0 (1)	Total number of cases with job transfer or restriction	100
(L) 0	Total number of other recordable cases	

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# (K) (L) Injury and illness types Total number of...

days away from

job transfer or restriction

Total number of days of

Total number of

Number of days

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

Ohio Bureau of Workers'
Compensation
Division of Safety & Hygiene, PERRP
13430 Yarmouth Dr.
Pickerington, OH 43147

Division on satisty & ryglette, FERRY
13430 Yarmouth Dr.
Pickerington, OH 43147

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

beuans@co.delaware.oh.us Email address

740-833-2122

dhuston@co.delaware.oh.us

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(0)
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(D

Knowingly falsifying this document may result in a fine.

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

N/A

N/A

Teachers/instructors:

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)

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

Year 2022

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Total number of days away from work	Number of days	(G)	Total number of deaths	Number of cases
		( <u>H</u>	Total number of cases with days away from work	
Total number of days of job transfer or restriction		(1)	Total number of cases with job transfer or restriction	
		(L) 0	Total number of other recordable cases	
		-	N D B S E	r <u>e.</u> e t

vised Code 4167.01.

Bradley J Euans
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beuans@co.delaware.oh.us Email address

740-833-2122 Phone

dhuston@co.delaware.oh.us

E-mail address

Administrator name (Signature)

Division of Safety & Hygiene, PERRP 13430 Yarmouth Dr.

representatives. employees accessible ocation that

of each year

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)hio

Bureau of Workers' Compensation

Pickerington, OH 43147

(3) Respiratory condition

0

0 0 0

(2) Skin disorder (1) Injury

0

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

previous

Injury and illness types

3-

0

Total number of.

board" as defined in Ohio	authority, commission or	special district, state agency,	higher learning, public or	district, state institutions of	township, park district, school	corporation, city, village,	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	All Ohio public employers	ATTENTION:
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Year 2022

Establishment information

Street 109 North Sandusky Street

43015

Your establishment name Delaware County - Regional Planning

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

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

#### Revised Code 4167.01. Employment information City BWC policy number (e.g., 12345678-000) 2005590 - 0 Establishment description (e.g., elementary school, maintenance garage, wastewater treatment plant, administration building, MRDD workshop, library, hospital, extended care facility, etc.) County Delaware County Government Delaware State Ohio Entity code County commissioner 210 Zip code

## Number of days

Full time:

Police/Fire/EMT: Part time:

0 c 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.

days away from Total number of

> job transfer or restriction Total number of days of

(L)	0	

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

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

30

## Injury and illness types

Total number of. 3

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

#### (3) Respiratory condition 0

### hio Bureau of Workers' Compensation

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

Bradley J Euans

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

beuans@co.delaware.oh.us Email address

740-833-2127 Phone number

to PERRP by Feb. 1 of each year to summarize Web site, ohlobwc.com. it by mail or fax, or electronically via BWC's You must submit this form accessible ocation that is readily 30 of each year in a form from Feb. 1 to April You must also post this activities. You may submit previous b year's

0 0 0

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

#### Sign here

Knowingly falsifying this document may result in a fine.

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

× N.

Teachers/instructors:

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 (Signature)	Jam Huston	Administrator name (Print)	Dawn Huston
Date	1.23.23	Title	Deputy County Administrator

740-833-2122 Phone

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

Year 2022

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 dury 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

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.

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

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

#### Revised Code 4167.01. to PERRP by Feb. 1 of each year to summarize board" as defined in Ohio Web site, ohiobwc.com. You must submit this form not have to post it for non-employees or the public. 30 of each year form from Feb. 1 to April it by mail or fax, or electronically via BWC's representatives. You must also post this activities. You may submit previous and readily year's in a your Establishment information Sign here Employment information Establishment description (e.g., elementary school, maintenance garage, wastewater treatment plant, administration building, MRDD workshop, library, hospital, extended care facility, etc.) Street 10 Court Street BWC policy number (e.g., 12345678-000) 2005590 - 0 County Delaware 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. County Government Your establishment name All others/support staff (e.g., administration, bus drivers, custodial, coaches, etc.) 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: 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. Teachers/instructors: For use ONLY by educational institutions (universities, For use ONLY by state agencies, special districts, counties, cities, villages and Delaware Administrator name (Signature) Administrator name (Print) Dawn Huston Delaware County - Regional Sewer State Shio Entity code County commissioner 210 Deputy County Administrator Title Zip code Z A N. 43015

days away from

job transfer or restriction Total number of days of

Total number of

Number of days

(3) Respiratory condition

0 0

)hio

Bureau of Workers'
Compensation

(1) Injury

(2) Skin disorder

(5) Hearing loss (4) Poisoning

(6) All other illnesses

0 0 0 Total number of...

Injury and illness types

30

0

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

beuans@co.delaware.oh.us Email address

740-833-2122 Phone

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

Division of Safety & Hygiene, PERRP 13430 Yarmouth Dr.

employees accessible location that

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.

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

#### higher learning, public or special district, state agency, authority, commission or must complete this form ATTENTION: All Ohio public employers district, state institutions of 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 (or an equivalent). This any political subdivisions

## Revised Code 4167.01. poard" as defined in Ohio

#### representatives. You do not have to post it for non-Web site, ohlobwc.com. to PERRP by Feb. 1 of each year to summarize You must submit this form employees or the public. 30 of each year in a form from Feb. 1 to April You must also post this it by mail or fax, or electronically via BWC's activities. You may submit readily year's your Establishment information Employment information Sign here Establishment description (e.g., elementary school, maintenance garage, wastewater treatment plant, administration building, MRDD workshop, library, hospital, extended care facility, etc.) City Street 844 US 42 North BWC policy number (e.g., 12345678-000) 2005590 - 0 County Delaware best of my knowledge. I certify that I have examined this document and that the entries are true, accurate and complete to the 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 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, Police/Fire/EMT: Part time: Full time: 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 County Government Your establishment name Delaware County - Jai Knowingly falsifying this document may result in a fine. Administrator name (Signature) Delaware Administrator name (Print) Dawn Huston State Ohio Entity code County commissioner 210 Deputy County Administrator 124.23 Zip code 0 195 N. N. 43015

days away from

job transfer or restriction

Total number of days of

Total number of

Number of days

Bradley J Euans

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

Email address

740-833-2127 Phone number

740-833-2122 Phone

dhuston a co.delaware.oh.us

E-mail address

Division of Safety & Hygiene, PERRP

employees accessible location that is

and by

hio

Bureau of Workers'
Compensation

Pickerington, OH 43147 13430 Yarmouth Dr. (3) Respiratory condition

0

(1) Injury

Total number of.

(2) Skin disorder

0 |ω

(5) Hearing loss (4) Poisoning

Ь

previous

(6) All other illnesses

0 0 Injury and illness types

30

ΞO

Year 2022

Establishment information

Ζįρ

code

43015

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 "D". 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

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 <u>@</u> away from work cases with days Total number of $\Xi$ 4 restriction with job transfer or Total number of cases $\equiv$ O cases other recordable Total number of $\subseteq$ 0

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

#### (3) Respiratory (2) Skin disorder (1) Injury Total number of.. Injury and illness types 0 0 10 (6) All other illnesses (5) Hearing loss (4) Poisoning 0 0

days away from

job transfer or restriction Total number of days of

32

£ 126

Total number of

Number of days

30 loca acco must also post this

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

beuans@co.delaware.oh.us Email address

Pickerington, OH 43147 13430 Yarmouth Dr.

Division of Safety & Hygiene, PERRF

hio

Bureau of Workers' Compensation

740-833-2127 Phone number	loyees and their loyees and their esentatives. You do have to post it for non-loyees or the public.	Feb. 1 to ch year that is
740-833-2122 Phone	Administrator name (Signature)	best of my knowledge.
dhuston@co.delaware.oh.us E-mail address	Deputy County Admi	

## Revised Code 4167.01 Street 149 North Sandusky Street Your establishment name Delaware County - Sheriff

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

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

Part time: Full time:

41

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

Police/Fire/EMT:

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

Teachers/instructors: X A

You must submit this form to PERRP by Feb. 1 of each year to summarize

#### Sign here

n by mail or fax, or electronically via BWC's

activities. You may submit

previous

year's

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

N.

Web site, ohiobwc.com.

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

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

Year 2022

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. 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

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	
(1)	Total number of cases with job transfer or restriction	*
(7)	Total number of other recordable cases	

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

#### Revised Code 4167.01. board" as defined in Ohio Establishment information Employment information Establishment description (e.g., elementary school, maintenance garage, wastewater treatment plant administration building, MRDD workshop, library, hospital, extended care facility, etc.) SE SE BWC policy number (e.g., 12345678-000) 2005590 - 0 County Delaware Street 557 Sunbury Road A Your establishment name Delaware County - Soil and Water 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: By your definition, enter the total number of full-time and part-time employees, which includes seasonal County Government 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 Delaware State Ohio Entity code County commissioner 210 Zip code 5 43015

#### days away from Total number of 30 job transfer or restriction Total number of days of 0

Number of days

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

representatives. You do not have to post it for non-employees or the public. employees accessible location that 30 of each year You must also post form from Feb. 1 to and by =

or rax, or y via BWC's lobwc.com.	ious year's ou may submit	ubmit this form by Feb. 1 of to summarize
Sign here	All others/support staff (e.g., administration, bus drivers, custodial, coaches, etc.)	Teachers/instructors:
	bus drivers,	
:	custodial, o	
	oaches, etc	
	2	

N/A N N

Web site, oh electronical activities. Y

by mai prev You must si

classification below. Do NOT include substitutes or volunteers in your employee

each year

Bradley J Euans

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

Email address

740-833-2127 Phone number

E-mail address

Division of Safety & Hygiene, PERRP 13430 Yarmouth Dr.

hio

Bureau of Workers' Compensation

Administrator name (Print)	Dawn Huston	I certify that I have examined best of my knowledge.	Knowingly falsifying th
name (Print) Title	ston Deputy County Administrator	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.

best of my knowledge:	
Dawn Huston	Deputy County Administrator
Administrator name (Print)	Title
Administrator name (Signature)	1.24.23 Date
740-833-2122	dhiston@co delaware oh us

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.

#### deaths Number of cases Total number of ତି | away from work cases with days Total number of Ī with job transfer or Total number of cases $\equiv$ 0 other recordable Total number of 3 0

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

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

Number of days

## Injury and illness types

Total number of...
(M)
(1) Injury

(1) Injury 0 (4) Poisoning (2) Skin disorder 0 (5) Hearing loss

0 0

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

(3) Respiratory 0

Ohio | Bureau of Workers' | Compensation

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

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

beuans@co.delaware.oh.us

740-833-2127

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

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

	Establishment information				
	Your establishment name Delaware County - Willis Building	County - V	/illis Building		
1	Street 2079 US 23 N				
Q.	City Delaware	State _	Ohio	Zip code	43015
<	County Delaware		Entity code	Entity code County commissioner 210	210
<u>5</u>	Establishment description (e.g., elementary school, maintenance garage, wastewater treatment plant, administration building, MRDD workshop, library, hospilat, extended care facility, etc.)	ary school, n o, library, hos	naintenance garaç pital, extended ca	ge, wastewater treat re facility, etc.)	ment plant,
Š	County Government				
`*	BWC policy number (e.g., 12345678-000) 2005590 - 0	0)			
	0 - N699N0Z				

## **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.

aachers/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.

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

Phone	740-833-2122	Administrator name (Signature)	(warmahuston	Administrator name (Print)	Dawn Huston
E-mail address	dhuston@co.delaware.oh.us	Date	ールチームろ	Title	Deputy County Administrator