

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

Summary of Work-Related Injuries and Illnesses

Year 2023

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
<u>0</u> (G)	<u>0</u> (H)	<u>0</u> (I)	<u>1</u> (J)

Number of days

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

Injury and illness types

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



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.

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 Establishment 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: 75
 Part time: 4
 Police/Fire/EMT: 0

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

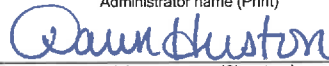
Enter the total number of full-time and part-time employees that fit in the classification below. Do NOT include substitutes or volunteers in your employee count.

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 Deputy County Administrator
 Administrator name (Print) Title

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

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

State of Ohio — Public Employment Risk Reduction Program — Form 300AP (Rev. 01/2015)
Summary of Work-Related Injuries and Illnesses

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Number of cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
<u>0</u>	<u>1</u>	<u>1</u>	<u>1</u>
(G)	(H)	(I)	(J)

Number of days

Total number of days away from work	Total number of days of job transfer or restriction
<u>6</u>	<u>55</u>
(K)	(L)

Injury and illness types

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



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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: 25
 Part time: 0
 Police/Fire/EMT: 0

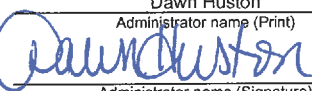
For use ONLY by educational institutions (universities, colleges, technical schools, school districts)
 Enter the total number of full-time and part-time employees that fit in the classification below. Do NOT include substitutes or volunteers in your employee count.

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

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Dawn Huston Deputy County Administrator
 Administrator name (Print) Title
 Wednesday, January 10, 2024
 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

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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
<u>0</u> (G)	<u>1</u> (H)	<u>0</u> (I)	<u>1</u> (J)

Number of days

Total number of days away from work	Total number of days of job transfer or restriction
<u>3</u> (K)	<u>0</u> (L)

Injury and illness types

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



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Establishment information

Your establishment name 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: 239
 Part time: 12
 Police/Fire/EMT: 1

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


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

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

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 Administrator name (Print) Title
 Administrator name (Signature)
Wednesday, January 10, 2024
 Date

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Number of cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
<u>0</u> (G)	<u>1</u> (H)	<u>0</u> (I)	<u>0</u> (J)

Number of days

Total number of days away from work	Total number of days of job transfer or restriction
<u>3</u> (K)	<u>0</u> (L)

Injury and illness types

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

Ohio Bureau of Workers' Compensation

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

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Establishment information

Your establishment name Delaware County - Health Department
 Street 470 South 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: 78
 Part time: 10
 Police/Fire/EMT: 0

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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
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Number of cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
<u>0</u> (G)	<u>0</u> (H)	<u>0</u> (I)	<u>1</u> (J)

Number of days

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

Injury and illness types

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

Ohio Bureau of Workers' Compensation

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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

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

Full time: 67
 Part time: 8
 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

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Dawn Huston Deputy County Administrator
 Administrator name (Print) Title
 Wednesday, January 10, 2024
 Administrator name (Signature) Date

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

beuans@co.delaware.oh.us
Email address

740-833-2127
Phone number

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Number of cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
<u>0</u> (G)	<u>2</u> (H)	<u>0</u> (I)	<u>2</u> (J)

Number of days

Total number of days away from work	Total number of days of job transfer or restriction
<u>29</u> (K)	<u>16</u> (L)

Injury and illness types

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

Ohio Bureau of Workers' Compensation

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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

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

Full time: 91
 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.

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<u>0</u> (K)	<u>0</u> (L)

Injury and illness types

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

Ohio Bureau of Workers' Compensation

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Pickerington, OH 43147

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

Employment information

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

Full time: 74
 Part time: 4
 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.

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

beuans@co.delaware.oh.us
 Email address

740-833-2122
 Phone number

740-833-2122
 Phone

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

Summary of Work-Related Injuries and Illnesses

All establishments covered by Ohio Administrative Code (OAC) 4167 must complete this Summary even if no work-related injuries or illnesses occurred during the year. Remember to review the *Log of Work-Related Injuries and Illnesses* (300P) to verify that the entries are complete and accurate before completing this summary. Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0". If you are using the electronic form, verify that you have imported the correct values.

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

Number of cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
<u>0</u> (G)	<u>0</u> (H)	<u>1</u> (I)	<u>0</u> (J)

Number of days

Total number of days away from work	Total number of days of job transfer or restriction
<u>0</u> (K)	<u>178</u> (L)

Injury and illness types

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



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.

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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 - DATA Bus

Street 119 Henderson Court

City Delaware State Ohio Zip code 43015

County Delaware Employment 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: 17

Part time: 33

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

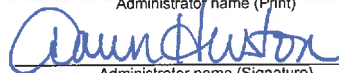
All others/support staff (e.g., administration, bus drivers, custodial, coaches, etc.) N/A

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 Deputy County Administrator
Administrator name (Print) Title

 Wednesday, January 10, 2024
Administrator name (Signature) Date

740-833-2122 dhuston@cc.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 2023

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
<u>0</u> (G)	<u>0</u> (H)	<u>0</u> (I)	<u>1</u> (J)

Number of days

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

Injury and illness types

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

Ohio Bureau of Workers' Compensation

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

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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, 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)

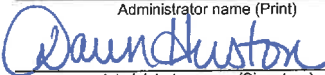
Enter the total number of full-time and part-time employees that fit in the classification below. Do NOT include substitutes or volunteers in your employee count.

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

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Dawn Huston Deputy County Administrator
 Administrator name (Print) Title
 Wednesday, January 10, 2024
 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 2023

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
<u>0</u>	<u>0</u>	<u>0</u>	<u>4</u>
(G)	(H)	(I)	(J)

Number of days

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

Injury and illness types

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



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

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Establishment information

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

Employment information

For use ONLY by state agencies, special districts, counties, cities, villages and townships
 By your definition, enter the total number of full-time and part-time employees, which includes seasonal workers. Enter police, fire, EMT and paramedics separately below.

Full time: _____
 Part time: _____
 Police/Fire/EMT: 124

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


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

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

Sign here

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

Dawn Huston Deputy County Administrator
 Administrator name (Print) Title
 Wednesday, January 10, 2024
 Administrator name (Signature) Date

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

bjevans@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 2023

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Number of cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
(G)	(H)	(I)	(J)

Number of days

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

Injury and illness types

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



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

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Establishment information

Your establishment name Delaware County - Carnegie Building
 Street 1610 State Route 521
 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: 160
 Part time: 2
 Police/Fire/EMT: 0

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

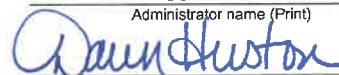
Enter the total number of full-time and part-time employees that fit in the classification below. Do NOT include substitutes or volunteers in your employee count.

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

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Dawn Huston Deputy County Administrator
 Administrator name (Print) Title

 Administrator name (Signature) Wednesday, January 10, 2024
 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

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State of Ohio — Public Employment Risk Reduction Program — Form 300AP (Rev. 01/2015)
Summary of Work-Related Injuries and Illnesses

Year 2023

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Number of cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
(G)	(H)	(I)	(J)

Number of days

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

Injury and illness types

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



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 Pickerington, OH 43147

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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

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

Full time:	<u>101</u>
Part time:	<u>1</u>
Police/Fire/EMT:	<u>0</u>

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

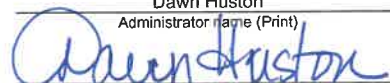
Enter the total number of full-time and part-time employees that fit in the classification below. Do NOT include substitutes or volunteers in your employee count.

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

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Dawn Huston Deputy County Administrator
 Administrator name (Print) Title
 Wednesday, January 10, 2024
 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
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State of Ohio — Public Employment Risk Reduction Program — Form 300AP (Rev. 01/2015)

Summary of Work-Related Injuries and Illnesses

Year 2023

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Number of cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
<u>0</u> (G)	<u>0</u> (H)	<u>0</u> (I)	<u>0</u> (J)

Number of days

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

Injury and illness types

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

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 - Historic Court House
 Street 91 North Sandusky Street
 City Delaware State Ohio Zip code 43015
 County Delaware Entity code County commissioner 210
 Establishment description (e.g., elementary school, maintenance garage, wastewater treatment plant, administration building, MRDD workshop, library, hospital, extended care facility, etc.)
County Government
 BWC policy number (e.g., 12345678-000)
2005590 - 0

Employment information

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

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

Full time: 34
 Part time: 6
 Police/Fire/EMT: 0

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

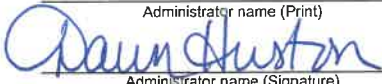
Enter the total number of full-time and part-time employees that fit in the classification below. Do NOT include substitutes or volunteers in your employee count.

Teachers/instructors: N/A
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 Administrator name (Signature)
Wednesday, January 10, 2024
 Date

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Summary of Work-Related Injuries and Illnesses

Year 2023

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Number of cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
<u>0</u> (G)	<u>0</u> (H)	<u>0</u> (I)	<u>0</u> (J)

Number of days

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

Injury and illness types

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



Division of Safety & Hygiene, PERRP
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Pickerington, OH 43147

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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: 11
 Part time: 0
 Police/Fire/EMT: 0

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

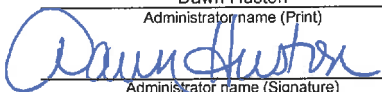
Enter the total number of full-time and part-time employees that fit in the classification below. Do NOT include substitutes or volunteers in your employee count.

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

Sign here

Knowingly falsifying this document may result in a fine.

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

Dawn Huston Deputy County Administrator
 Administrator name (Print) Title
 Administrator name (Signature)
Wednesday, January 10, 2024
 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 2023

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
<u>0</u> (G)	<u>0</u> (H)	<u>0</u> (I)	<u>1</u> (J)

Number of days

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

Injury and illness types

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

Ohio Bureau of Workers' Compensation

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

ATTENTION:

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You must submit this form to PERRP by Feb. 1 of each year to summarize the previous year's activities. You may submit it by mail or fax, or electronically via BWC's Web site, 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 - 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: 34
 Part time: 13
 Police/Fire/EMT: 0

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

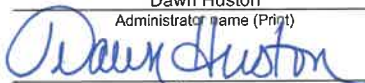
Enter the total number of full-time and part-time employees that fit in the classification below. Do NOT include substitutes or volunteers in your employee count.

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

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Dawn Huston Deputy County Administrator
 Administrator name (Print) Title
 Wednesday, January 10, 2024
 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

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

Summary of Work-Related Injuries and Illnesses

Year 2023

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Number of cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
<u>0</u> (G)	<u>0</u> (H)	<u>0</u> (I)	<u>0</u> (J)

Number of days

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

Injury and illness types

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

Ohio Bureau of Workers' Compensation

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

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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

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Year 2023

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Number of cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
<u>0</u> (G)	<u>1</u> (H)	<u>0</u> (I)	<u>2</u> (J)

Number of days

Total number of days away from work	Total number of days of job transfer or restriction
<u>4</u> (K)	<u>0</u> (L)

Injury and illness types

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



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Pickerington, OH 43147

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Establishment information

Your establishment name Delaware County - Regional Sewer
 Street 10 Court Street
 City Delaware State Ohio Zip code 43015
 County Delaware Establishment 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: 65
 Part time: 0
 Police/Fire/EMT: 0

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

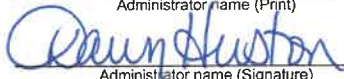
Enter the total number of full-time and part-time employees that fit in the classification below. Do NOT include substitutes or volunteers in your employee count.

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

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 Wednesday, January 10, 2024
 Administrator name (Signature) Date

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

beuans@co.delaware.oh.us
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State of Ohio — Public Employment Risk Reduction Program — Form 300AP (Rev. 01/2015)

Summary of Work-Related Injuries and Illnesses

Year 2023

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Number of cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
<u>0</u> (G)	<u>1</u> (H)	<u>1</u> (I)	<u>5</u> (J)

Number of days

Total number of days away from work	Total number of days of job transfer or restriction
<u>8</u> (K)	<u>48</u> (L)

Injury and illness types

Total number of... (M)			
(1) Injury	<u>7</u>	(4) Poisoning	<u>0</u>
(2) Skin disorder	<u>0</u>	(5) Hearing loss	<u>0</u>
(3) Respiratory condition	<u>0</u>	(6) All other illnesses	<u>0</u>

Ohio Bureau of Workers' Compensation

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

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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, 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: 0
 Police/Fire/EMT: 148

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

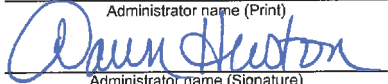
Enter the total number of full-time and part-time employees that fit in the classification below. Do NOT include substitutes or volunteers in your employee count.

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

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Dawn Huston Deputy County Administrator
 Administrator name (Print) Title
 Wednesday, January 10, 2024
 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

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

Summary of Work-Related Injuries and Illnesses

Year 2023

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Number of cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
<u>0</u> (G)	<u>2</u> (H)	<u>0</u> (I)	<u>7</u> (J)

Number of days

Total number of days away from work	Total number of days of job transfer or restriction
<u>115</u> (K)	<u>21</u> (L)

Injury and illness types

Total number of... (M)			
(1) Injury	<u>9</u>	(4) Poisoning	<u>0</u>
(2) Skin disorder	<u>0</u>	(5) Hearing loss	<u>0</u>
(3) Respiratory condition	<u>0</u>	(6) All other illnesses	<u>0</u>

Ohio Bureau of Workers' Compensation

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

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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: 41
 Part time: _____
 Police/Fire/EMT: 54

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

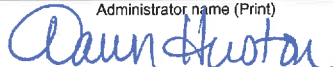
Enter the total number of full-time and part-time employees that fit in the classification below. Do NOT include substitutes or volunteers in your employee count.

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

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 Administrator name (Print) Title
 Wednesday, January 10, 2024
 Administrator name (Signature) Date

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

beuans@co.delaware.oh.us
Email address

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Phone number

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

Summary of Work-Related Injuries and Illnesses

Year 2023

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Number of cases

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

Number of days

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

Injury and illness types

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

Ohio Bureau of Workers' Compensation

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Pickerington, OH 43147

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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: 15
 Part time: 1
 Police/Fire/EMT: 0

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

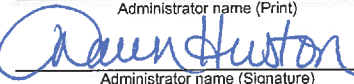
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Teachers/instructors: N/A
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Year 2023

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Number of cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
<u>0</u> (G)	<u>1</u> (H)	<u>0</u> (I)	<u>1</u> (J)

Number of days

Total number of days away from work	Total number of days of job transfer or restriction
<u>5</u> (K)	<u>0</u> (L)

Injury and illness types

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

Ohio Bureau of Workers' Compensation

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

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.

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

Establishment information

Your establishment name Delaware County - Willis Building
 Street 2079 US 23 N
 City Delaware State Ohio Zip code 43015
 County Delaware Entity code County commissioner 210
 Establishment description (e.g., elementary school, maintenance garage, wastewater treatment plant, administration building, MRDD workshop, library, hospital, extended care facility, etc.)
County Government
 BWC policy number (e.g., 12345678-000)
2005590 - 0

Employment information

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

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

Full time: 26
 Part time: 171
 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 Deputy County Administrator
 Administrator name (Print) Title
 Administrator name (Signature)
Wednesday, January 10, 2024
 Date

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

beuans@co.delaware.oh.us
 Email address

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 Phone number

740-833-2122
 Phone

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