(J)

0

0

2023 Year

Date

dhuston@co.delaware.oh.us

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

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Number of cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1

Number of days

(G)

Total number of days away from work

Total number of days of iob transfer or restriction

0	
(K)	

Injury and illness types

Total number of...

(3) Respiratory

Bradley J Euans

condition

(1) Injury (2) Skin disorder

(H)

Compensation

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

(4) Poisoning (5) Hearing loss

(6) All other illnesses

Bureau of Workers'

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

You must submit this form to PERRP by Feb. 1 of each year to summarize 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 their employees and representatives. You do not have to post it for nonemployees or the public.

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

ATTENTION:

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

Establishment information	
Your establishment name Delaware County - Health Department	
Street 1 West Winter Street	
City Delaware State Ohio Zip coo	de43015
County Delaware Entity code County co	mmissioner 210
Establishment description (e.g., elementary school, maintenance garage, wastev administration building, MRDD workshop, library, hospital, extended care facility,	vater treatment plant, etc.)
County Government	
BWC policy number (e.g., 12345678-000) 2005590 - 0	
Employment information	
For use ONLY by state agencies, special districts, counties, cit townships By your definition, enter the total number of full-time and part-time employees, who 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, accura best of my knowledge.	te and complete to the
	Administrator
(Launduston Wednesday, Ja	nuary 10, 2024

Administrator name (Signature)

740-833-2122

2023 Year

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 Total number of cases Total number of Total number of with job transfer or other recordable deaths cases with days away from work restriction cases

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

Injury and illness t	ypes		1289 113
Total number of (M)			
(1) Injury	3	(4) Poisoning	0
(2) Skin disorder	0	(5) Hearing loss	0
(3) Respiratory condition	0	(6) All other illnesses	0

Bureau of Workers' Compensation

Division of Safety & Hygiene, PERRP 13430 Yarmouth Dr. Picker

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Pickerington, OH 43147	em	ployees or the pu
Bradley J Euans	beuans (aco delaware.oh.us	740-833-2127
Name of person completing or filing 300AP (print or type)	Email address	Phone number

stablishment information		
Your establishment name Delaware County - F	acilities	
Street 1405 US 23 North		
City Delaware State	Ohio Zi	p code 43015
County Delaware	Entity code Coun	rty commissioner 210
Establishment description (e.g., elementary school, nadministration building, MRDD workshop, library, hos	naintenance garage, w spital, extended care fac	astewater treatment plant, cility, etc.)
County Government		
BWC policy number (e.g., 12345678-000) 2005590 - 0		
imployment information		
For use ONLY by state agencies, special townships By your definition, enter the total number of full-time a workers. Enter police, fire, EMT and paramedics separated to the separate of the s	and part-time employee	
Full time:		25
Part time:		0
Police/Fire/EMT:		0
For use ONLY by educational institutions colleges, technical schools, school distri		
Enter the total number of full-time and part-time empliclassification below. Do NOT include substitutes or vicount.		yee
Teachers/instructors:		N/A
All others/support staff (e.g., administration, bus drivers, cu	ustodial, coaches, etc.)	N/A
ign here		
Knowingly falsifying this document may	result in a fine.	
I certify that I have examined this document and that best of my knowledge.	the entries are true, ac	ccurate and complete to the
Dawn Huston	Deputy Co	ounty Administrator
Administrator name (Print)		Title
Administrator name (Signature)	Wednesda	y, January 10, 2024 Date
, ,	dhumbaa ara dal	
740-833-2122 Phone	dhuston@co.del E-mail ad	

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

Number of days

Total number of days away from work

Total number of days of job transfer or restriction

3	
(K)	

Injury and illness types

Total number of... (M)

(3) Respiratory

Bradley J Euans

condition

(1) Injury (2) Skin disorder

(4) Poisoning (5) Hearing loss

(6) All other illnesses

Bureau of Workers' Compensation

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

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

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

0

0

0

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	shment information	ounti	Haves Buildi	0.0	
	establishment name Delaware C	ounty -	nayes buildin	ly.	
Street	145 North Union Street				
City	Delaware	State _	Ohio	Zip code	43015
Count	y Delaware	-	Entity co	ode County con	nmissioner 210
	ishment description (e.g., elementar istration building, MRDD workshop, l				
Coun	ty Government				
BWC	policy number (e.g., 12345678-000) 2005590 - 0				
mploy	mont information				
	ment information use ONLY by state agencies,	snecia	l districts, c	ounties, citi	es villages and
	ships	specia	r urstricts, c	ounties, citi	es, vinages and
	ir definition, enter the total number ors. Enter police, fire, EMT and param			employees, whi	ich includes seasonal
Full tin		160103 36	parately below.		239
Part tii	me:				12
Police	/Fire/EMT:				1
	rse ONLY by educational ins ges, technical schools, scho			es,	
	the total number of full-time and part ication below. Do NOT include subst				
Teach	ers/instructors:				N/A
All othe	ers/support staff (e.g., administration, bu	s drivers,	custodial, coache	es, etc.)	N/A
ign he	re				
-	vingly falsifying this docume	ent may	result in a f	ine.	
	y that I have examined this documer f my knowledge.	nt and the	at the entries an	e true, accurate	e and complete to the
	Dawn Huston		De	nuty County	Administrator
	Administrator name (Print)			Titl	
()	Jaun Huston	_	We	dnesday, Jai	nuary 10, 2024
	Administrator name (Signature	9)	S	Dai	te
	740-833-2122		dhustor	(@co.delaware	.oh.us
-	Phone			-mail address	

Total number of

other recordable

cases

2023 Year

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Number of cases

Total number of Total number of cases Total number of deaths cases with days with job transfer or away from work restriction

Number of days

Total number of days away from work

Total number of days of job transfer or restriction

Injury and illness types

Total number of... (M)

(1) Injury

(3) Respiratory condition

(2) Skin disorder

(4) Poisoning

(5) Hearing loss (6) All other illnesses

Bureau of Workers' Compensation

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

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

Establishment information

Your establishment name Delaware County - Health Department Street 470 South Sandusky Street 43015 Delaware Ohio Zip code 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

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.

Full time: Part time:

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

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

Sign here

Knowingly falsifying this document may result in a fine.

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

Dawn Huston	_
Administrator name (Print)	
2 pundustra	
Administrator name (Signature)	= :

Deputy County Administrator

Wednesday, January 10, 2024

740-833-2122 dhuston@co.delaware.oh.us

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

0

0

0

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
0	0	0	11
(G)	(H)	(I)	(J)

Number of days

Total number of days away from work

Total number of days of job transfer or restriction

0	
7177	

Injury and illness types

Total number of... (M)

(2) Skin disorder

(3) Respiratory

Bradley J Euans

condition

- (1) Injury
- (4) Poisoning (5) Hearing loss
- (6) All other illnesses

Bureau of Workers' Compensation

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

0

0

0

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stabli	shment information				
Your	establishment name Delawar	re County -	Carnegie Bui	lding	
Stree	t 10 Court Street				
City	Delaware	State _	Ohio	Zip code	43015
Coun	ty Delaware		Entity co	ode County Commission	er 210
	olishment description (e.g., elemenistration building, MRDD worksh				atment plant,
Cou	nty Government				
BWC	policy number (e.g., 12345678- 2005590 - 0				
mplo	yment information				
town By yo	use ONLY by state agence nships our definition, enter the total num ers. Enter police, fire, EMT and p	ber of full-time	and part-time e		
Full ti	me:			67	
Part t	ime:			8	
Police	e/Fire/EMT:			0	
	use ONLY by educational eges, technical schools, s			es,	
	the total number of full-time and ification below. Do NOT include st.				
Teac	hers/instructors:				N/A
All oth	ners/support staff (e.g., administratio	n, bus drivers,	custodial, coache	s, etc.)	N/A
ign h	ere				
Kno	wingly falsifying this doc	ument may	result in a f	ine.	
	ify that I have examined this doc of my knowledge.	ument and tha	at the entries are	e true, accurate and co	omplete to the
	Dawn Huston		De	puty County Admir	istrator
l	Administrator name (Pr	UN.	Wed	Title dnesday, January Date	10, 2024
	740-833-2122		dhuston	@co.delaware.oh.us	

E-mail address

0

0

0

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
0	2	0	2
(G)	(H)	(1)	(J)

Number of days

Total number of days away from work

Total number of days of job transfer or restriction

Injury and illness types

Total number of...

(1) Injury

(2) Skin disorder (3) Respiratory condition

(4) Poisoning

(5) Hearing loss

(6) All other illnesses

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

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district, state institutions of
higher learning, public or
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authority, commission or
board" as defined in Ohio
Revised Code 4167.01.

———————————————————————————————————————	
Your establishment name Delaware County - Engineer / Code Complia	ance
Street 50 Channing Street	
City Delaware State Ohio Zip cod	de43015
County Delaware Entity code County cod	mmissioner 210
Establishment description (e.g., elementary school, maintenance garage, wastew administration building, MRDD workshop, library, hospital, extended care facility,	vater treatment plant, etc.)
County Government	
BWC policy number (e.g., 12345678-000) 2005590 - 0	
Employment information	
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Full time:	91
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
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, accural best of my knowledge.	te and complete to the

Administrator name (Print)	
(.) 11 1	
VALIMANIAM	
Administrator name (Signature)	

Dawn Huston

Deputy County Administrator

Wednesday, January 10, 2024 Date

740-833-2122
Dhono

E-mail address

2023 Year

N/A

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Number of cases

Total number of cases with days deaths away from work

Total number of Total number of cases Total number of with job transfer or other recordable cases restriction

0

0

Number of days

Total number of days away from work

Total number of days of job transfer or restriction

Injury and illness types

Total number of... (M)

(3) Respiratory

condition

(1) Injury

(2) Skin disorder

(4) Poisoning

(5) Hearing loss

(6) All other illnesses

Bureau of Workers' Compensation

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740-833-2127 Bradley J Euans Phone number Name of person completing or filing 300AP (print or type) Email address

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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.

Street	117 North Union St	reet			
City	Delaware	State _	Ohio	Zip code	43015
Count	/ Delaware		Entity co	de County commissione	er 210
	shment description (e.g., stration building, MRDD				atment plant,
admini					atment plant,

Employment information

Police/Fire/EMT:

Togebore/instructors

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:	74
Part time:	4

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.

Toda to ovines data di	
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.

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

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

2023 Year

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Number of cases

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

Number of days

Total number of days away from work

Total number of days of iob transfer or restriction

Injury and illness types

Total number of... (M)

(1) Injury

Bradley J Euans

(2) Skin disorder (3) Respiratory condition

(5) Hearing loss (6) All other illnesses

(4) Poisoning

Bureau of Workers' Compensation

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Establ	shment information				
Your	establishment name Delaware	e County - I	DATA Bus		
Stree	119 Henderson Court				
City	Delaware	State _	Ohio	Zip code	43015
Cour	ty Delaware		Entity co	ode County commiss	ioner 210
Estat admi	lishment description (e.g., element description (e.g., element description building, MRDD workshops	ntary school, op, library, ho	maintenance g spital, extende	arage, wastewater d care facility, etc.)	treatment plant,
Cou	nty Government				
BWC	policy number (e.g., 12345678-0 2005590 - 0	00)			
Emplo	ment information				
tow	use ONLY by state agencinships ur definition, enter the total numb				
	ers. Enter police, fire, EMT and pa				
Full t	me:			_17	
Part	ime:			33	
Polic	e/Fire/EMT:			0	
	use ONLY by educational eges, technical schools, s			ies,	
	the total number of full-time and fication below. Do NOT include so .				
Teac	ners/instructors:			=	N/A
All of	ers/support staff (e.g., administration	ı, bus drivers, e	custodial, coache	es, etc.)	N/A
Sign h	ere				
Kno	wingly falsifying this docu	ment may	result in a f	fine.	
	fy that I have examined this docu of my knowledge.	ment and tha	it the entries an	e true, accurate an	d complete to the
	Dawn Huston	-41	De	puty County Ad	ministrator
	Administrator name (Pri	חלל .	We	dnesday, Janua	ry 10, 2024

dhuston@co.delaware.oh.us

E-mail address

740-833-2122

Phone

2023 Year

N/A

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 cases Total number of Total number of Total number of other recordable deaths cases with days with job transfer or away from work restriction cases

Number of days

(G)

Total number of days away from work

Total number of days of job transfer or restriction

Injury and illness types

Total number of... (M)

(1) Injury (2) Skin disorder

(3) Respiratory

Bradley J Euans

condition

(4) Poisoning (5) Hearing loss

0

0

0

(6) All other illnesses

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.

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

Establishment information

Your establishment name Delaware County - Dog Warden Street 4781 County Home Road 43015 Delaware Ohio Zip code 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:

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.

N/A Teachers/instructors:

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

Sign here

Knowingly falsifying this document may result in a fine.

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

ninistrator	Deputy County Administrat	Dawn Huston	
	Title	Administrator name (Print)	
		1	

Wednesday, January 10, 2024

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

2023

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

Number of days Total number of Total number of days of days away from iob transfer or restriction work

Injury and illness typ	es	The state of	7. 7. 7. 7. 7.
Total number of (M)			
(1) Injury	4	(4) Poisoning	0
(2) Skin disorder	0	(5) Hearing loss	0
(3) Respiratory	0	(6) All other illnesses	0

Bureau of Workers' Compensation

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

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

Bradley J Euans

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

	accessible employees representati not have to employees	by and ives. Y post it	for non-
re.oh.u	s 740-	833-2127	,
	Phor	ne number	-

beuans@co.delawa

stablishment information	
Your establishment name Delaware County - EMS	
Street 10 Court Street	
City Delaware State Ohio Zip cod	de 43015
County Delaware Entity code County code	mmissioner 210
Establishment description (e.g., elementary school, maintenance garage, wastew administration building, MRDD workshop, library, hospital, extended care facility,	vater treatment plant, etc.)
County Government	
BWC policy number (e.g., 12345678-000) 2005590 - 0	
nployment information	
For use ONLY by state agencies, special districts, counties, cit townships By your definition, enter the total number of full-time and part-time employees, who 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
gn here	
Knowingly falsifying this document may result in a fine.	
I certify that I have examined this document and that the entries are true, accurates to f my knowledge.	te and complete to the
Dawn Huston Deputy County Administrator name (Print) Ti	/ Administrator tte
Administrator name (Signature) Wednesday, Ja	inuary 10, 2024 ate
740-833-2122 dhuston@co.delawan	
Phone E-mail address	

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 Total number of Total number

Total number of cases with days with job transfer or other recordable away from work Total number of cases other recordable cases

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

Number of days

deaths

Total number of days away from work

Total number of days of job transfer or restriction

0
(K)

(I

Injury and illness types

Total number of...
(M)

(1) Injury 0 (2) Skin disorder 0

0 (4) Poisoning 0 (5) Hearing loss

(3) Respiratory (6) All other illnesses condition

Ohio Bureau of Workers'

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

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

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740-833-2127

beuans@co.delaware.oh.us Email address

0

0

0

Phone number

Esta

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ATTENTION:

Establishment information

Your establishment name Delaware 0	County - 0	Carnegie Bui	lding		
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				_	

Employment information

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

2005590 - 0

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:			

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:	19/7
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.

Deputy County Administrator
Title
Wednesday, January 10, 2024 Date

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

2023 Year

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

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

Injury and illness t	ypes	e	
Total number of (M)			
(1) Injury	00	(4) Poisoning	00
(2) Skin disorder	0	(5) Hearing loss	0
(3) Respiratory	0	(6) All other illnesses	0

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)

Bradley J Euans

ATTENTION:

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

Your establishment name Delaware County - BODD	
Street 7991 Columbus Pike	
City Lewis Center State Ohio	Zip code43035
	ode County commissioner 210
Establishment description (e.g., elementary school, maintenance g administration building, MRDD workshop, library, hospital, extended	arage, wastewater treatment plant, d care facility, etc.)
County Government	
BWC policy number (e.g., 12345678-000) 2005590 - 0	
imployment information	
Employment information	ounting cities villages and
For use ONLY by state agencies, special districts, or townships	ournes, cines, vinages and
By your definition, enter the total number of full-time and part-time of workers. Enter police, fire, EMT and paramedics separately below.	employees, which includes seasonal
Full time:	101
Part time:	1
Police/Fire/EMT:	0
Police/Fire/EMT: For use ONLY by educational institutions (universitical schools, school districts)	
For use ONLY by educational institutions (universiti	es,
For use ONLY by educational institutions (universitic colleges, technical schools, school districts) Enter the total number of full-time and part-time employees that fit is classification below. Do NOT include substitutes or volunteers in your	es,
For use ONLY by educational institutions (universitic colleges, technical schools, school districts) Enter the total number of full-time and part-time employees that fit is classification below. Do NOT include substitutes or volunteers in you count.	es, n the ur employee N/A
For use ONLY by educational institutions (universitic colleges, technical schools, school districts) Enter the total number of full-time and part-time employees that fit classification below. Do NOT include substitutes or volunteers in you count. Teachers/instructors: All others/support staff (e.g., administration, bus drivers, custodial, coachestign here	es, In the tur employee N/A N/A N/A
For use ONLY by educational institutions (universitic colleges, technical schools, school districts) Enter the total number of full-time and part-time employees that fit is classification below. Do NOT include substitutes or volunteers in you count. Teachers/instructors: All others/support staff (e.g., administration, bus drivers, custodial, coache Knowingly falsifying this document may result in a fixed college.	es, n the ur employee N/A N/A s, etc.) N/A
For use ONLY by educational institutions (universitic colleges, technical schools, school districts) Enter the total number of full-time and part-time employees that fit classification below. Do NOT include substitutes or volunteers in you count. Teachers/instructors: All others/support staff (e.g., administration, bus drivers, custodial, coachestign here	es, n the ur employee N/A N/A s, etc.) N/A
For use ONLY by educational institutions (universitic colleges, technical schools, school districts) Enter the total number of full-time and part-time employees that fit is classification below. Do NOT include substitutes or volunteers in you count. Teachers/instructors: All others/support staff (e.g., administration, bus drivers, custodial, coache Knowingly falsifying this document may result in a fill certify that I have examined this document and that the entries and best of my knowledge.	es, In the ur employee N/A N/A N/A Ine. Is true, accurate and complete to the puty County Administrator
For use ONLY by educational institutions (universitic colleges, technical schools, school districts) Enter the total number of full-time and part-time employees that fit is classification below. Do NOT include substitutes or volunteers in you count. Teachers/instructors: All others/support staff (e.g., administration, bus drivers, custodial, coaches in the company of the company of the company of the coaches in the coac	es, In the tur employee N/A N/A N/A Ine. In the true, accurate and complete to the
For use ONLY by educational institutions (universitic colleges, technical schools, school districts) Enter the total number of full-time and part-time employees that fit is classification below. Do NOT include substitutes or volunteers in you count. Teachers/instructors: All others/support staff (e.g., administration, bus drivers, custodial, coache Knowingly falsifying this document may result in a fill certify that I have examined this document and that the entries and best of my knowledge. Dawn Huston De Administrator fame (Print)	es, In the ur employee N/A N/A N/A Ine. Is true, accurate and complete to the puty County Administrator

Total number of

other recordable

ATTENTION:

2023 Year

43015

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

	away irom work	restriction	Cases
0	0	0	0
(G)	(H)	(I)	(J)

Total number of Total number of cases

with job transfer or

cases with days

Number of days

Total number of days away from work

Total number of days of job transfer or restriction

0	
79.25	

Injury and illness types

Total number of... (M)

(3) Respiratory

Bradley J Euans

condition

(1) Injury

(2) Skin disorder

(5) Hearing loss 0

0

(4) Poisoning

0

(6) All other illnesses

Bureau of Workers' Compensation

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

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

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

Establishment information

All Ohio public employers must complete this form	Your establishme	ent name Delaware County	- Historic Cou	rt House	
(or an equivalent). This	Street 91 Nort	th Sandusky Street			
includes the State of Ohio	0" D-I		Ohio	Zin aada	4301
and its instrumentalities; and "any political subdivisions	City Delawa	ire State	Onio	Zip code	4301
and their instrumentalities, including any county, county	County Delawa	ire	Entity c	ode County commission	er 210
or state hospital, municipal corporation, city, village, township, park district, school		escription (e.g., elementary schoo uilding, MRDD workshop, library,			alment plant,
district, state institutions of	County Gover	nment			
higher learning, public or special district, state agency, authority, commission or board" as defined in Ohio	BWC policy num	ober (e.g., 12345678-000) 2005590 - 0			
Revised Code 4167.01.	Employment in	aformation			

Employment information

Police/Fire/EMT:

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:	34
Part time:	6

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/ournest staff (a.g., administration, bus drivers, quetodial, coaches, etc.)	N/A

Sign here

Knowingly falsifying this document may result in a fine.

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

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

Year 2023

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Total number of cases Total number of cases with days away from work O 0 0 0 0 0 0 0

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

Injury and illness t	ypes		
Total number of (M)			
(1) Injury	0	(4) Poisoning	0
(2) Skin disorder	00	(5) Hearing loss	0
(3) Respiratory condition	0	(6) All other illnesses	0

Ohio Bureau of Workers' Compensation

(G)

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

Your establishment name Delaware County - Mental Health	
Street 40 North Sandusky Street	
City Delaware State Ohio	Zip code43015
County Delaware Entity code	e County commissioner 210
Establishment description (e.g., elementary school, maintenance garadministration building, MRDD workshop, library, hospital, extended of	age, wastewater treatment plant, care facility, etc.)
County Government	
BWC policy number (e.g., 12345678-000) 2005590 - 0	
nployment information For use ONLY by state agencies, special districts, cou townships	unties, cities, villages and
By your definition, enter the total number of full-time and part-time em workers. Enter police, fire, EMT and paramedics separately below.	ployees, which includes seasonal
Full time:	_11
Part time:	0
Police/Fire/EMT:	0
For use ONLY by educational institutions (universities colleges, technical schools, school districts)	s,
Enter the total number of full-time and part-time employees that fit in t classification below. Do NOT include substitutes or volunteers in your count.	
	N/A
Teachers/instructors:	IN/A
Teachers/instructors: All others/support staff (e.g., administration, bus drivers, custodial, coaches,	
All others/support staff (e.g., administration, bus drivers, custodial, coaches,	
All others/support staff (e.g., administration, bus drivers, custodial, coaches,	etc.)N/A
All others/support staff (e.g., administration, bus drivers, custodial, coaches,	e. N/A
All others/support staff (e.g., administration, bus drivers, custodial, coaches, gn here Knowingly falsifying this document may result in a fin I certify that I have examined this document and that the entries are t best of my knowledge.	e. N/A
All others/support staff (e.g., administration, bus drivers, custodial, coaches, gn here Knowingly falsifying this document may result in a fin I certify that I have examined this document and that the entries are t best of my knowledge. Dawn Huston Depu	e. rue, accurate and complete to the

2023 Year

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Number of cases Total number of Total number of Total number of cases Total number of with job transfer or other recordable deaths cases with days away from work restriction cases

Number of days Total number of Total number of days of days away from iob transfer or restriction work

Injury and illness t	ypes		Program II Tolk
Total number of (M)			
(1) Injury	1	(4) Poisoning	0
(2) Skin disorder	0	(5) Hearing loss	0
(3) Respiratory condition	0	(6) All other illnesse	es 0

Bureau of Workers' Compensation

(G)

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

ATTENTION:

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You must also post this

loca acce emp	of each year in a ation that is readily essible by your loyees and their esentatives. You do have to post it for non-
	740-833-2127 Phone number

Your establishment name Delaware County - Preservation	on Parks	
Street 2656 Hogback Road		
City Sunbury State Ohio	_ Zip code _	43074
County Delaware Entity	code County commis	sioner 210
Establishment description (e.g., elementary school, maintenance administration building, MRDD workshop, library, hospital, exten		
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-tim workers. Enter police, fire, EMT and paramedics separately belo	e employees, which i	
Full time:	3	4
Part time:	_1:	3
Police/Fire/EMT:	0	
For use ONLY by educational institutions (univers colleges, technical schools, school districts)	ities,	
Enter the total number of full-time and part-time employees that classification below. Do NOT include substitutes or volunteers in count.		
Teachers/instructors:	-	N/A
All others/support staff (e.g., administration, bus drivers, custodial, coad	ches, etc.)	N/A
Sign here		
Knowingly falsifying this document may result in a	a fine.	
I certify that I have examined this document and that the entries best of my knowledge.	are true, accurate ar	id complete to the
	Deputy County Ad	ministrator
Administrator mame (Prigit) Administrator name (Signature)	/ednesday, Janua Date	ry 10, 2024
740-833-2122 <u>dhust</u> Phone	ton@co.delaware.oh. E-mail address	US

Bradley J Euans Name of person completing or filing 300AP (print or type) beuans@co.delaware.oh. Email address

2023 Year

N/A

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

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Number of cases

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

Number of days

Total number of days away from work

Total number of days of job transfer or restriction

0	
(K)	

(6) All other illnesses

Injury and illness types

Total number of... (M)

(1) Injury (2) Skin disorder

Bradley J Name of

(4) Poisoning

(5) Hearing loss

(3) Respiratory condition

Bureau of Workers' Compensation

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

ATTENTION:

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

0

0

0

Establishment information Your establishment name Delaware County - Regional Planning Street 109 North Sandusky Street Ohio 43015 Delaware Zin code Entity code County commissioner 210 County Delaware 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

Police/Fire/EMT:

Teachers/instructors

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

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

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.

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

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

2023 Year

N/A

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

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Number of cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	11	0	2
(G)	(H)	(1)	(J)

Number of days

Total number of days away from work

Total number of days of job transfer or restriction

4	
(K)	

(6) All other illnesses

Injury and illness types

Total number of... (M)

(2) Skin disorder

- (1) Injury
- (4) Poisonina
 - (5) Hearing loss
- (3) Respiratory condition

Bureau of Workers' Compensation

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

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740-833-2127 beuans rico.delaware.oh.us Bradley J Euans Phone number Name of person completing or filing 300AP (print or type) Fmail address

0

0

Establishment information

Your	establishment name	Delaware Co	unty -	Regional Se	ewer	
Stree	10 Court Street					
City	Delaware		State _	Ohio	Zip code	43015
Coun	ty Delaware			Entity	cade County commissioner	210
	olishment description (nistration building, MR				garage, wastewater treat ed care facility, etc.)	tment plant,
Cour	nty Government					
BWC	naliav numbor /o.a. 1	2345678-000)				

Employment information

Police/Fire/EMT:

Teachers (instructors:

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:	65
Part time:	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

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

Sign here

Knowingly falsifying this document may result in a fine.

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

best of my knowledge.	
Dawn Huston Administrator name (Print)	Deputy County Administrator
Administrator name (Signature)	Wednesday, January 10, 2024 Date
740-833-2122	dhuston@co.delaware.oh.us

E-mail address

Year 2023

43015

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

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Number of cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	111	1	5
(G)	(H)	(1)	(J)

Number of days

Total number of days away from work

Total number of days of job transfer or restriction

8	
(K)	

Injury and illness types

Total number of... (M)

(1) Injury (2) Skin disorder

(3) Respiratory

Bradley J Euans

condition

(4) Poisoning (5) Hearing loss

0

0

0

(6) All other illnesses

Bureau of Workers' Compensation

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

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

Establishment information Your establishment name Delaware County - Jail Street 844 US 42 North Delaware

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

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

2005590 - 0

Employment information

County Government

County Delaware

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:

Entity code County commissioner 210

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

Teachers/instructors:

N/A

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

N/A

Sign here

Knowingly falsifying this document may result in a fine.

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

Dawn Huston

Administrator name (Print)

Deputy County Administrator

Wednesday, January 10, 2024 Date

740-833-2122

dhuston@co.delaware.oh.us

E-mail address

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

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 cases with days away from work Total number of cases with job transfer or other recordable cases

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

Injury and illness ty	pes		
Total number of (M)			
(1) Injury	99	(4) Poisoning	0
(2) Skin disorder	0	(5) Hearing loss	0
(3) Respiratory condition	0	(6) All other illnesses	0

Ohio Bureau of Workers' Compensation

(G)

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

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

Establishment information			
Your establishment name Delaware County - S	heriff		
Street 149 North Sandusky Street			
City Delaware State	Ohio	Zip code	43015
County Delaware	Entity co	de County commissioner	210
Establishment description (e.g., elementary school, m administration building, MRDD workshop, library, hosp			ment plant,
County Government			
BWC policy number (e.g., 12345678-000) 2005590 - 0			
Employment information			
For use ONLY by state agencies, special of townships By your definition, enter the total number of full-time a workers. Enter police, fire, EMT and paramedics separate of the state of the	nd part-time e		
Full time:		41	
Part time:			
Police/Fire/EMT:		54	
For use ONLY by educational institutions colleges, technical schools, school distric	• .	es,	
Enter the total number of full-time and part-time emple classification below. Do NOT include substitutes or vo count.			
Teachers/instructors:			N/A
All others/support staff (e.g., administration, bus drivers, cu	stodial, coache	s, etc.)	N/A
Sign here			
Knowingly falsifying this document may r	esult in a fi	ne.	
I certify that I have examined this document and that best of my knowledge.	the entries are	true, accurate and cor	mplete to the
Dawn Huston	Dei	outy County Adminis	strator
Administrator name (Print)		Title	
Administrator name (Signature)	Wed	Inesday, January 10 Date	0, 2024
740-833-2122	dhistor	inco.delaware.oh.us	
740-833-2122 Phone		-mail address	

Total number of

other recordable

0

0

cases

2023 Year

N/A

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Number of cases Total number of Total number of cases Total number of with job transfer or deaths cases with days

away from work

0	0	0	0
(C)	/U\	//\	(1)

restriction

Number of days

Total number of days away from work

Total number of days of iob transfer or restriction

0	0
/K)	(1)

Injury and illness types

Total number of... (M)

(1) Injury

(2) Skin disorder

condition

(3) Respiratory

(4) Poisoning

(6) All other illnesses

Bureau of Workers' Compensation

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

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Bradley J Euans	beuans@co.delaware.oh.us	740-833-212
Name of person completing or filing 300AP (print or type)	Email address	Phone number

Establishment information

Street 557 Sunbury Road A				
City Delaware	State	Ohio	Zip code	43015
County Delaware		Entity o	0de County commissione	er 210
Establishment description (e.g., eleme administration building, MRDD worksh				itment plant,
County Government				
BWC policy number (e.g., 12345678-0	000)			

Employment information

Police/Fire/EMT:

Teachers/instructors:

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

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

Your establishment name Delaware County - Soil and Water

2005590 - 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

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

Sign here

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

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

2023

N/A

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Number of cases

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

Tatal number of Total number of sonon

Number of days

Total number of days away from work

Total number of days of job transfer or restriction

5	
/K)	_

Injury and illness types

Total number of... (M)

(1) Injury (2) Skin disorder

(3) Respiratory

Bradley J Euans

condition

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

(4) Poisoning

Bureau of Workers' Compensation

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

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

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740-833-2127 Phone number Email address

0

0

Establishment information

Your establishment name Delawa Street 2079 US 23 N	are County - Willis Buil	ding	
City Delaware	State Ohio	Zip code	43015
County Delaware	Entit	ty code County commission	er 210
Establishment description (e.g., elem administration building, MRDD works			atment plant,
County Government			
BWC policy number (e.g., 12345678	000)		

Employment information

Police/Fire/EMT:

Teachers/instructors:

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:	26
Part time:	171

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.

All 0	- destrict to the best divised	audadial accepce eta l	N/A	

Sign here

Knowingly falsifying this document may result in a fine.

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

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