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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Total number of cases Total number of cases with days away from work Total number of cases with job transfer or restriction Total number of cases on the recordable cases

Total number of days of days away from job transfer or restriction work 0 0

Injury and illness t	ypes		
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 illnesses	0

Ohio Bureau of Workers'

(G)

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

ATTENTION:

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

Establishment information

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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 nonemployees or the public.

radley J 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 - Hea	ilth Depa	rtment	
Street 1 West Winter Street			
City Delaware State	Ohio	Zip code	43015
County Delaware	Entity o	ode County commission	er 210
Establishment description (e.g., elementary school, mai administration building, MRDD workshop, library, hospit			atment plant,
County Government			
BWC policy number (e.g., 12345678-000) 2005590 - 0			
Employment information			
For use ONLY by state agencies, special ditownships By your definition, enter the total number of full-time and workers. Enter police, fire, EMT and paramedics separa	part-time		
Full time:		75	
Part time:		4	
Police/Fire/EMT:		0	
For use ONLY by educational institutions (u colleges, technical schools, school district		ies,	
Enter the total number of full-time and part-time employe classification below. Do NOT include substitutes or volu- count.			
Teachers/instructors:			N/A
All others/support staff (e.g., administration, bus drivers, custo	dial, coach	es, etc.)	N/A
Sign here			
Knowingly falsifying this document may res	ult in a f	îne.	
I certify that I have examined this document and that the best of my knowledge.	entries ar	e true, accurate and c	omplete to the
Dawn Huston Administrator name (Print)	De	puty County Admir Title	nistrator
Administrator name (Signature)	We	dnesday, January Date	10, 2024
740-833-2122 Phone		@co.delaware.oh.us E-mail address	

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 cases with days deaths away from work restriction cases

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

Injury and illness t	ypes		
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. Pickerington, OH 43147

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

Bradley J Euans

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beuans@co.delaware.oh.us Email address

ou must also post this orm from Feb. 1 to April 0 of each year in a ocation that is readily	I certify that I have examined this document and th best of my knowledge.	at the entries are tru
ccessible by your mployees and their	Dawn Huston	Deputy
epresentatives. You do	Administrator name (Print)	
ot have to post it for non- mployees or the public.		Wedne
	Administrator name (Signature)	
740-833-2127	740-833-2122	dhuston@co
Phone number	Phone	E-ma

		y - Facilities		
Street 1405 US 23 No	orth			
City Delaware	State	e Ohio	Zip code	43015
County Delaware		Entity	code County com	missioner 210
Establishment description administration building, M				
County Government				
BWC policy number (e.g.,	12345678-000) 05590 - 0	_		
For use ONLY by statements by your definition, enter the workers. Enter police, fire,	e total number of full-	time and part-time	employees, whi	ch includes seasonal
Full time:				25
Part time:				0
Police/Fire/EMT;				0
For use ONLY by ed colleges, technical s Enter the total number of classification below. Do N count.	schools, school d	istricts) employees that fit	t in the	
Teachers/instructors:				N/A
All others/support staff (e.g.,	administration, bus drive	ers, custodial, coact	nes, etc.)	N/A
gn here	311000		fine	
gn here Knowingly falsifying	this document n	nay result in a	ille.	
		-		and complete to the
Knowingly falsifying I certify that I have examinated from the knowledge. Dawn		f that the entries a		Administrator
Knowingly falsifying I certify that I have examin best of my knowledge. Dawn Administrat	ned this document and	I that the entries a	are true, accurate eputy County Title	Administrator

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 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	
/1/)	

Injury and illness types

Total number of... (M)

(1) Injury (2) Skin disorder

(3) Respiratory condition

(4) Poisonina

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

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stablishment information			
Your establishment name Delaware County - F	layes Building		
Street 145 North Union Street			
City Delaware State	Ohio	Zip code	43015
County Delaware	Entity cod	County commissione	210
Establishment description (e.g., elementary school, r administration building, MRDD workshop, library, hos	maintenance gar spital, extended o	age, wastewater trea care facility, etc.)	tment plant,
County Government			
BWC policy number (e.g., 12345678-000) 2005590 - 0			
mployment information			
For use ONLY by state agencies, special townships By your definition, enter the total number of full-time: workers. Enter police, fire, EMT and paramedics sep	and part-time em		
Full time:		239	
Part time:		12	
Police/Fire/EMT:		1	
For use ONLY by educational institutions colleges, technical schools, school distri		5,	
Enter the total number of full-time and part-time emp classification below. Do NOT include substitutes or vicount.			
Teachers/instructors:		=	N/A
All others/support staff (e.g., administration, bus drivers, co	ustodial, coaches,	etc.)	N/A
gn here			
Knowingly falsifying this document may	result in a fin	e.	
I certify that I have examined this document and that best of my knowledge.	the entries are t	rue, accurate and co	mplete to the
Dawn Huston Administrator name (Print)	Дері	uty County Admin	strator
	Wedn	esday, January 1	0. 2024
Administrator name (Signature)	170011	Date	-, 202
740-833-2122	dhuston@	co.delaware.oh.us	

Year 2023

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

Total number of days of days away from job transfer or restriction work 3 0

(**/		(-/	
Injury and illness t	ypes	Berlin Spirit	100
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 illnesses	0

Ohio Bureau of Workers' Compensation

(G)

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

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adley J Euans	beuans p.co.delaware.oh.us	740-833-212
ame of person completing or filing 300AP (print or type)	Email address	Phone numb

stablishment 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	y commissioner 210
Establishment description (e.g., elementary school, maintenance garage, wa administration building, MRDD workshop, library, hospital, extended care fac	stewater treatment plant, ility, etc.)
County Government	
BWC policy number (e.g., 12345678-000) 2005590 - 0	
mployment information	
For use ONLY by state agencies, special districts, counties, townships By your definition, enter the total number of full-time and part-time employees workers. Enter police, fire, EMT and paramedics separately below.	
Full time:	78
Part time:	10
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 employ count.	yee
Teachers/instructors:	N/A
All others/support staff (e.g., administration, bus drivers, custodial, 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 the entries are true, accepts of my knowledge.	curate and complete to the
Dawn Huston Deputy Cor Administrator name (Print)	unty Administrator
Administrator name (Signature) Wednesday	January 10, 2024 Date
740-833-2122 dhuston@co.dela Phone E-mail add	

Year 2023

N/A

N/A

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Number of cases Total number of Total number of Total number of

Total number of cases with days away from work

Total number of cases
with job transfer or other recordable cases

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

Number of days

deaths

Total number of days away from work

Total number of days of job transfer or restriction

0	
(K)	

Injury and illness types

Total number of... (M)

(1) Injury(2) Skin disorder

0

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

(4) Poisoning

(3) Respiratory condition 0

Ohio Bureau of Workers'

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0

0

0

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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

City Delaware	State _	Ohio	Zip code		4301
County Delaware		Entity of	code County Com	missioner 2	10
Establishment description (e.g., elementar administration building, MRDD workshop, l	y school, ibrary, ho	maintenance (spital, extende	garage, wastewa ed care facility, et	ter treatm tc.)	ent plant,
County Government					
BWC policy number (e.g., 12345678-000) 2005590 - 0					
2005590 - 0	special	districts, d	counties, citie	es, villa	ges and
2005590 - 0 apployment information For use ONLY by state agencies,	f full-time	and part-time	employees, whic		
2005590 - 0 aployment information For use ONLY by state agencies, townships By your definition, enter the total number of	f full-time	and part-time	employees, whic		
2005590 - 0 Reployment information For use ONLY by state agencies, townships By your definition, enter the total number of workers. Enter police, fire, EMT and parameters.	f full-time	and part-time	employees, whic	ch include	

Delaware County Cornegie Building

Sign here

Teachers/instructors:

Establishment information

Knowingly falsifying this document may result in a fine.

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

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

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

Total number of

0

0

Year 2023

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Number of cases

Total number of

deaths	cases with days away from work	with job transfer or restriction	cases
0	2	0	2
(G)	(H)	(1)	(J)

Total number of Total number of cases

Number of days

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

29	
(K)	

_____16 (L)

Injury and illness types

Total number of...
(M)

(1) Injury(2) Skin disorder

4 (4) Poisoning

der

(3) Respiratory condition

(6) All o

(6) All other illnesses

Bureau of Workers'

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

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stablishment information				
Your establishment name Delaware Co	unty - Er	ngineer / Coo	de Compliance	
Street 50 Channing Street				
City Delaware	State	Ohio	Zip code	43015
County Delaware		Entity cod	le County commission	ner 210
Establishment description (e.g., elementary administration building, MRDD workshop, lit				eatment plant,
County Government				
BWC policy number (e.g., 12345678-000) 2005590 - 0				
nployment information				
For use ONLY by state agencies, stownships By your definition, enter the total number of workers. Enter police, fire, EMT and parameters.	full-time a	nd part-time en		
Full time:			91	
Part time:			1_	
Police/Fire/EMT:			0	
For use ONLY by educational inst colleges, technical schools, school			s,	
Enter the total number of full-time and part- classification below. Do NOT include substit count.				
Teachers/instructors:			1	N/A
All others/support staff (e.g., administration, bus	drivers, cu	stodial, coaches	, etc.)	N/A
gn here				
Knowingly falsifying this docume	nt may r	esult in a fir	ne.	
I certify that I have examined this document best of my knowledge.	and that t	the entries are	true, accurate and	complete to the
Dawn Huston Administrator name (Print)		Dep	uty County Adm Title	inistrator
		Wed	nesday, January	10, 2024
Administrator name (Signature)			Date	
740-833-2122		dhuston	co.delaware.oh.us	

(J)

0

0

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	0	0

Number of days

(G)

Total number of days away from work

Total number of days of job transfer or restriction

0	
(K)	

Injury and illness types

Total number of... (M)

(1) Injury (2) Skin disorder

(H)

(5) Hearing loss

(3) Respiratory condition

(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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stablishment 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, was administration building, MRDD workshop, library, hospital, extended care facil	stewater treatment plant, lity, etc.)
County Government	
BWC policy number (e.g., 12345678-000) 2005590 - 0	
mployment information	
For use ONLY by state agencies, special districts, counties, townships By your definition, enter the total number of full-time and part-time employees 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 employecount.	ee
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, acc best of my knowledge.	urate and complete to the
	inty Administrator
Administrator name (Print)	Title
Wednesday,	January 10, 2024
Administrator name (Signature)	Date

740-833-2122

dhuston@co.delaware.oh.us

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Total number of cases Total number of cases with days away from work Total number of cases with job transfer or restriction Total number of cases with job transfer or restriction Total number of cases with job transfer or other recordable cases Total number of cases of the provided in the provid

Total number of days Total number of days of days away from york O (K) 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	1	(4) Poisoning	0
(2) Skin disorder	0	(5) Hearing loss	0
(3) Respiratory condition	0	(6) All other illnesses	0

Ohio Bureau of Workers' Compensation

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

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

Bradle V J Euans

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

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Establishment information

Your establishment name Delaware	ocarry	Di tii t Dub		
Street 119 Henderson Court				
City Delaware	_ State _	Ohio	Zip code	43015
County Delaware	==	Entity co	ode County commissione	er 210
Establishment description (e.g., element administration building, MRDD workshop	ary school, , library, ho	maintenance ga spital, extended	arage, wastewater tread care facility, etc.)	atment plant,
County Government				
BWC policy number (e.g., 12345678-000 2005590 - 0	0)			
ployment information				
For use ONLY by state agencies townships By your definition, enter the total number workers. Enter police, fire, EMT and para	of full-time	and part-time e		
Full time:			_17	
Part time:			33	
Police/Fire/EMT:			0	
For use ONLY by educational in colleges, technical schools, scl		•	es,	
Enter the total number of full-time and pa classification below. Do NOT include sub count.				
Teachers/instructors:			_	N/A
All others/support staff (e.g., administration, t	ous drivers,	custodial, coache	es, etc.)	N/A
ın here				
Knowingly falsifying this docum	nent may	result in a f	ine.	
I certify that I have examined this docum best of my knowledge.	ent and tha	at the entries are	e true, accurate and c	omplete to the
Dawn Huston Administrator name (Print))	De	puty County Admir Title	nistrator
		Wed	dnesday, January Date	10, 2024
Administrator name (Signatu	ire)		Date	

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

Injury and illness t	ypes	APRIL N. S. S. S.	
Total number of (M)			
(1) Injury	11	(4) Poisoning	0
(2) Skin disorder	0	(5) Hearing loss	0
(3) Respiratory condition	0	(6) All other illnesses	0

Ohio Bureau of Workers'

(G)

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

ATTENTION:

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Establishment information

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

Your establishment name Delaware County - Do	og Warden		
Street 4781 County Home Road			
City Delaware State	Ohio	Zip code	43015
County Delaware	Entity co	de County commis	sioner 210
Establishment description (e.g., elementary school, madministration building, MRDD workshop, library, hosp			
County Government			
BWC policy number (e.g., 12345678-000) 2005590 - 0			
mployment information			
For use ONLY by state agencies, special of townships By your definition, enter the total number of full-time at workers. Enter police, fire, EMT and paramedics separates.	nd part-time e		
Full time:		.4	
Part time:		<u>0</u>	
Police/Fire/EMT:		0	
For use ONLY by educational institutions colleges, technical schools, school district	cts)		
Enter the total number of full-time and part-time emplo classification below. Do NOT include substitutes or vol count.			
Teachers/instructors:		_	N/A
All others/support staff (e.g., administration, bus drivers, cus	stodial, coache	s, etc.)	N/A
ign here			
Knowingly falsifying this document may re	esult in a fi	ne.	
I certify that I have examined this document and that t best of my knowledge.	the entries are	e true, accurate ar	nd complete to the
Dawn Huston Administrator name (Print)	Dej	outy County Ad Title	ministrator
Administrator name (Signature)	Wed	Inesday, Janua Date	ary 10, 2024
740-833-2122 Phone		oco.delaware.oh mail address	us

Year 2023

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

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

Ohio Bureau of Workers'

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

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

Your establishment name Delaware County - EMS			
Street 10 Court Street			
City Delaware State O	<u>hio</u> Zi	p code	43015
County Delaware	Entity code Cour	nty commissioner 210	<u> </u>
Establishment description (e.g., elementary school, maint administration building, MRDD workshop, library, hospital			ent plant,
County Government			
BWC policy number (e.g., 12345678-000) 2005590 - 0			
nployment information			
For use ONLY by state agencies, special dis	tricts, counties	s, cities, villag	es and
townships By your definition, enter the total number of full-time and p	oart-time employee		
workers. Enter police, fire, EMT and paramedics separate	ely below.		
Full time:		-	
Part time:		\$ <u></u>	
Police/Fire/EMT:		124	
For use ONLY by educational institutions (use colleges, technical schools, school districts). Enter the total number of full-time and part-time employee classification below. Do NOT include substitutes or volunt count.) es that fit in the	oyee	
Teachers/instructors:		N _i	/A
All others/support staff (e.g., administration, bus drivers, custoc	ial, coaches, etc.)	- N	/A
	ial, coaches, etc.)	N	/A
		N	/A
gn here	ult in a fine.		
gn here Knowingly falsifying this document may rest I certify that I have examined this document and that the	ult in a fine. entries are true, ad		lete to the
gn here Knowingly falsifying this document may rest I certify that I have examined this document and that the best of my knowledge.	ult in a fine. entries are true, ad	ocurate and comp	lete to the
gn here Knowingly falsifying this document may result certify that I have examined this document and that the best of my knowledge. Dawn Huston	ult in a fine. entries are true, ad Deputy Co	ocurate and comp ounty Administr Title	lete to the
gn here Knowingly falsifying this document may result certify that I have examined this document and that the best of my knowledge. Dawn Huston	ult in a fine. entries are true, ad Deputy Co	ocurate and comp	lete to the
gn here Knowingly falsifying this document may result certify that I have examined this document and that the best of my knowledge. Dawn Huston Administrator name (Print)	ult in a fine. entries are true, ad Deputy Co	ocurate and compounty Administr Title y, January 10, Date	lete to the

2023

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Number of cases

Total number of Total number of deaths cases with days away from work

Total number of cases with job transfer or restriction

Total number of other recordable cases

0 (G)

0

0

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

Bradley J Euans

condition

(1) Injury

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

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Establishment information

Your e	establishment name	Delaware Co	ounty - v	Jamegie bu	nung	
Street	1610 State Rou	te 521				
City	Delaware		State _	Ohio _	Zip code	43015
Count	y Delaware		* 5	Entity c	ode County Commissione	er 210
	lishment description (istration building, MR				garage, wastewater trea ed care facility, etc.)	atment plant,
Coun	nty Government					

Delawara Caunty Carponia Building

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:

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

Deputy County Administrator

Administrator name (Print)

Administrator name (Signature)

Wednesday, January 10, 2024

740-833-2122

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

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

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 deaths cases with days away from work

Total number of cases with job transfer or restriction

Total number of other recordable cases

0 (G)

0

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)

(2) Skin disorder

condition

(3) Respiratory

(1) Injury

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

Establishment information ATTENTION:

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Your establishment name Delaware County - BODD Street 7991 Columbus Pike 43035 Lewis Center Ohio 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

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)

Administrator name (Signature)

Deputy County Administrator

Wednesday, January 10, 2024

740-833-2122 Phone

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

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

Year 2023

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Total 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 Total number of days of days away from york O (K) O (L)

Injury and illness ty	ypes	N 351 1-11 A	
Total number of (M)			
(1) Injury	0	(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 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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Bradley J Euans	beuans@co.delaware.oh.us	740-833-212
Name of person completing or filing 300AP (print or type)	Email address	Phone numbe

stablishment information			
Your establishment name Delaware County - F	Historic Cour	t House	
Street 91 North Sandusky Street			
City Delaware State _	Ohio	Zip code	43015
County Delaware	Entity co	Ode County commissione	r 210
Establishment description (e.g., elementary school, radministration building, MRDD workshop, library, hos	maintenance ga spital, extended	arage, wastewater trea d care facility, etc.)	tment plant,
County Government			
BWC policy number (e.g., 12345678-000) 2005590 - 0			
mployment information			
For use ONLY by state agencies, special	districts, co	ounties, cities, vil	lages and
townships By your definition, enter the total number of full-time workers. Enter police, fire, EMT and paramedics sep		mployees, which inclu	des seasonal
Full time:		34	
Part time:		6	
Police/Fire/EMT:		0	
For use ONLY by educational institutions colleges, technical schools, school distri	•	95,	
Enter the total number of full-time and part-time emp classification below. Do NOT include substitutes or v count.			
Teachers/instructors:		-	N/A
All others/support staff (e.g., administration, bus drivers, c	ustodial, coache	s, etc.)	N/A
gn here			
Knowingly falsifying this document may	result in a fi	ine.	
I certify that I have examined this document and that best of my knowledge.	t the entries are	e true, accurate and co	mplete to the
Dawn Huston	De	outy County Admin	istrator
Administrator name (Print)		Title	
Administrator name (Signature)	Wed	dnesday, January 1 Date	0, 2024
740-833-2122		-mail address	

2023 Year

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
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	
/I/)	

Injury and illness types

Total number of... (M)

(1) Injury (2) Skin disorder

(3) Respiratory

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

board" Revise

ATTENTION:

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or state corpora townsh

district. higher specia authori

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

Establishment information

o public employers omplete this form	Your establishment name D	elaware County -	Mental Healt	h	
equivalent). This	Street 40 North Sandusk	Street			
s the State of Ohio instrumentalities; and	City Delaware	State	Ohio	Zip code	430
olitical subdivisions bir instrumentalities, ng any county, county	County Delaware		Entity co	ode County commission	er 210
hospital, municipal ition, city, village, ip, park district, school	Establishment description (e.g administration building, MRDD				atment plan
state institutions of	County Government				
learning, public or district, state agency, ty, commission or as defined in Ohio	BWC policy number (e.g., 123	,			
d Code 4167.01.	Employment informatio	n			

Employment information

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

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

Full time:	
Part time:	0
Police/Fire/FMT:	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

Teachers/instructors:

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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		

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 Total number of cases with job transfer or cases with job transfer or cases with job transfer or cases cases

Number of days Total number of days of days away from job transfer or restriction work 0 0 0

Injury and illness t	ypes		7 7 L T L
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 illnesses	0

Ohio Bureau of Workers'

(G)

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

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

stablishment information				
Your establishment name Delaware Cou	unty - Pres	servation Parks		
Street 2656 Hogback Road				
City Sunbury S	StateC	Ohio :	Zip code	43074
County Delaware		Entity code Co	unty commissioner	210
Establishment description (e.g., elementary s administration building, MRDD workshop, libr				ment plant,
County Government				
BWC policy number (e.g., 12345678-000) 2005590 - 0				
mployment information				
For use ONLY by state agencies, s townships By your definition, enter the total number of fr workers. Enter police, fire, EMT and parameter	ull-time and	part-time employe		
Full time:			34	
Part time:			13	
Police/Fire/EMT:			0	
For use ONLY by educational instit colleges, technical schools, schoo				
Enter the total number of full-time and part-tin classification below. Do NOT include substitutiount.			loyee	
Teachers/instructors:				N/A
All others/support staff (e.g., administration, bus d	drivers, custo	dial, coaches, etc.)	-	N/A
ign here				
Knowingly falsifying this document	t may res	ult in a fine.		
I certify that I have examined this document a best of my knowledge.	and that the	entries are true,	accurate and cor	mplete to the
Dawn Huston		Deputy C	ounty Admini	strator
Administrator name (Print)			Title	
Administrator name (Signature)		Wednesd	ay, January 1	0, 2024
740-833-2122		dhusten@co.d	elaware.oh.us	
Phone		E-mail a		

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

Number of days

Total number of days away from work

Total number of days of job transfer or restriction

(4) Poisoning

(5) Hearing loss

Injury and illness types

Total number of... (M)

condition

Bradley J Euans

(1) Injury

(2) Skin disorder (3) Respiratory

(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

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

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

0

0

0

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.

Establi	shment informatio	n			
Your	establishment name Dela	ware County -	Regional Plai	nning	
Stree	t 109 North Sandusky	Street			
City	Delaware	State	Ohio	Zip code	43015
Coun	ty Delaware		Entity co	ode County commission	er 210
Estab admir	olishment description (e.g., e nistration building, MRDD wo	lementary school, orkshop, library, ho	maintenance ga spital, extended	arage, wastewater tre d care facility, etc.)	atment plant,
Cou	nty Government				
BWC	policy number (e.g., 123456 2005590				
Employ	yment information				
town By yo	use ONLY by state agonships our definition, enter the total orders. Enter police, fire, EMT a	number of full-time	and part-time e		
Full ti	me:			4	
Part t	ime:			0	
Police	e/Fire/EMT:			0	
	use ONLY by education			es,	
Enter classi count	the total number of full-time fication below. Do NOT inclu i.	and part-time em ude substitutes or	ployees that fit is volunteers in yo	n the ur employee	
Teacl	ners/instructors:			7	N/A
All oth	ers/support staff (e.g., adminis	tration, bus drivers,	custodial, coache	s, etc.)	N/A
Sign he	ere				
Kno	wingly falsifying this	document may	result in a fi	ine.	
	fy that I have examined this of my knowledge.	document and the	at the entries are	e true, accurate and c	omplete to the
-	Dawn Huste Administrator name		De	puty County Admir Title	nistrator
-	A.L. Calada	Oissantus \	Wed	dnesday, January	10, 2024
	Administrator name (aidriaturei		Date	

dhuston@co.delaware.oh.us

F-mail address

740-833-2122

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
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	
(1/)	

Injury and illness types

Total number of... (M)

condition

Bradley J Euans

(1) Injury

(2) Skin disorder (3) Respiratory

0 0

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

740-833-2127 Phone number Email address

0

0

0

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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.

stablishment info	Jimation					
Your establishment na	me Delaware	County - F	Regional Sev	ver		
Street 10 Court Str	reet					
City <u>Delaware</u>		_ State _	Ohio	Zip code	e	43015
County Delaware			Entity co	ode County con	nmissioner 21	0
Establishment descript administration building	tion (e.g., element , MRDD workshop	ary school, i o, library, ho	maintenance ga spital, extended	arage, wastew I care facility,	ater treatm etc.)	ent plant,
County Governmen	nt					
BWC policy number (e	e.g., 12345678-000 2005590 - 0))				
mployment infor	mation					
For use ONLY by townships By your definition, enter workers. Enter police,	er the total number	of full-time	and part-time e			
Full time:					65	
Part time:					0	
Police/Fire/EMT:					0	
For use ONLY by colleges, technical				es,		
Enter the total number classification below. Do count.						
Teachers/instructors:					N	/A
All others/support staff (e	e.g., administration, l	bus drivers, o	custodial, coache	s, etc.)	N	/A
ign here						
ign here Knowingly falsify	ing this docun	nent may	result in a fi	ine.		
•	amined this docum				e and comp	ete to the

Dawn Huston	Deputy County Administrator	
Administrator name (Print)	Title	
	Wednesday, January 10, 2024	
Administrator name (Signature)	Date	
740-833-2122	dhuston@co.delaware.oh.us	
Phone	E-mail address	

ATTENTION:

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must complete this form

(or an equivalent). This

includes the State of Ohio

"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.

and its instrumentalities; and

Year 2023

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

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

Injury and illness ty	pes		Million Bally
Total number of (M)			
(1) injury	7	(4) Poisoning	00
(2) Skin disorder	0	(5) Hearing loss	0
(3) Respiratory condition	0	(6) All other illnesses	0

Ohio Bureau of Workers' Compensation

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

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

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 seasona 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.)
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

E-mail address

740-833-2122

0

0

0

Year 2023

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	2	0	7
(G)	(H)	(1)	(J)

Number of days

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

115	21
(K)	/1.\

Injury and illness types

Total number of... (M)

(1) İnjury(2) Skin disorder

9 (4) Poisoning 0 (5) Hearing loss

(3) Respiratory condition

0

(6) All other illnesses

Bureau of Workers'

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

City Delaware	State Ohio	Zip code	43015
County Delaware	E	Entity code County commission	ner 210
Establishment description (e.g., e			eatment plant,
administration building, MRDD w	orkshop, library, hospital, e	xtended care facility, etc.)	
County Government			

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.

rail unie.	
Part time:	
Police/Fire/FMT	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.

Todard S/Hga astard.	-
All others/support staff (e.g., administration, bus drivers, custodial, coaches, etc.)	N/A

Sign here

Teachers/instructors

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
740 000 0400	W. L. 1987 F. 17 T. 1

740-833-2122	dhuston@co.delaware.oh.us
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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Total number of days of days away from work Total number of days of job transfer or restriction O (K) O (L)

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

Ohio Bureau of Workers'

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

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

Establishment information	
Your establishment name	
Street 557 Sunbury Road A	
City Delaware State Ohio Zip co	de 43015
County Delaware Entity code County oc	ommissioner 210
Establishment description (e.g., elementary school, maintenance garage, waster administration building, MRDD workshop, library, hospital, extended care facility,	water 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, ci townships By your definition, enter the total number of full-time and part-time employees, w 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)	
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 best of my knowledge.	ate and complete to the
	y Administrator itle
	anuary 10, 2024 ate
740-833-2122 dhuston@co.delawa Phone E-mail addres	

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

-	
/1//	

(L)

Injury and illness types

(M)
(1) Injury
(2) Skin disorder

(3) Respiratory condition

Total number of...

2 (4) Poisoning

0

(5) Hearing loss
(6) All other illnesses

0

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 740-833-2127

Name of person completing or filing 300AP (print or type) Email address Phone number

Establishment information

Your	establishment name Dela	aware County -	Willis Buildin	g	
Street	2079 US 23 N				
City	Delaware	State _	Ohio	Zip code	43015
Count	ty Delaware		Entity c	ode County commission	er 210
	dishment description (e.g., en istration building, MRDD w				atment plant,
Cour	nty Government				
BWC	policy number (e.g., 12345 2005590				

Employment information

Full time

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.

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

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

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Phone	E-mail address