Year 2024

Zin code

Entity code County Commissioner 210

43015

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.

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	3	0	2
(G)	(H)	(1)	(J)

Number of days

Total number of days away from work

Total number of days of iob transfer or restriction

54	
(K)	

Injury and illness types

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

(3) Respiratory

Bradley J Euans

condition

(2) Skin disorder

(4) Poisoning

(6) All other illnesses

(5) Hearing loss

0

Bureau of Workers' hio Compensation

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

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

form from Feb. 1 to April 30 of each year in a location that is readily accessible

0

0

0

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

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

each year to summarize

activities. You may submit

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

You must also post this

year's

previous

Web site, ohiobwc.com.

740-833-2127 beuans@co.delaware.oh.ui Phone number

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.

Your establishment name Delaware County - Byxbe Building

Establishment information

Street 1610 State Route 521 Delaware 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

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.

Ohio

Full time:	155
Part time:	2

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 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 Administrato
Administrator name (Print) wy + wy + or	01 / 16 / 2025
Administrator name (Signature)	Date
740-833-2122	dhuston@co.delaware.oh.us
Phone	E-mail address

Year 2024

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

Number of days

Total number of days away from work

Total number of days of iob transfer or restriction

0	
(K)	

(4) Poisoning

(5) Hearing loss

Injury and illness types

Total number of... (M)

(1) Injury (2) Skin disorder

condition

nio

Bradley J Euans

(3) Respiratory

0

(6) All other illnesses

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)

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

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

0

0

0

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stablishment information	
Your establishment name Delaware County - Carnegie Building	
Street 10 Court Street	
City Delaware State Ohio Zip con	de 43015
County Delaware Entity code County Co	ommissioner 210
Establishment description (e.g., elementary school, maintenance garage, waster administration building, MRDD workshop, library, hospital, extended care facility,	
County Government	
BWC policy number (e.g., 12345678-000) 2005590 - 0	
mployment information	
For use ONLY by state agencies, special districts, counties, citownships By your definition, enter the total number of full-time and part-time employees, whorkers. Enter police, fire, EMT and paramedics separately below.	
Full time:	74
Part time:	0
Police/Fire/EMT:	8
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
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, accurate best of my knowledge.	e and complete to the
Dawn Huston Deputy County	Administrator

Administrator name (Print)

Administrator name (Signature)

740-833-2122

01 / 16 / 2025

dhuston@co.delaware.oh.us

Date

2024 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	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)	

Poisonina

Injury and illness types

Total number of...

(1) Injury (2) Skin disorder (3) Respiratory

condition

Bradley J Euans

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

Bureau	of	Wor	kers
Compe			
COLLIDE	II S	1UVI	1

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

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

0

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

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Es	ablishment information				
	our establishment name Delaware County - New Court House				
	Street 117 North Union Street				
	City Delaware State Ohio Zip code 43015				
	County Delaware Entity code County commissioner 210				
	Establishment description (e.g., elementary school, maintenance garage, wastewater treatment plant, administration building, MRDD workshop, library, hospital, extended care facility, etc.)				
	County Government				
	2005590 - 0				
En	ployment information				
	For use ONLY by state agencies, special districts, counties, cities, villages and ownships by your definition, enter the total number of full-time and part-time employees, which includes seasonal porkers. Enter police, fire, EMT and paramedics separately below.				

Full time:		68

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

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.

Dawn Huston	Deputy County Administrator	
Administratoriname (Print)	Title	
Administrator name (Print) Administrator name (Print)	01 / 16 / 2025	
Administrator name (Signature)	Date	
740-833-2122	dhuston@co.delaware.oh.us	
Phone	F-mail address	

2024 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 o other recordabl cases
0	1	0	0
(G)	(H)	(1)	(J)

Number of days

Total number of days away from work

Total number of days of iob transfer or restriction

46	
(K)	

(4) Poisoning

(5) Hearing loss

(6) All other illnesses

Injury and illness types

Total number of... (M)

(1) Injury (2) Skin disorder (3) Respiratory

condition

nio

Bradley J Euans

- 0 **Bureau of Workers'**

Compensation

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

ATTENTION:

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

0

0

0

Establishment information

Your establishment name Delaware County - Dog Warden Street 4781 County Home Road 43015 State 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:

Teachere/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:	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 count.

16801613/113(100013.	,, .
	NICA
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) Wattor	Title
1002(8: -	01 / 16 / 2025
Administrator name (Signature)	Date
740-833-2122	dhuston@co.delaware.oh.us
Phone	E-mail address

N/A

Year 2024

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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
(G)	1 (H)	(I)	4 (J)

Number of days

Total number of days away from work

Total number of days of iob transfer or restriction

7	
(K)	

Injury and illness types

Total number of... (M)

(1) Injury (2) Skin disorder

(3) Respiratory

Bradley J Euans

condition

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

(4) Poisoning

Bureau of Workers' nio Compensation

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

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

beuans@co delaware.oh.us

0

0

740-833-2127 Phone number

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Your establishment name Delaware County - EMS

Street 10 Court Street

Delaware

Establishment information

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.)

Ohio

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

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:

122

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

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

Teachers/instructors:

N/A

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

N/A

Sign here

Knowingly falsifying this document may result in a fine.

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

> Dawn Huston Administrator,name (Print)

Deputy County Administrator

Administrator name (Signature)

740-833-2122 Phone

dhuston@co.delaware.oh.us

0

0

0

Email address

Year 2024

Zin code

Entity cade County commissioner 210

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	00	0	5
(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)	

Injury and illness types

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

(2) Skin disorder

(3) Respiratory condition

Bradley J Euans

(4) Poisoning (5) Hearing loss

(6) All other illnesses

Bureau of Workers' nio 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

Establishment information

Street 145 North Union Street

Delaware

County Delaware

County Government

Revised Code 4167.01.

Employment information

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

2005590 - 0

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

Establishment description (e.g., elementary school, maintenance garage, wastewater treatment plant,

Ohio

State

administration building, MRDD workshop, library, hospital, extended care facility, etc.)

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

Full time:

Part time:

Police/Fire/EMT:

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

Your establishment name Delaware County - Hayes Building

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

Teachers/instructors:

N/A

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

N/A

Sign here

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

Dawn Huston Administrator name (Print) Deputy County Administrator

Administrator name (Signature)

740-833-2122 Phone

dhuston@co.delaware.oh.us

0

0

Year 2024

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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 o other recordabl 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)	

(4) Poisoning

(5) Hearing loss

Injury and illness types

Total number of... (M)

(3) Respiratory

condition

- (1) Injury (2) Skin disorder
- - - (6) All other illnesses

		0	
_			
Bureau	of	Workers'	

nio Compensation Division of Safety & Hygiene, PERRP

13430 Yarmouth Dr. Pickerington, OH 43147

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

740-833-2127 Phone number

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Establishment information Your establishment name Delaware County - Historic Court House Street 91 North Sandusky Street Delaware 43015 State 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

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:	9
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.

reacticistilisti detois.	14/17
	11/1
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.

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Dawn Huston	Deputy County Administrato
Administrator name (Print) Aun Huston	01 / 16 / 2025
Administrator name (Signature)	Date
740-833-2122	dhuston@co.delaware.oh.us
Phone	E-mail address

N/A

2024 Year

Entity code County Commissioner 210

43035

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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 o other recordable cases
0	2	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

9	
(K)	

(4) Poisoning

(5) Hearing loss

(6) All other illnesses

Injury and illness types

Total number of... (M)

(1)	Injury
(2)	Skin disorder
(3)	Respiratory condition

nio

Bradley J Euans

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 Email address Phone number

0

0

Establishment information

Your establishment name Delaware County - RSD Plants Street 7767 Walker Woods Blvd Lewis Center 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

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.

time:

Part time:

Police/Fire/EMT:

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

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

Teachers/instructors:

N/A

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)

740-833-2122 Phone

dhuston@co.delaware.oh.us

2024 Year

69

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.

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	2	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

124	
(K)	

(4) Poisoning

(5) Hearing loss

(6) All other illnesses

Injury and illness types

Total number of...

(1)	irijui y	
(2)	Skin disorder	

nio

Bradley J Euans

(3) Respiratory condition

(1) Injune

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)

ATTENTION:

All Ohio public employers (or an o include and its "any po and the includir or state corpora townsh district higher special authori board" as defined in Ohio Revised Code 4167.01.

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

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

0

0

Establishment information

Your establishment name Delaware County - Jail

equivalent). This	Street 844 US 42 North				
s the State of Ohio instrumentalities; and litical subdivisions	City Delaware	State _	Ohio	Zip code	4301
ir instrumentalities, ag any county, county	County Delaware		Entity co	Ode County commission	er 210
hospital, municipal tion, city, village, ip, park district, school	Establishment description (e.g administration building, MRDD				atment plant,
state institutions of earning, public or	County Government				
district, state agency, y, commission or	BWC policy number (e.g., 123-200559				

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:	0
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

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.

Dawn Huston Administrator name (Print)	Deputy County Administrator Title
Administrator name (Print) Day Huston	01 / 16 / 2025
Administrator name (Signature)	Date
740-833-2122	dhuston@co.delaware.oh.us
Phone	E-mail address

Year 2024

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
(G)	2	3	5
	(H)	(I)	(J)

Number of days

Total number of days away from work

Total number of days of job transfer or restriction

176	
/W)	-

Injury and illness types

Total number of... (M)

(1) Injury (2) Skin disorder

(3) Respiratory

(6) All other illnesses

(4) Poisoning

(5) Hearing loss

condition

nio

Bureau of Workers' Compensation

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, schoo 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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Street 1776 State Route 521
City Delaware
County Delaware
Establishment description (e.g., elementar administration building, MRDD workshop, l
County Government
BWC policy number (e.g., 12345678-000) 2005590 - 0

Establishment information

Your establishment name Delaware County - Sheriff

City Delaware	State Ohio	Zip code	4301
County Delaware	Entity c	0de County commission	er 210
	elementary school, maintenance g		
	workshop, library, hospital, extende		•

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:		

191 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

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

Sign here

Part time:

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 (Print)	01 / 16 / 2025
Administrator name (Signature)	Date

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

0

0

0

2024 Year

43015

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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)	

(4) Poisonina

(5) Hearing loss

(6) All other illnesses

Injury and illness types

Total number of... (M)

(3) Respiratory condition

Bradley J Euans

- (1) Injury (2) Skin disorder

Bureau of Workers' ПЮ Compensation

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

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

beuans@co.delaware.oh.us

Email address

0

0

0

740-833-2127 Phone number

ATTENTION:

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

Establishment information Your establishment name Delaware County - Willis Building

Street 2079 US 23 N Delaware 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

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

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.

Dawn Huston	Deputy County Administrator
Administrator name (Print)	Title
Administrator name (Print) aun Huston	01 / 16 / 2025
Administrator name (Signature)	Date

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