

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

Summary of Work-Related Injuries and Illnesses

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.

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

Number of cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
<u>0</u>	<u>3</u>	<u>0</u>	<u>2</u>
(G)	(H)	(I)	(J)

Number of days

Total number of days away from work	Total number of days of job transfer or restriction
<u>54</u>	<u>0</u>
(K)	(L)

Injury and illness types

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

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

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

Establishment information

Your establishment name Delaware County - Byxbe Building
 Street 1610 State Route 521
 City Delaware State Ohio Zip code 43015
 County Delaware Entity code County Commissioner 210
 Establishment description (e.g., elementary school, maintenance garage, wastewater treatment plant, administration building, MRDD workshop, library, hospital, extended care facility, etc.)
County Government
 BWC policy number (e.g., 12345678-000)
2005590 - 0

Employment information

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

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

Full time: 155
 Part time: 2
 Police/Fire/EMT: 0

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

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

Teachers/instructors: N/A

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

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
Dawn Huston 01 / 16 / 2025
 Administrator name (Signature) Date



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

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

beuans@co.delaware.oh.us
 Email address

740-833-2127
 Phone number

740-833-2122
 Phone

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

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

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Number of cases

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

Number of days

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

Injury and illness types

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

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Establishment information

Your establishment name Delaware County - Carnegie Building

Street 10 Court Street

City Delaware State Ohio Zip code 43015

County Delaware Entity code County Commissioner 210

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

BWC policy number (e.g., 12345678-000)
2005590 - 0

Employment information

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: 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.

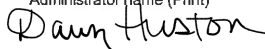
Teachers/instructors: N/A

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

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.

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



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

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

beuans@co.delaware.oh.us
Email address

740-833-2127
Phone number

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

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

Number of days

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

Injury and illness types

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

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

Establishment information

Your establishment name Delaware County - New Court House
 Street 117 North Union Street
 City Delaware State Ohio Zip code 43015
 County Delaware Entity code County commissioner 210
 Establishment description (e.g., elementary school, maintenance garage, wastewater treatment plant, administration building, MRDD workshop, library, hospital, extended care facility, etc.)
County Government
 BWC policy number (e.g., 12345678-000)
2005590 - 0

Employment information

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: 68
 Part time: 3
 Police/Fire/EMT: 0

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

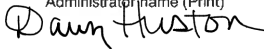
Enter the total number of full-time and part-time employees that fit in the classification below. Do NOT include substitutes or volunteers in your employee count.

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

Sign here

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



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

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

beuans@co.delaware.oh.us
 Email address

740-833-2127
 Phone number

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Number of cases

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

Number of days

Total number of days away from work	Total number of days of job transfer or restriction
<u>46</u> (K)	<u>91</u> (L)

Injury and illness types

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

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Establishment information

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

Employment information

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

Full time: 4
 Part time: 0
 Police/Fire/EMT: 0

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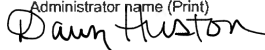
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Teachers/instructors: N/A
 All others/support staff (e.g., administration, bus drivers, custodial, coaches, etc.) N/A

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	<u>01 / 16 / 2025</u>
Administrator name (Signature)	Date
<u>740-833-2122</u> Phone	<u>dhuston@co.delaware.oh.us</u> E-mail address

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

Bradley J Euans
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 Phone number

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Number of cases

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

Number of days

Total number of days away from work	Total number of days of job transfer or restriction
<u>7</u> (K)	<u>0</u> (L)

Injury and illness types

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

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Establishment information

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

Employment information

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

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

Full time: _____
 Part time: _____
 Police/Fire/EMT: 122

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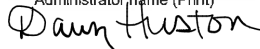
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Teachers/instructors: N/A
 All others/support staff (e.g., administration, bus drivers, custodial, coaches, etc.) N/A

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



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Number of cases

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

Number of days

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

Injury and illness types

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

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Establishment information

Your establishment name Delaware County - Hayes Building
 Street 145 North Union Street
 City Delaware State Ohio Zip code 43015
 County Delaware Entity code County commissioner 210
 Establishment description (e.g., elementary school, maintenance garage, wastewater treatment plant, administration building, MRDD workshop, library, hospital, extended care facility, etc.)
County Government
 BWC policy number (e.g., 12345678-000)
2005590 - 0

Employment information

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

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

Full time: 249
 Part time: 9
 Police/Fire/EMT: 1

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

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

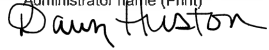
Teachers/instructors: N/A

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

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	<u>01 / 16 / 2025</u>
Administrator name (Signature)	Date



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

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

beuans@co.delaware.oh.us
 Email address

740-833-2127
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Number of cases

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

Number of days

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

Injury and illness types

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

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

Establishment information

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

Employment information

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

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

Full time: 34
 Part time: 9
 Police/Fire/EMT: 0

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

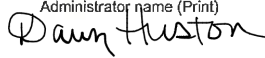
Enter the total number of full-time and part-time employees that fit in the classification below. Do NOT include substitutes or volunteers in your employee count.

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.

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



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

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

beuans@co.delaware.oh.us
 Email address

740-833-2127
 Phone number

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

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.

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

Number of cases

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

Number of days

Total number of days away from work	Total number of days of job transfer or restriction
<u>9</u> (K)	<u>0</u> (L)

Injury and illness types

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

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

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

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

Establishment information

Your establishment name Delaware County - RSD Plants
 Street 7767 Walker Woods Blvd
 City Lewis Center State Ohio Zip code 43035
 County Delaware Entity code County Commissioner 210
 Establishment description (e.g., elementary school, maintenance garage, wastewater treatment plant, administration building, MRDD workshop, library, hospital, extended care facility, etc.)
County Government
 BWC policy number (e.g., 12345678-000)
2005590 - 0

Employment information

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: 46
 Part time: 0
 Police/Fire/EMT: 0

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

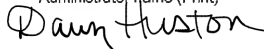
Enter the total number of full-time and part-time employees that fit in the classification below. Do NOT include substitutes or volunteers in your employee count.

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

Sign here

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



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

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

beuans@co.delaware.oh.us
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 Phone number

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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
<u>0</u> (G)	<u>2</u> (H)	<u>1</u> (I)	<u>5</u> (J)

Number of days

Total number of days away from work	Total number of days of job transfer or restriction
<u>124</u> (K)	<u>17</u> (L)

Injury and illness types

Total number of... (M)			
(1) Injury	<u>8</u>	(4) Poisoning	<u>0</u>
(2) Skin disorder	<u>0</u>	(5) Hearing loss	<u>0</u>
(3) Respiratory condition	<u>0</u>	(6) All other illnesses	<u>0</u>

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Establishment information

Your establishment name Delaware County - Jail
 Street 844 US 42 North
 City Delaware State Ohio Zip code 43015
 County Delaware Entity code County commissioner 210
 Establishment description (e.g., elementary school, maintenance garage, wastewater treatment plant, administration building, MRDD workshop, library, hospital, extended care facility, etc.)
County Government
 BWC policy number (e.g., 12345678-000)
2005590 - 0

Employment information

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

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

Full time: 0
 Part time: 0
 Police/Fire/EMT: 69

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

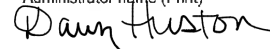
Enter the total number of full-time and part-time employees that fit in the classification below. Do NOT include substitutes or volunteers in your employee count.

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

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	<u>01 / 16 / 2025</u>
Administrator name (Signature)	Date
<u>740-833-2122</u> Phone	<u>dhuston@co.delaware.oh.us</u> E-mail address



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Number of cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
<u>0</u> (G)	<u>2</u> (H)	<u>3</u> (I)	<u>5</u> (J)

Number of days

Total number of days away from work	Total number of days of job transfer or restriction
<u>176</u> (K)	<u>186</u> (L)

Injury and illness types

Total number of... (M)	
(1) Injury	<u>10</u>
(2) Skin disorder	<u>0</u>
(3) Respiratory condition	<u>0</u>
(4) Poisoning	<u>0</u>
(5) Hearing loss	<u>0</u>
(6) All other illnesses	<u>0</u>



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

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Establishment information

Your establishment name Delaware County - Sheriff
 Street 1776 State Route 521
 City Delaware State Ohio Zip code 43015
 County Delaware Entity code County commissioner 210
 Establishment description (e.g., elementary school, maintenance garage, wastewater treatment plant, administration building, MRDD workshop, library, hospital, extended care facility, etc.)
County Government
 BWC policy number (e.g., 12345678-000)
2005590 - 0

Employment information

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

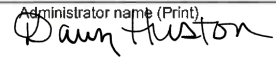
Full time: _____
 Part time: _____
 Police/Fire/EMT: 191

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

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

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Dawn Huston Deputy County Administrator
 Administrator name (Print) Title

 Administrator name (Signature) Date
01 / 16 / 2025

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

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

Number of days

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

Injury and illness types

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



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Establishment information

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

Employment information

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

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

Full time: 26
 Part time: 160
 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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