

# Summary of Work-related Injuries and Illnesses

Year 2008

All establishments covered by Ohio Administrative Code (OAC) 4167 must complete this Summary even if no work-related injuries 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 the correct values have imported.

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. See OAC 4167-6-08, in the PERRP recordkeeping rule, for further details on the access provisions for these forms. You must keep this form on file for five years following the year to which it pertains. (OAC 4167-6-07)

**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	36	17	45
(G)	(H)	(I)	(J)

**Number of days**

Total number of days away from work	Total number of days of job transfer or restriction
667	146
(K)	(L)

**Injury and Illness types**

Total number of...			
(M)			
(1) Injuries	96	(4) Poisonings	0
(2) Skin disorders	2	(5) Hearing loss	0
(3) Respiratory conditions	0	(6) All other Illnesses	0

Post this 300AP/Summary from February 1 to April 30 of the year following the year covered by the form. It must be posted in a location accessible to public employees and/or public employee representatives, but need not be posted in areas accessible to the public or non-employees.

This Summary must be submitted to PERRP no later than February 1 of the year following the year covered by the form. The required information may be submitted by mail, fax, or electronically on BWC's Web site [ohioabc.com](http://ohioabc.com).

**Establishment Information**

Your establishment name Miami University  
 Street Room 55 Hughes Hall  
 City Oxford State Ohio ZIP 45056  
 County Butler Entity code (select from list) 660

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

University

Ohio Bureau of Workers' Compensation Risk (Policy) Number 1000-3143

**Employment information**

**For Educational institutions (Universities, Colleges, Technical Schools, School Districts).**

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

Teachers/instructors: 2,381  
 Support Staff (All Others) 10,056

**Sign here**

**Knowingly falsifying this document may result in a fine**

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

Dr. David K. Creamer

VP Fin & Bus Servs & Treasurer

Administrator name (Print)

Title

David K. Creamer  
 Administrator name (Signature)

1/26/09  
 Date