

# PERRP

## Forms for Recording Work-Related Injuries and Illnesses



The Ohio Public Employment Risk Reduction Program (PERRP) requires all public employers to complete our injury and illness recordkeeping forms or maintain equivalent records. This booklet includes Ohio-specific 300P, 300AP, and 301P forms to record work-related injuries and illnesses.

### 2019 rule changes

- An employer with five or fewer employees and no recordable injuries in a calendar year is exempted from submitting the annual 300AP to PERRP for that reporting year. However, they must still complete, post, and maintain the form for five years.
- The highest-ranking authority or management official at the employer's establishment must certify the annual 300AP Summary.
- Needlestick injuries are no longer required to be reported to PERRP when you become aware of the injury. PERRP can request these records be submitted for statistical purposes and the employer must comply.
- Public employers that receive a "Survey of Occupational Injuries and Illnesses" form from the Bureau of Labor Statistics (BLS), United States Department of Labor, or a BLS designee must complete and return the survey.

You may maintain the required information using alternative forms or electronic methods. However, please make sure you provide all required data.

We share your goal of preventing injuries and illnesses in Ohio's public workplaces. Accurate injury and illness records will help us achieve this goal.

### Public Employment Risk Reduction Program

Ohio Bureau of Workers' Compensation

30 W. Spring St., 25th Floor, Columbus, OH 43215-2256

Phone: 1-800-671-6858

## What's inside?

In this booklet, you'll find everything you need to complete PERRP's *Log of Work-Related Injuries and Illnesses (300P/Log)* and *Summary of Work-Related Injuries and Illnesses (300AP/Summary)*. The booklet includes:

**An overview: Recording work-related injuries and illnesses** — General instructions for completing the forms in this booklet and definitions of terms to use when you classify your cases as injuries or illnesses.

**How to fill out the Log** — Instructions for correctly recording case entries on the Log.

**Quick reference sections** — Example forms you can use as guides to properly fill out the Incident Report, Log, and Summary.

**PERRP Log (300P)** — A blank copy of the Log (you may make as many copies as you need). Notice the Log is separate from the Summary form.

**PERRP Summary (300AP)** — A blank copy of the Summary for easy posting at the end of the year. You only post and submit the Summary, not the Log.

**PERRP Injury and Illness Incident Report (301P)** — Use it to gather details about an incident. You may make as many copies as you need or use an equivalent form.

Please take some time to review this booklet. If you have any questions, call PERRP at 1-800- 671-6858 or visit [bwc.ohio.gov](http://bwc.ohio.gov).

*We are happy to help you!*

# An Overview:

## Recording work-related injuries and illnesses

*The Log of Work-Related Injuries and Illnesses* (300P) is used to classify work-related injuries and illnesses, provide information about the extent and severity of each case, and record specific details about what happened and how it happened.

The *Summary of Work-Related Injuries and Illnesses* (300AP) — a separate form — shows annual category totals.

Every Feb. 1, post each establishment's Summary in a visible location so employees are aware of the injuries and illnesses occurring in their workplace. You must post it in a location accessible to public employees and/or public employee representatives. You do not need to post it in areas accessible to the public or non-employees.

If you have multiple locations, you must keep a separate Log and Summary for each establishment or physical location. You must also maintain a master Summary consolidating the data totals for all your sites. For example, a school district with 10 elementary schools, one high school, one administration building, and a bus garage must maintain 13 establishment Logs, a Summary for each of the 13 locations, and one master Summary.

Submit the master Summary to PERRP on or before Feb. 1 of each year. An employer with multiple locations, five or fewer employees, and no recordable injuries in a calendar year is exempted from this requirement.

The cases you list on the Log do not necessarily have to be eligible for workers'

compensation or other insurance benefits. Listing a case on the Log does not mean the employer or worker was at fault or that they violated a PERRP standard.

**Note:** Your employees have the right to review your injury and illness records. For more information on employee access rights, consult [Ohio Administrative Code \(OAC\) 4167-6-01\(B\), Access to records](#).

### When is an injury or illness considered to be work-related?

An injury or illness is work-related if an event or exposure in the work environment caused or contributed to the condition, or significantly aggravated a pre-existing condition.

PERRP presumes work-relatedness for injuries and illnesses resulting from events or exposures in the workplace unless an exception specifically applies (See exceptions listed in these instructions).

The work environment is the establishment and other locations where one or more employees are working or are present as a condition of their employment. The work environment also includes the equipment or materials employees use during their work.

### How do I handle a case if it is unclear whether the incident or exposure occurred in the work environment or away from work?

In these situations, you must evaluate the employee's work duties and environment to decide if one or more events or exposures

in the work environment either caused or contributed to the resulting condition or significantly aggravated a pre-existing condition.

### How do I decide whether an injury or illness is work-related if the employee is on travel status when the injury or illness occurs?

Injuries and illnesses that occur while an employee is on travel status are work-related if, at the time of the injury or illness, the employee was engaged in work activities in the employer's interest.

Examples of these activities include travel to and from customer contacts, conducting job tasks, and entertaining or being entertained to transact, discuss, or promote business. (Work-related entertainment only includes activities engaged in at the employer's direction.)



You do not have to record injuries or illnesses that occur when the employee is on travel status if they meet one of the exceptions listed below:

- If a traveling employee checks into a hotel, motel, or another temporary residence, they establish a home away from home.

### Where do I start?

1. Within seven calendar days after you receive information about a case, decide if the case is recordable under PERRP recordkeeping requirements.
2. Determine whether the incident is a new case or a recurrence of an existing case.
3. Establish whether the case was work-related.
4. If the case is recordable, decide which form you will fill out as the injury and illness incident report.

Note: You may use PERRP's 301P: Injury and Illness Incident Report or an equivalent form. If you use another form, it must contain the same information as the data requested on the 301P.

### How to work with the Log

1. Identify the employee involved unless it is a privacy concern case as described in these instructions.
2. Identify when and where the case occurred.
3. Describe the case as specifically as possible.
4. Classify the seriousness of the case by recording the most serious outcome associated with the case, with column G (Death) being the most serious and column J (Other recordable cases) being the least serious.
5. Identify whether the case is an injury or illness. If the case is an injury, check the injury category. If the case is an illness, check the appropriate illness category.

- You must evaluate the employee’s activities after they check into the temporary residence for work-relatedness in the same manner you evaluate the activities of a non-traveling employee. When they check into the temporary residence, they have left the work environment.
- When the employee begins work each day, they re-enter the work environment. If they have established a home away from home and are reporting to a fixed worksite each day, do not consider injuries or illnesses work-related if they occur on the commute between the temporary residence and the job location.

**What about a traveling employee who has taken a detour for personal reasons?**

Injuries or illnesses are not work-related if they occur while the employee is on a personal detour from a reasonably direct route of travel (e.g., has taken a side trip for personal reasons).

**How do I decide if a case is work-related when the employee is working at home?**

Injuries and illnesses that occur while an employee is working at home (including in a home office) are work-related if the injury or illness occurs while the employee is working for pay or compensation.

If a home-based employee suffers an injury or illness directly related to the work rather than to the general home environment or setting, the incident would be recordable.

The following examples describe incident recording scenarios when an employee is

injured while working from home.

- If an employee’s finger is cut or lacerated while using equipment from the employer to work at home, and the finger needs stitches or becomes infected and requires medical treatment, the injury is work-related.
- If an employee is injured because they trip on the family dog while rushing to answer a work phone call, the case is not work-related.
- If an employee working at home is electrocuted because of faulty home wiring, the injury is not work-related.

**Some of my employees work at several different locations or do not work at any of my establishments. How do I record cases for these employees?**

For recordkeeping purposes, you must link each of your employees with one of your establishments. You must record the injury and illness on the Log of the injured or ill employee’s establishment or on a Log that covers the employee’s short-term establishment.

**How do I record an injury or illness when an employee of one of my establishments is injured or becomes ill while visiting or working at another of my sites or away from any of my locations?**

If the injury or illness occurs at one of your establishments, you must record the injury or illness on the Log of the establishment at which the injury or illness occurred.

If the employee is injured or becomes ill and is not at one of your establishments, you must record the case on the Log at

the establishment at which the employee normally works.

**Which work-related injuries and illnesses must be recorded?**

The most significant injuries and illnesses will likely result in one of the following outcomes. You must record work-related injuries and illnesses that result in:

- Death
- Loss of consciousness
- Days away from work
- Restricted work activity or job transfer
- Medical treatment beyond first aid

You must also record all significant work-related injuries and illnesses (as defined below) or meet any of the additional criteria listed in the next section of these instructions.

You must always record the following work-related conditions at the time of diagnosis by a physician or other practicing licensed health-care professional (PLHCP): cancer, chronic irreversible disease, a fractured or cracked bone (including a tooth), or a punctured eardrum.

In general, PERRP considers the outcomes listed above as significant injuries and illnesses. You must record these on the date of initial diagnosis, even if medical treatment or work restrictions are postponed or not recommended.

In addition, there are some significant progressive diseases, such as asbestosis, silicosis, and some types of cancer, for which medical treatment or work restrictions

may not be recommended at the time of diagnosis, but are likely to be recommended as the disease progresses.

**How do I know if an event or exposure in the work environment significantly aggravated a pre-existing injury or illness?**

A pre-existing injury or illness has been significantly aggravated when an event or exposure in the work environment results in any of the following:

- Death, provided the pre-existing injury or illness would likely not have resulted in death but for the occupational event or exposure
- Loss of consciousness, provided the pre-existing injury or illness would likely not have resulted in loss of consciousness but for the occupational event or exposure
- One or more days away from work, days of restricted work, or days of job transfer that otherwise would not have occurred but for the occupational event or exposure
- Medical treatment in a case which required no medical treatment for the injury or illness before the workplace event or exposure, or the workplace event or exposure necessitated a change in medical treatment

**Which injuries and illnesses are considered pre-existing conditions?**

An injury or illness is a pre-existing condition if it resulted solely from a non-work-related event or exposure that occurred outside the work environment.

## Are there work-related injuries and illnesses I am not required to record?

Yes. You are not required to record injuries and illnesses if:

- At the time of the injury or illness, the employee is in the work environment as a member of the public, not an employee.
- The injury or illness involves signs or symptoms that surface at work but result solely from a non-work-related event or exposure that occurred outside the work environment.
- The injury or illness is solely the result of an employee eating, drinking, or preparing food or drink for personal consumption (whether bought on the employer's premises or brought in). For example, if the employee chokes on a sandwich in the employer's establishment, the case is not work-related.

**Note:** If an employee is made ill by ingesting food contaminated by workplace contaminants (such as lead) or gets food poisoning from food supplied by the employer, the case would be work-related. Likewise, if a food service employee is injured while preparing or serving food to the public or other employees, the case would be work-related.

- The injury or illness is solely the result of an employee doing personal tasks (unrelated to their employment) at the establishment outside of the employee's assigned working hours.
- The injury or illness is solely the result of personal grooming, self-medication for a non-work-related condition, or is intentionally self-inflicted.

PERRP Booklet (Rev. Jan. 10, 2024)

- The injury or illness is caused by a motor vehicle accident and occurs on an agency parking lot or agency access road while the employee is commuting to or from work.
- The injury or illness results solely from voluntary participation in a wellness program or in a medical, fitness, or recreational activity such as blood donation, physical examination, flu shot, exercise class, sports, etc.
- The illness is the common cold or flu, even if it was contracted in the workplace.

**Note:** PERRP considers contagious diseases diagnosed by a physician or other PLHCP, such as tuberculosis, brucellosis, hepatitis A, or plague, to be work-related if the disease infects the employee at work. The disease is recordable on the date of the diagnosis, not the date of exposure.

- The illness is a mental illness. Mental illness will not be considered work-related unless the employee voluntarily provides the employer with an opinion from a physician or PLHCP with appropriate training and experience (psychiatrist, psychologist, psychiatric nurse practitioner, etc.) stating the employee has a work-related mental illness.

## Are there any additional criteria for recording injuries and illnesses?

You must record the following conditions when they are work-related:

- Any needlestick injury or cut from a sharp object contaminated with another person's blood or other potentially infectious material

**Note:** In addition to injury and illness records required in this rule, each public employer shall maintain, and make available to the superintendent, accurate records of exposure incidents of needlesticks or sharps. Such records shall be maintained on the Sharps Injury Form Needlestick Injury Report (SH-12).

- Any case requiring an employee to be medically removed under the requirements of an OSHA health standard (i.e., standards found in 29 CFR 1910 Subpart Z, or 29 CFR 1926 Subpart Z)
- Tuberculosis infection as proven by a positive skin test or diagnosis by a physician or PLHCP after exposure to a known case of active tuberculosis
- An employee's hearing test (audiogram) reveals: 1) the employee has experienced a Standard Threshold Shift (STS) in hearing in one or both ears (averaged at 2,000, 3,000, and 4,000 Hz), and 2) the employee's total hearing level is 25 decibels (dB) or more above audiometric zero (also averaged at 2,000, 3,000, and 4,000 Hz) in the same ear(s) as the STS



## What is medical treatment?

Medical treatment includes managing and caring for a patient to combat a disease or disorder.

The following are not considered medical treatments and are NOT recordable:

- Visits to a doctor or health-care professional solely for observation or counseling
- Diagnostic procedures (including administering prescription medications used solely for diagnostic purposes, X-rays, MRIs, etc.)
- Any procedure that can be labeled first aid

## What is first aid?

DO NOT record first aid treatments. If the incident requires one or more of the following types of treatment, consider it first aid:

- Using non-prescription medications at non-prescription strength
- Administering tetanus immunizations (Td or Tdap)
- Cleaning, flushing, or soaking wounds on the skin surface
- Using wound coverings, such as bandages, Band Aids™, gauze pads, etc., or using SteriStrips™ or butterfly bandages
- Using hot or cold therapy
- Using any totally non-rigid support, such as elastic bandages, wraps, non-rigid back belts, etc.
- Using temporary immobilization devices while transporting a victim (splints, slings, neck collars, or backboards)

- Drilling a fingernail or toenail to relieve pressure, or draining fluids from blisters
- Using eye patches
- Removing foreign bodies from the eye using only irrigation or a cotton swab
- Removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs or other simple means
- Using finger guards
- Using massages
- Drinking fluids for relief of heat stress

**Are any other procedures included in first aid?**

No. For recording purposes, this is a complete list of all treatments considered as first aid. If a procedure or treatment is not on the list, PERRP considers it medical treatment beyond first aid.

**Does the professional status of the person providing the treatment affect what PERRP considers first aid or medical treatment?**

No. The treatments listed in these instructions are considered first aid regardless of the professional status of the person providing the treatment. Similarly, treatment beyond first aid is considered medical treatment even when someone other than a physician or PLHCP provides it.

**What if a physician or PLHCP recommends medical treatment, but the employee does not follow the recommendation?**

You should encourage the injured or ill employee to follow the recommendation. You must record the case even if the

injured or ill employee does not follow the recommendation.



**Is every work-related injury or illness case involving a loss of consciousness recordable?**

Yes. You must record a work-related injury or illness if the worker becomes unconscious, regardless of how long they are unconscious.

**How do I determine if I have a new case or a recurring case?**

An injury or illness is a new case if:

- The employee has not previously experienced a recorded injury or illness of the same type affecting the same body part.
- The employee previously experienced a recorded injury or illness of the same type that affected the same body part but recovered completely (all signs and symptoms had disappeared), and an event or exposure in the workplace caused the signs or symptoms to reappear.

**When an employee experiences signs or symptoms of a chronic work-related illness, do I need to consider each recurrence to be a new case?**

No. For occupational illnesses where the signs or symptoms may recur or continue without exposure in the workplace, only record the case once. Examples may include occupational cancer, asbestosis, byssinosis, and silicosis.

**When an employee experiences signs or symptoms of an injury or illness due to an event or exposure in the workplace, such as an episode of occupational asthma, must I treat the episode as a new case?**

Yes. Because an event or exposure in the workplace caused the episode or recurrence, you must treat the incident as a new case.

**May I rely on a physician or PLHCP to determine whether a case is a new case or a recurrence of an old case?**

You are not required to seek the advice of a physician or PLHCP. However, if you seek such advice, you must follow the physician or PLHCP’s recommendation about whether the case is new or a recurrence.

If you receive recommendations from two or more physicians or PLHCPs, you must decide which recommendation is the best documented, best reasoned, or most authoritative, and record the case based on that recommendation.

**How do I know if the injury or illness resulted in restricted work?**

Restricted work occurs when, as the result of a work-related injury or illness:

- You keep the employee from performing one or more routine functions of their job, or from working the full day they would otherwise have been scheduled for.

- A physician or PLHCP recommends the employee not perform one or more routine functions (see next section) of their job, or not work the full day they would otherwise have been scheduled for.

**May I keep the records for all my establishments at my headquarters location or another central location?**

Yes. You may keep the records for an establishment at your headquarters or other central location if you can:

- Send information about the injuries and illnesses from the establishment to the central location within seven calendar days of receiving information that a recordable injury or illness has occurred.
- Send copies of the Log from the central location to each establishment at least quarterly.

**How do I certify the Summary?**

First, verify the accuracy of the information. Then, [OAC 4167-6-01\(E\)\(3\)](#) requires the highest-ranking authority for each public employer, or the highest-ranking management official at the employer’s establishment to sign the Summary and certify the information is true and complete.

Ultimately, for public employers, each appointing authority is responsible for ensuring the required injury and illness records are properly maintained and the Summary is submitted to PERRP by Feb. 1 of each year.

The Ohio Revised Code (ORC) 4167.01 defines each appointing authority as an employer. Each authority may appoint someone (e.g., county loss control coordinator, safety manager, etc.) to maintain the required records. However, the appointing authority would then be responsible for certifying the Summary as required by OAC 4167-6-01(E)(3).

Therefore, PERRP expects each Summary to be certified by either the highest-ranking authority for an agency (e.g., mayor, school district superintendent, commission president) or as a minimum, the immediate supervisor of the highest-ranking agency official working at the establishment.

### Where do I post the annual Summary?

You must post a copy of the annual Summary in each establishment in a conspicuous place or places where you usually post notices to employees. You must make sure no one alters, defaces, or covers the Summary.

You must post the Summary in a location accessible to public employees and/or public employee representatives, but you do not need to post it in areas accessible to the public or non-employees.

### When do I post the Summary?

You must post the Summary by Feb. 1 following the year covered by the form and keep it posted until April 30.



PERRP Booklet (Rev. Jan. 10, 2024)

### How long do I need to keep the Log and Summary on file?

You must keep the Log and Summary for five years following the year to which they pertain. If you have older forms, you must also maintain those until the five-year period ends.

### Do I have to update the Log and Summary if a case changes?

Yes. You must update the Log during the retention period as case information changes.

However, you do not need to update the Summary, 301P, or older versions of the Log.

### Do I have to submit these forms to PERRP at the end of the year?

Yes. You must submit the Summary to PERRP each year. You must submit the Summary to PERRP each year. More information is available at [bwc.ohio.gov](http://bwc.ohio.gov).

You are not required to submit the Log to PERRP unless you are specifically contacted for this information.

For more information on the Summary submission requirements, visit [bwc.ohio.gov](http://bwc.ohio.gov).

Send your completed Summary forms to:

**PERRP Recordkeeping Submission**  
Ohio Bureau of Workers' Compensation  
Division of Safety and Hygiene  
30 W. Spring St., 25th Floor  
Columbus, OH 43215-2256

You may also submit your Summary electronically at [bwc.ohio.gov](http://bwc.ohio.gov).

## Recordkeeping review

- You must record an injury or illness if it results in any of the following:
  - Death
  - Days away from work
  - Restricted work or transfer to another job
  - Medical treatment beyond first aid
  - Loss of consciousness
  - A significant injury or illness (as defined in the instructions) diagnosed by a physician or other practicing licensed health-care professional (PLHCP)
- You must record all cases based on the treatment performed, and not based on the professional status of the person providing the treatment.
- You must record cases even if the injured or ill employee does not follow the recommendations of the treating physician or other PLHCP.
- You must record and report to PERRP any needlestick injury or cut from a sharp object contaminated with another person's blood or other potentially infectious material.
- You must submit the Summary to PERRP by Feb. 1 of each year. You can submit the Summary by mail or electronically at [bwc.ohio.gov](http://bwc.ohio.gov).

State of Ohio — Public Employment Risk Reduction Program — Form 300AP (Rev. 08/2024)  
**Summary of Work-Related Injuries and Illnesses** Year \_\_\_\_\_

All establishments covered by Ohio Administrative Code (OAC) 4167 must complete this Summary and file it 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 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 reported 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 300P from 301P or its equivalent. You must keep this form on file for the years following the year to which it pertains.

**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, city or village, municipal corporation, city village township, park district, school district, state institution of higher learning, public or special district, state agency, authority, commission or board as defined in Ohio Revised Code 4167.01.

**Establishment information**  
Your establishment name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State Ohio, ZIP code \_\_\_\_\_  
County \_\_\_\_\_ Entity code Select code from list  
Establishment description (e.g., elementary school, maintenance garage, wastewater treatment plant, administration building, MRDD workshop, library, hospital, extended care facility, etc.) \_\_\_\_\_  
BWC policy number (e.g., 12345678-000) \_\_\_\_\_

**Employment information**  
*For use ONLY by state agencies, special districts, counties, cities, villages and townships*  
By your definition, enter the total number of full-time and part-time employees, which includes seasonal workers. Enter police, fire, EMT and paramedics separately below.  
Full time: \_\_\_\_\_  
Part time: \_\_\_\_\_  
*Police/Fire/EMT:* \_\_\_\_\_  
*For use ONLY by educational institutions (universities, colleges, technical schools, school districts)*  
Enter the total number of full-time and part-time employees that fit in the classification below. Do NOT include substitutes or volunteers in your employee count.  
Teachers/Instructors: \_\_\_\_\_  
All others/support staff (e.g., administration, bus drivers, custodial, coaches, etc.) \_\_\_\_\_

**Sign here**  
*Knowingly falsifying this document may result in a fine.*  
I certify that I have examined this document and that the entries are true, accurate and complete to the best of my knowledge.  
Administrator name (print) \_\_\_\_\_ Title \_\_\_\_\_  
Administrator name (signature) \_\_\_\_\_ Date \_\_\_\_\_  
Phone \_\_\_\_\_ Email address \_\_\_\_\_

Number of cases			
Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other deaths	Total number of cases
0	0	0	0
(a)	(b)	(c)	(d)

Number of days	
Total number of days away from work	Total number of days of job transfer or restriction
0	0
(e)	(f)

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

**Bureau of Workers' Compensation**  
Office of Safety Services  
30 W. Spring St., 25th Floor  
Columbus, OH 43215-2256

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

# How to fill out the Log

## Procedures for making case entries

### **Do I need to make a Log entry for every incident report (301P) completed by an employee?**

No. While you must have an incident report form (301P, or equivalent) for each Log entry, you will not necessarily have a Log entry for every 301P form completed by an employee. The only entries you will have on the Log will be incidents that meet the general recording criteria explained in these instructions.

### **Do I record every BWC compensable claim on the Log?**

No. Recordable incidents and compensable claims do not have the same criteria. While an employee may have completed a First Report of an Injury, Occupational Disease, or Death (FROI) for the incident, you will only record incidents with outcomes that meet the general recording criteria explained in these instructions.

For example, if a public employee has a medical-only claim, you would only enter it on the Log if the physician or other PLHCP provided treatment that was not considered first aid as defined in these instructions. If the treatment did not meet the criteria for first aid, or the incident did not meet another element of the general recording criteria, then the case would not be recordable.

## Covered employees

PERRP Booklet (Rev. Jan. 10, 2024)

### **Who does PERRP consider a public employee?**

A public employee is any individual who engages to furnish services subject to the direction and control of a public employer. This includes individuals working for a private employer who has contracted with a public employer and over whom the National Labor Relations Board (NLRB) has declined jurisdiction.

### **What individuals are not under the jurisdiction of the NLRB?**

Generally, the NLRB has jurisdiction over all employees and employers involved in interstate commerce. They do not have jurisdiction over airlines, railroads, agriculture, independent contractors, and governmental agencies. You can find a complete list of public employers and employees that are not under NLRB jurisdiction in Chapter 1, Sections 400-401 of the NLRB publication, *An Outline of Law and Procedure in Representation Cases*.

### **If a self-employed person (independent contractor) is injured or becomes ill while working at my agency, do I need to record the injury or illness?**

PERRP generally covers self-employed individuals if they work in your establishment and are under your direction, control, and day-to-day supervision. If the self-employed person meets these criteria, you must record their injuries and illnesses on your Log.

### **If an employee in my establishment is a contractor's employee, must I record an injury or illness occurring to that employee?**

If the contractor's employee is under the direction, control, and day-to-day supervision of the contractor, the contractor is responsible for recording the injury or illness.

### **If I obtain employees from a temporary help service, employee leasing service, or personnel supply service, do I have to record an injury or illness occurring to one of those employees?**

Yes. You must record injuries or illnesses for temporary employees if they are under your direct supervision or control.



## What is the Log?

*The Log of Work-Related Injuries and Illnesses (300P)* is used to classify work-related injuries and illnesses, and to note the extent and severity of each case. When an incident occurs, use the Log to record specific details about what happened and how it happened.

We have given you a copy of the Log in this package. If you need more, please make as many photocopies as you need.

At the end of the year, count the number of incidents in each category and transfer the totals from the Log to the Summary (300 AP).

If your agency has more than one location, you must keep separate records for each physical location that you expect to be in operation for one year or longer.

**When you submit and post the Summary on Feb. 1, do NOT post or submit the Log.**

**Are police, firefighter, EMT or paramedic injuries recordable on the 300P Log?**

Yes. PERRP wants you to enter all employee injuries on the Log and Summary that meet the recording criteria.

PERRP does not classify persons who furnish services subject to the direction and control of a public employer but do not receive compensation, either directly or indirectly, for those services (e.g., volunteers, restitution workers) as employees.



**Are there circumstances when I should NOT enter the employee’s name on the Log?**

Yes. The following types of injuries or illnesses are privacy concern cases:

- An injury or illness to an intimate body part or the reproductive system
- An injury or illness resulting from a sexual assault
- A mental illness
- A case of HIV infection, hepatitis, or tuberculosis
- A needlestick injury or cut from a sharp object contaminated with blood or other potentially infectious material (see these instructions for definition)

- Other illnesses, if the employee independently and voluntarily requests that his or her name not be entered on the Log

You must NOT enter the employee’s name on the Log for these cases. Instead, enter “Privacy Case” in the space normally used for the employee’s name.

Identify the person		
(A) Case number	(B) Employee’s name (Last name, first name)	(C) Job title (e.g., welder)
10-123456	Privacy Case	Custodian

You must keep a separate, confidential list of the case numbers and employee names for the establishment’s privacy concern cases. That way, you can update the cases and provide information to PERRP if asked to do so.

If you have a reasonable basis to believe information describing the privacy concern case may be personally identifiable even though you have omitted the employee’s name, you may use discretion in describing the injury or illness on both the Log and 301P forms.

You must enter enough information to identify the cause of the incident and the general severity of the injury or illness. However, you do not need to include details of an intimate or private nature.

**Case classification**

**How do I record an injury or illness that involves medical treatment beyond first aid?**

If a work-related injury or illness results in medical treatment beyond first aid, you must record it on the Log.

If the injury or illness did not involve death, one or more days away from work, one or more days of restricted work, or one or more days of job transfer, you enter a check mark in the box for cases where the employee received medical treatment but remained at work and was not transferred or restricted.

Check the injury column or choose one particular type of illness. If completing this form electronically, enter an X to indicate an injury or type of illness.

(M)					
Injury	Skin disorder	Respiratory condition	Poisoning	Hearing loss	All other illnesses
(1)	(2)	(3)	(4)	(5)	(6)
X					
	X				

You must also enter a check mark in the appropriate column that classifies the incident as an injury or illness.

**How do I record an injury or illness when a physician or PLHCP recommends the worker stay at home, but the employee comes to work?**

You must record these injuries and illnesses on the Log using the check box for cases with days away from work and enter the number of calendar days away recommended by the physician or PLHCP.

If a physician or PLHCP recommends days away, you should encourage your employee to follow the recommendation. However, you must record the days away whether or not the injured or ill employee follows the physician or PLHCP’s recommendation.

If you receive recommendations from two or more physicians or PLHCPs, you may decide which recommendation is the most authoritative, and record the case based upon that recommendation.

**How do I record a work-related injury or illness that results in the employee’s death?**

You must enter a check mark on the Log in the space for cases resulting in death. OAC 4167-6-10(B), requires you to report any work-related fatality to PERRP within eight hours. You must orally report the occupationally related death to PERRP in person or by telephone to 1-800-671-6858.

**How do I record a work-related injury or illness that results in days away from work?**

When an injury or illness involves one or more days away from work, you must record it on the Log. Place a checkmark in the space for cases involving days away from work and then enter the number of calendar days the employee was not at work in the column for away from work (days).



If the employee is out for an extended period, you must enter an estimate of the days the employee will be away and update the day count when you know the actual number of days.



**Do I count the day on which the injury occurred or the illness began?**

No. You begin counting days away on the day after the injury occurred or the illness began.

**How do I handle a case when a physician or PLHCP recommends the worker return to work, but the employee stays at home?**

In this situation, you must end the count of days away from work on the date the physician or PLHCP recommends the employee return to work.

**How do I count weekends, holidays, or other days the employee would not have worked anyway?**

You must count the number of calendar days the employee was unable to work due to the injury or illness, regardless of whether or not the employee was scheduled to work on those day(s).

Include weekends, holidays, vacation days, or other days off in the total number of days recorded if the employee is not able to work on those days because of a work-related injury or illness.

**Is there a limit to the number of days away from work I must count?**

Yes. You may cap the total days away at 180 calendar days. You are not required to keep track of the number of calendar days away from work if the injury or illness resulted in more than 180 calendar days away from work and/or days of job transfer or restriction. In this case, entering 180 in the appropriate column would be adequate recording.



**May I stop counting days if an employee who is away from work because of an injury or illness retires or leaves my agency?**

Yes. If the employee leaves your agency for some reason unrelated to the injury or illness, such as retirement, a facility closing, or to take another job, you may stop counting days away from work or days of restriction/job transfer.

If the employee leaves your agency because of the injury or illness, you must estimate the total number of days away or days of restriction/job transfer and enter the day count on the Log.

**If a case occurs in one calendar year but results in days away during the next calendar year, do I record the case in both years?**

No. You only record the injury or illness once. You must enter the number of calendar days away for the injury or illness on the

Log for the year in which the injury or illness occurred.

If the employee is still away from work when you prepare the annual Summary, estimate the total number of calendar days you expect the employee to be away from work. Use this number to calculate the total for the annual Summary, and then update the initial Log entry later when the day count is known or reaches the 180-day cap.

**How do I record a work-related injury or illness that results in restricted work or job transfer?**

When an injury or illness involves restricted work or job transfer but does not involve death or days away from work, you must record the injury or illness on the Log by placing a checkmark in the space for job transfer or restriction and enter the number of restricted or transferred days in the appropriate column.

**How do I count days of job transfer or restriction?**

You begin counting days away on the day after the injury occurred or the illness began, the same way you count days away from work as explained before.

There is only one difference. If you permanently assign the injured or ill employee to a job that you have modified or permanently changed in a way that eliminates the routine functions the employee was restricted from performing, you may stop the day count when the modification or change is made permanent.

You must count at least one day of restricted work or job transfer for such cases.

**Do I have to record restricted work or job transfer if it applies only to the day on which the injury occurred or the illness began?**

No. You do not have to record restricted work or job transfers if you, or the physician or PLHCP, impose the restriction or transfer only for the day on which the injury occurred or the illness began.

**If I (or a physician or PLHCP) recommend a work restriction, is the injury or illness automatically recordable as a restricted work case?**

No. A recommended work restriction is recordable only if it affects one or more of the employee's routine job functions. To determine whether this is the case, you must evaluate the restriction in light of the routine functions of the injured or ill employee's job.



If the restriction from you, or the physician or PLHCP keeps the employee from performing one or more of his or her routine job functions or from working the full day the injured or ill employee would otherwise have worked, the employee's work has been restricted and you must record the case.

**What are routine functions?**

An employee's routine functions are work activities they do on a regular basis or at least once per week.

**How do I record a case where the employee only works a partial shift because of a work-related injury or illness?**

You record a partial day of work as a day of job transfer or restriction for recordkeeping purposes, except for the day on which the injury occurred or the illness began.

**If the injured or ill worker provides fewer services than they would have provided before the injury or illness but otherwise performs all the routine functions of their work, is the case considered a restricted work case?**

No. PERRP considers the case as restricted work only if the worker does not perform all the routine functions of their job or does not work the full shift they would otherwise have worked.

**How do I handle vague restrictions from a physician or PLHCP, such as the employee must only perform “light duty” or “take it easy for a week”?**



Ask the physician or PLHCP to clarify their recommendation. You may ask the physician or PLHCP if the employee can perform all their routine job functions and work all their normally assigned shifts.

If the answer to both questions is “Yes,” then the case does not involve a work restriction and you do not have to record it as such.

If the answer to one or both questions is “No,” the case involves restricted work and you must record it as a restricted work case.

If you are unable to obtain this additional information from the physician or PLHCP who recommended the restriction, record the injury or illness as a case involving restricted work.

**What do I do if a physician or PLHCP recommends a job restriction meeting PERRP’s definition, but the employee does all their routine job functions?**

You must record the injury or illness on the Log as a restricted work case.

If a physician or PLHCP recommends a job restriction, you should make sure the employee complies with the restriction.

If you receive recommendations from two or more physicians or PLHCPs, you may decide as to which recommendation is the most authoritative and record the case based on that.

**How do I record a case in which a worker is injured or becomes ill on a Friday, reports to work on a Monday, and was not scheduled to work on the weekend?**

You need to record this case only if you receive information from a physician or PLHCP indicating the employee should not have worked or should have performed only restricted work during the weekend.

If so, you must record the injury or illness as a case with days away from work or restricted work and enter the day count as appropriate.

**How do I record a case in which a worker is injured or becomes ill on the day before scheduled time off, such as a holiday, vacation, or a temporary facility closing?**

You need to record a case of this type only if you receive information from a physician or PLHCP indicating the employee should not have worked, or should have performed only restricted work, during the scheduled time off.

If so, you must record the injury or illness as a case with days away from work or restricted work and enter the day count as appropriate.

**How do I decide if an injury or illness involved a transfer to another job?**

If you assign an injured or ill employee to a job other than their regular job for part of the day, the case involves transfer to another job. For example, you assign office duties to an employee who normally works in the field as a carpenter.



**Note:** This does not include the day on which the injury or illness occurred.

**Do I record transfers to another job in the same way as restricted work cases?**

Yes. You record both job transfer and restricted work cases in the same column on the Log.

For example, if you assign (or a physician or PLHCP recommends you assign) an injured or ill worker to their routine job duties for part of the day and to another job for the rest of the day, the injury or illness involves a job transfer.

You must record an injury or illness that involves a job transfer by placing a check in the box for job transfer.

**What if the outcome changes after I record the case?**

If the outcome or extent of an injury or illness changes after you have recorded the case, simply delete, white-out, or draw a line through the original entry. Then write the new entry where it belongs.

Days away from work	Remained at work	
	Job transfer or restriction (I)	Other recordable cases (J)
(H)		
X		
	X	
X	<del>                    </del>	<del>                    X                    </del>

Remember, you must record the most serious outcome for each case.

When updating the Log or making your initial entry, you only record one entry in Columns G, H, I, or J that reflects the most serious outcome for each case.

## How are needlesticks classified and recorded on the Log?

You must record all work-related needlestick injuries and cuts from sharp objects contaminated with another person's blood or other potentially infectious material (as defined by 29 CFR 1910.1030).

You must enter the case on the Log as an injury. To protect the employee's privacy, do NOT enter their name on the Log (see the requirements for privacy cases in these instructions).

## Does this mean I must record all cuts, lacerations, punctures, and scratches?

No. You only need to record cuts, lacerations, punctures, and scratches if they are work-related and involve contamination with another person's blood or other potentially infectious material.

If the cut, laceration, or scratch involves a clean object or a contaminant other than blood or other potentially infectious materials, you only record the case if it meets one or more of the recording criteria in these instructions.

## What do you define as other potentially infectious materials?

The term "other potentially infectious materials" (OPIM) is defined in the OSHA Bloodborne Pathogens standard 29 CFR 1910.1030(b). PERRP enforces this as an Ohio employment risk reduction standard.

Examples of OPIM include:

- Human bodily fluids, tissues, and organs
- Other materials infected with the HIV or hepatitis B (HBV) virus, such as

**PERRP Booklet** (Rev. Jan. 10, 2024)

laboratory cultures or tissues from experimental animals

## What if one of my employees is splashed or exposed to blood or other potentially infectious material without being cut or scratched? Do I need to record this incident?

You only need to record the incident on the Log as an illness if:

- It results in the diagnosis of a bloodborne illness (for example, HIV, hepatitis B, or hepatitis C).
- It meets one or more of the recording criteria in these instructions.

## If I record an injury from a needlestick or sharp object and a medical provider later diagnoses the employee with an infectious bloodborne disease, do I need to update the Log?

Yes. You must update the classification on the Log if the case results in death, days away from work, restricted work, or job transfer. You must also update the description to identify the infectious disease and change the classification of the case from an injury to an illness.

## How extensively do I have to review the Log entries at the end of the year?

You must review the entries as extensively as necessary to make sure they are complete and correct before transferring totals to the Summary for certification, posting, and submission.

Each public employer (appointing authority) is responsible for ensuring the accuracy of all entries on the Log and the information contained in the Summary.

# Log entry review

1. Determine if the incident meets the general recording criteria. Not all BWC compensable claims and other incidents are recordable.
2. If the incident meets the criteria, make an entry on the Log.
3. If the incident involves a death, days away from work, days of restriction, or job transfer, enter an "X" in the appropriate column (G, H, I, or J).
4. If the incident involves days away from work, days of restriction, or job transfer, enter the number of days in the appropriate column (K or L).
5. Classify the outcome of the incident in Column M. Place an "X" in the appropriate column to indicate if the incident resulted in an injury or illness.
6. If the case is not resolved entirely when the employee returns to work, continue to update the Log. For example, if the employee has additional days away from work, restrictions, or job transfer, you must continue to count all days related to the incident for the entire time you are required to maintain the Log (five years).
7. If a hospitalized employee later dies, you must update the Log.
8. Record all injuries from contaminated sharp objects and needlesticks. If the injured employee contracts a bloodborne pathogen disease later, you must update the case type and change the classification from an injury to an illness.

Review all incidents and record those that meet the criteria.

The image shows a screenshot of the 'Log of Work-Related Injuries and Illnesses' form from the State of Ohio. A red arrow points to the 'Describe the Case' section, which includes fields for 'Identify the person', 'Describe the case', and 'Classify the case'. The 'Describe the case' section has a table with columns for 'Date of injury or illness', 'Days away from work', 'Days of restriction or job transfer', and 'Days of temporary disability'. The 'Classify the case' section has a table with columns for 'Death', 'Days away from work', 'Days of restriction or job transfer', and 'Days of temporary disability'. The form also includes sections for 'Information about the employee', 'Information about the case', and 'Information about the physician or other health-care professional'. A red arrow points to the 'Describe the Case' section with the text 'Review all incidents and record those that meet the criteria.'

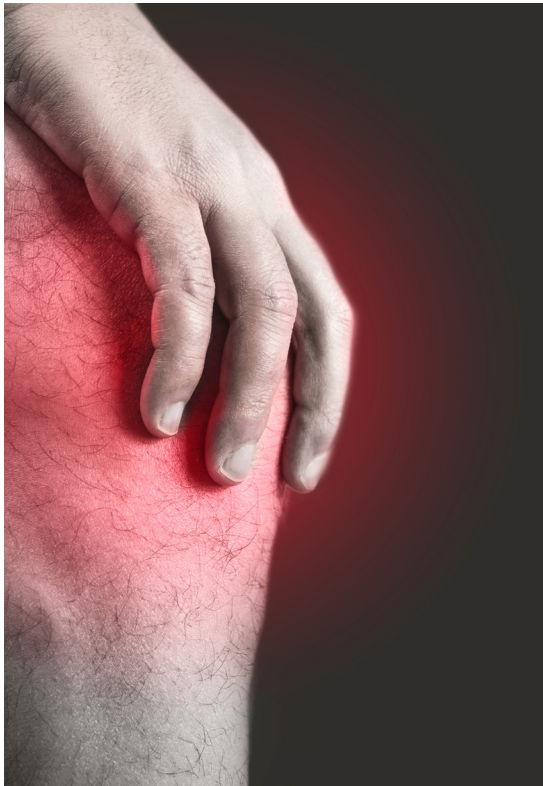
## Classifying injuries

### What is an injury?

An injury is any wound or damage to the body resulting from an event in the work environment.

Examples include cuts, punctures, lacerations, abrasions, fractures, bruises, contusions, a chipped tooth, amputation, insect bite, electrocution, or a thermal, chemical, electrical, or radiation burn.

PERRP classifies sprain and strain injuries to muscles, joints, and connective tissues as injuries when they result from a slip, trip, fall, or similar accident.



## Classifying illnesses

### What is an illness?

For purposes of recordkeeping, illnesses are categorized into one of five classifications.

#### 1. Skin diseases or disorders

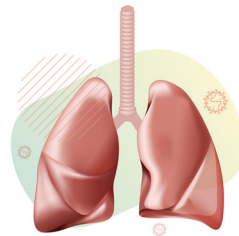
Skin diseases or disorders are illnesses involving the worker's skin that are caused by work exposure to chemicals, plants, or other substances.

Examples include contact dermatitis, eczema, rashes caused by primary irritants and sensitizers or poisonous plants, oil acne, friction blisters, chrome ulcers, or inflammation of the skin.

#### 2. Respiratory conditions

Respiratory conditions are illnesses associated with breathing hazardous biological agents, chemicals, dust, gases, vapors, or fumes at work.

Examples include silicosis, asbestosis, pneumonitis, pharyngitis, rhinitis or acute congestion, tuberculosis, occupational asthma, reactive airways dysfunction syndrome (RADS), chronic obstructive pulmonary disease (COPD), hypersensitivity pneumonitis, toxic inhalation injury, such as metal fume fever, chronic obstructive bronchitis, and other pneumoconioses.



#### 3. Poisoning

Poisoning includes disorders marked by abnormal concentrations of toxic substances in blood, tissues, other bodily fluids, or the breath caused by the ingestion or absorption of toxic substances into the body.

Examples include poisoning by lead, mercury, cadmium, arsenic, or other metals; poisoning by carbon monoxide, hydrogen sulfide or other gases; poisoning by benzene, benzol, carbon tetrachloride or other organic solvents; poisoning by insecticide sprays, such as parathion or lead arsenate; poisoning by other chemicals, such as formaldehyde.

#### 4. Hearing Loss

Noise-induced hearing loss is defined as a change in hearing threshold relative to the baseline audiogram of an average of 10 decibels (dB) or more in either ear at 2,000, 3,000, and 4,000 hertz, and the employee's total hearing level is 25 dB or more above audiometric zero (also averaged at 2,000, 3,000, and 4,000 hertz) in the same ear(s).



#### 5. All other illnesses

All other occupational illnesses

Examples include heatstroke, sunstroke, heat exhaustion, heat stress and other effects of environmental heat; freezing, frostbite, and other effects of exposure to low temperatures; decompression sickness; effects of ionizing radiation (isotopes, x-rays, radium); effects of non-ionizing radiation (welding flash, ultra-violet rays, lasers); anthrax; bloodborne pathogenic diseases, such as AIDS, HIV, hepatitis B or hepatitis C; brucellosis; malignant or benign tumors; histoplasmosis.



# Quick Reference

## Example 301P



Bureau of Workers' Compensation

### Injury and Illnesses Incident Report

State of Ohio — Public Employment Risk Reduction Program — Form 301P **1** 06/2024)  
**Injury and Illnesses Incident Report**

**ATTENTION:** This form contains information relating to employee health. Please use it in a manner that protects the confidentiality of employees while also allowing for use of the information for occupational safety and health purposes.

*This Injury and Illness Incident Report is one of the first forms you must fill out when a recordable work-related injury or illness occurs. Together with the Log of Work-Related Injuries and Illnesses (300P) and the accompanying Summary (300AP), these forms help you and PERRP develop a picture of the extent and severity of work-related incidents. You must complete this form or an equivalent within seven calendar days after receiving information that a recordable work-related injury or illness has occurred.*

To be considered an equivalent form, the substitute must contain all of the information on this form. You must keep this form on file for five years following the year to which it pertains.

If you need additional copies of this form, you may photocopy (or print) and use as many as you need.

**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.

Completed by \_\_\_\_\_  
 Title \_\_\_\_\_  
 Phone \_\_\_\_\_ Date \_\_\_\_\_

Bureau of Workers' Compensation  
 Office of Safety Services  
 30 W. Spring St., 25th Floor, Columbus, OH 43215-2256

#### Information about the employee

1. Full name \_\_\_\_\_ **2**
2. Street \_\_\_\_\_
- City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_
3. Date of birth \_\_\_\_\_
4. Date of hired \_\_\_\_\_
5. Job title \_\_\_\_\_ **6**
6.  Male  Female

#### Information about the physician or other health-care professional

7. Name of physician, other health-care professional or first-aid provider \_\_\_\_\_ **3**
8. If treatment was given away from the work site, where was it given?  
 Facility \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_
9. Was employee treated in an emergency room?  
 Yes  No
10. Was employee hospitalized overnight as an in-patient?  
 Yes  No
11. Did the employee receive treatment classified as first aid at the work site or hospital?  
 Yes  No

#### Information about the case

12. Case number from the Log \_\_\_\_\_ (Transfer case number from the Log after you record the case.) **4**
13. Date of injury or illness \_\_\_\_\_
14. Time employee began work \_\_\_\_\_ (AM/PM) **5**
15. Time of event \_\_\_\_\_ (AM/PM)  Check if time cannot be determined.
16. **What was the employee doing just before the incident occurred?** Describe the activity, as well as the tools, equipment or material the employee was using. Be specific. (Examples: climbing a ladder while carrying roofing materials; spraying chlorine from hand sprayer; daily computer key-entry.)
17. **What happened?** Tell us how the injury occurred. (Examples: when ladder slipped on wet floor, worker fell 20 feet; worker was sprayed with chlorine when gasket broke during replacement; worker developed soreness in wrist over time.)
18. **What was the injury or illness?** Tell us the part of the body that was affected and how it was affected; be more specific than just using the words "hurt," "pain" or "sore." (Examples: strained lower back; chemical burn, right hand; carpal tunnel syndrome, left wrist.)
19. **What object or substance directly harmed the employee?** (Examples: concrete floor; chlorine; radial arm saw.) If this question does not apply to the incident, leave it blank.
20. **If the employee died, when did death occur?** Date of death \_\_\_\_\_ **7**

## Incident documentation

1. **Filling out the 301P (or an equivalent) is the first step in gathering information about an injury or illness.**  
 The supervisor of the injured worker or the person responsible for maintaining the required documentation can complete this form. You must collect all the information on this form for each recordable injury or illness incident. A form is equivalent if it contains ALL the same information as the 301P.
2. **Employee information**  
 Enter all the requested information for the injured worker — including the employee's hire date and job title.
3. **Health-care provider information**  
 Enter information about the physician or practicing licensed health-care professional (PLHCP) and facility that provided treatment to the injured worker.
4. **Case number**  
 Transfer the case number to the 301P when you enter the case on the Log. The case number may be the same as the BWC claim number or you may create your own unique identifier to track the case.
5. **Date and time of injury**  
 Enter the date of injury. **IMPORTANT:** You must complete this form and enter the case on the Log within **seven** days of the incident.
6. **Incident details**  
 Provide a brief explanation in fields 14, 15, 16, and 17. The information must be specific and sufficiently detailed to explain the nature of the injury or illness.
7. **Date of death**  
 You only complete this field if the event results in an occupationally related fatality. **IMPORTANT:** You are required to report all work-related deaths to PERRP within **eight** hours of the incident.

You must obtain and maintain this form (or an equivalent) for every entry on the Log. You must retain the incident report for five years. PERRP encourages you to complete an incident report for every injury and illness event that occurs in your establishment (including incidents that do not meet the criteria in these instructions). Completing a report for every event provides important information that can assist you in maintaining a safe and healthy work environment.

# Quick Reference

## Example 300P



### Log of Work-Related Injuries and Illnesses

#### State of Ohio — Public Employment Risk Reduction Program — Form 300P (Rev. Dec. 2024)

### Log of Work-Related Injuries and Illnesses

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.

If you are an Ohio public employer, you must use this form to record: (1) Information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid; (2) Significant work-related injuries and illnesses that a physician or other practicing licensed health-care professional (PLHCP) diagnoses; (3) Work-related injuries and illnesses that meet any of the specific criteria listed in the instructions for these forms. Feel free to use two lines for a single case if you need more room. You are also welcome to make additional copies of this form as needed. If you are completing this form electronically, you may also add rows to create additional lines for more incidents. Also note, you must complete an Injury and Illness Incident Report (PERRP form 301P or an equivalent) for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call PERRP for assistance at 800-671-6858. You must keep this form on file for five years following the year to which it pertains.

**ATTENTION:** This form contains information relating to employee health. Please use it in a manner that protects the confidentiality of employees while also allowing for use of the information for occupational safety and health purposes.

**1**  
Year 2024

Establishment name Our School Building

City Our Town State Ohio

Identify the person			Describe the case				Classify the case											
(A) Case number	(B) Employee's name (Last name, first name)	(C) Job title (e.g., welder)	(D) Date of injury or onset of illness (mo/day)	(E) Where the event occurred (e.g., loading dock north end)	(F) Describe injury or illness, parts of body affected and object/substance that directly injured or made person ill (e.g., second-degree burns on right forearm from acetylene torch)	CHECK ONLY ONE BOX for each case based on the most serious outcome for that case: Enter an "X" to indicate case outcome if filling out electronically.				Enter the number of days the injured or ill worker was:		Check the injury column or choose one particular type of illness. If completing this form electronically, enter an X to indicate an injury or type of illness.						
						Death	Days away from work	Remained at work		Away from work (days)	On the job transfer or restriction (days)	Injury		Skin disorder	Respiratory condition	Poisoning	Hearing loss	All other illnesses
						(G)	(H)	Job transfer or restriction	Other recordable cases	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)	
10-123456	Employee, Joe	Custodian	01/02	Cafeteria near entry door	Torn ACL right knee, slipped on wet floor		X			1	1	X						
10-123457	Employee, Jane	Secretary	02/13	Sidewalk near parking lot	Bruised and swollen left wrist, slipped on ice			X			2	X						
10-123458	Teacher, Joe	Shop teacher	04/07	Chemistry lab (room 212)	Second degree burns on left hand from contact with Bunsen burner flame				X			X						
10-123459	Worker, Jane	Cafeteria worker	05/18	Kitchen prep area	Cut on right index finger from contact with food prep slicer blade				X			X						
10-123460	Worker, Joe	Maintenance	08/03	Mowing	Hearing loss due to noise exposure during mowing and other grounds keeping duties				X								X	
10-123461	Worker, Joe	Maintenance	08/15	Lawn near front entrance	Contact dermatitis on arms and neck from poison ivy contact during parking lot				X				X					
10-123462	Privacy Case	Privacy Case	09/03	Parking lot	Puncture of right index finger while picking up discarded contaminated needle							X						
Page totals						0	1	1	5	1	3	5	1	0	0	1	0	

Place only ONE check mark in columns G, H, I, or J for each case.

Place only ONE check mark in columns M1 through M6 for each case.

**Ohio Bureau of Workers' Compensation**  
Office of Safety Services  
30 W. Spring St., 25th Floor, Columbus, OH 43215-2256  
300P (Rev. Jan. 2025)

Be sure to transfer totals to Summary page (Form 300AP) before you post it.  
**Do not post this Log until you have posted only the Summary page.**

## Filling out the Log

- Fill in the year to which this Log pertains.**
- Establishment name**  
Enter the name and address for the physical location that pertains to this Log. You are required to maintain a Log for each physical location you operate.
- Identify the person**  
Enter information about the injured employee. If this is a privacy case as explained in these instructions, enter "privacy case" in the name field.
- Describe the case**  
Describe the exact location, nature of the injury (including body part), and the workplace exposure that caused the injury or illness.
- Classify the case**  
Place an "X" in column G, H, I, or J to indicate the outcome of the case. **IMPORTANT:** Check only one column and indicate the most serious outcome for the case. If the outcome changes, you must update the Log.
- If applicable, enter the number of days away from work (K) or the days of restriction or transfer (L). If both columns are applicable to a case, put the appropriate number in each applicable column.
- Place an "X" to indicate the type of case (M1 to M6). You must categorize all cases as either injury, skin disorder, respiratory condition, poisoning, hearing loss, or other illness.
- Total the columns**  
Total all entries in columns G, H, I, J, K, L, and M1 to M6. If you do not have an entry for a column(s), enter a total of zero ("0").
- Transfer the column totals to the Summary!**

# Quick Reference Example 300AP



Bureau of Workers' Compensation

## Summary of Work-Related Injuries and Illnesses

### State of Ohio — Public Employment Risk Reduction Program — Form 300AP (Rev. Dec. 2024) Summary of Work-Related Injuries and Illnesses

Year 2024 **1**

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.

**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.

**Number of cases** **2**

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

**Number of days** **3**

Total number of days away from work	Total number of days of job transfer or restriction
<u>7</u>	<u>9</u>
(K)	(L)

**Injury and illness types** **4**

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

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, [bwc.ohio.gov](http://bwc.ohio.gov)

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.

**Bureau of Workers' Compensation**  
Office of Safety Services  
30 W. Spring St., 25th Floor  
Columbus, OH 43215-2256

**P.E. Recordkeeper** PER@ourdistrict\_k12\_oh\_us **123-456-7890 ext. 123**  
Name of person completing or filing 300AP (print or type) Email address Phone number

**Establishment information**

Your establishment name Our School Building **5**  
Street 123 Schoolhouse Lane  
City Our Town State Ohio ZIP code 12345  
County A-Z County Entity code School district 640  
Establishment description (e.g., elementary school, maintenance garage, wastewater treatment plant, administration building, MRDD workshop, library, hospital, extended care facility, etc.)  
Elementary School

BWC policy number (e.g., 12345678-000)  
12345678 - 0 **6**

**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: \_\_\_\_\_ **7**  
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: 33  
All others/support staff (e.g., administration, bus drivers, custodial, coaches, etc.) 15

**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.

Joe Administrator **8** Superintendent  
Administrator name (print) Title  
Joe Administrator Monday, January 20, 2024  
Administrator name (signature) Date  
123-456-7890 ext. 100 superintendent@ourdistrict\_k12\_oh\_us  
Phone Email address

## Completing the Summary

- Fill in the year to which this Summary pertains.**
- Number of cases**  
Copy the totals from Log columns G, H, I, and J.
- Number of days**  
Copy the totals from Log columns K and L.
- Injury and illness types**  
Copy the totals from Log columns M1, M2, M3, M4, M5, and M6.
- Establishment information**  
Enter the name and address for the location that pertains to this Summary. You are required to maintain a Log and Summary for each physical location you operate. Include the entity code from the worksheets.
- BWC risk number**  
Enter your BWC risk (policy) number before submitting and posting the form.
- Enter the total number of employees in the appropriate descriptions for the type of entity.**  
**NOTE:** List any teachers or instructors at state agencies, special districts, counties, cities, villages, or townships under this category. Do NOT list them under the category for educational institutions. Only universities, colleges, technical colleges, schools, and school districts should use the educational institution category.
- The summary must be signed by the highest-ranking authority for each public employer, or the highest-ranking management official at the employer's establishment. That person must certify that the information is true and complete.
- Don't forget to submit the Summary to PERRP by Feb. 1 and post it for your employees!**

# Employer entity codes

Ohio public employment sectors — please transfer your entity code from this list to the 300AP/Summary.

Entity codes	
ODNR	110
ODOT	120
ODRC	130
Other state agency	140
County commissioner	210
County engineer	220
County home (care center)	230
County Board of DD	240
Other county agency	250
City	310
Township	410
Village	510
Community/Technical college	610
College branch	620
Joint vocational school district	630
School district	640
Educational service center	650
University	660
University branch	670
Special district	710



# State of Ohio — Public Employment Risk Reduction Program — Form 301P

## Injury and Illnesses Incident Report

**ATTENTION:** This form contains information relating to employee health. Please use it in a manner that protects the confidentiality of employees while also allowing for use of the information for occupational safety and health purposes.

This *Injury and Illness Incident Report* is one of the first forms you must fill out when a recordable work-related injury or illness occurs. Together with the *Log of Work-Related Injuries and Illnesses* (300P) and the accompanying Summary (300AP), these forms help you and PERRP develop a picture of the extent and severity of work-related incidents. You must complete this form or an equivalent **within seven calendar days** after receiving information that a recordable work-related injury or illness has occurred.

To be considered an equivalent form, the substitute must contain all of the information on this form. You must keep this form on file for five years following the year to which it pertains.

If you need additional copies of this form, you may photocopy (or print) and use as many as you need.

**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.

Completed by _____
Title _____
Phone _____ Date _____



Office of Safety Services  
30 W. Spring St., 25th Floor, Columbus, OH 43215-2256

### Information about the employee

1. Full name \_\_\_\_\_
2. Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_
3. Date of birth \_\_\_\_\_
4. Date of hired \_\_\_\_\_
5. Job title \_\_\_\_\_
6.  Male  Female

### Information about the physician or other health-care professional

7. Name of physician, other health-care professional or first-aid provider  
\_\_\_\_\_
8. If treatment was given away from the work site, where was it given?  
Facility \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_
9. Was employee treated in an emergency room  
 Yes  No
10. Was employee hospitalized overnight as an in-patient?  
 Yes  No
11. Did the employee receive treatment classified as first aid at the work site or hospital?  
 Yes  No

### Information about the case

12. Case number from the Log \_\_\_\_\_ (Transfer the case number from the Log after you record the case.)
13. Date of injury or illness \_\_\_\_\_
14. Time employee began work \_\_\_\_\_ (AM/PM)
15. Time of event \_\_\_\_\_ (AM/PM)  Check if time cannot be determined.
16. **What was the employee doing just before the incident occurred?** Describe the activity, as well as the tools, equipment or material the employee was using. Be specific. (Examples: climbing a ladder while carrying roofing materials; spraying chlorine from hand sprayer; daily computer key-entry.)
17. **What happened?** Tell us how the injury occurred. (Examples: when ladder slipped on wet floor, worker fell 20 feet; worker was sprayed with chlorine when gasket broke during replacement; worker developed soreness in wrist over time.)
18. **What was the injury or illness?** Tell us the part of the body that was affected and how it was affected; be more specific than just using the words “hurt,” “pain” or “sore.” (Examples: strained lower back; chemical burn, right hand; carpal tunnel syndrome, left wrist.)
19. **What object or substance directly harmed the employee?** (Examples: concrete floor; chlorine; radial arm saw.) If this question does not apply to the incident, leave it blank.
20. **If the employee died, when did death occur?** Date of death \_\_\_\_\_

# State of Ohio — Public Employment Risk Reduction Program — Form 300P Log of Work-Related Injuries and Illnesses

**ATTENTION:** This form contains information relating to employee health. Please use it in a manner that protects the confidentiality of employees while also allowing for use of the information for occupational safety and health purposes.

Year \_\_\_\_\_

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.

If you are an Ohio public employer, you must use this form to record: (1) Information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid; (2) Significant work-related injuries and illnesses that a physician or other practicing licensed health-care professional (PLHCP) diagnoses; (3) Work-related injuries and illnesses that meet any of the specific criteria listed in the instructions for these forms. Feel free to use two lines for a single case if you need more room. You are also welcome to make additional copies of this form as needed. If you are completing this form electronically, you may also add rows to create additional lines for more incidents. Also note, you must complete an Injury and Illness Incident Report (PERRP form 301P or an equivalent) for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call PERRP for assistance at 800-671-6858. You must keep this form on file for five years following the year to which it pertains.

Establishment name \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_

Identify the person			Describe the case				Classify the case										
(A) Case number	(B) Employee's name (Last name, first name)	(C) Job title (e.g., welder)	(D) Date of injury or onset of illness (mo/day)	(E) Where the event occurred (e.g., loading dock north end)	(F) Describe injury or illness, parts of body affected and object/substance that directly injured or made person ill (e.g., second-degree burns on right forearm from acetylene torch)	CHECK ONLY ONE BOX for each case based on the most serious outcome for that case: Enter a "X" to indicate case outcome if filling out electronically.				Enter the number of days the injured or ill worker was:		Check the injury column or choose one particular type of illness. If completing this form electronically, enter an X to indicate an injury or type of illness.					
						Death	Days away from work	Remained at work		Away from work (days)	On the job transfer or restriction (days)	(M)					
								Job transfer or restriction	Other recordable cases			Injury	Skin disorder	Respiratory condition	Poisoning	Hearing loss	All other illnesses
						(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
<b>Page totals</b>																	

Be sure to transfer these totals to the Summary page (Form 300AP) before you post it.



**Bureau of Workers' Compensation**  
Office of Safety Services  
30 W. Spring St., 25th Floor  
Columbus, OH 43215-2256

**Do not post this Log. Post only the Summary.**

Injury	Skin disorder	Respiratory condition	Poisoning	All other illnesses	All other illnesses
(1)	(2)	(3)	(4)	(5)	(6)

# State of Ohio — Public Employment Risk Reduction Program — Form 300AP

## Summary of Work-Related Injuries and Illnesses

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.

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
_____	_____	_____	_____
(G)	(H)	(I)	(J)

### Number of days

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

### Injury and illness types

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

#### 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, [bwc.ohio.gov](http://bwc.ohio.gov)

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 \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

County \_\_\_\_\_ Entity code \_\_\_\_\_

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

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

### Employment information

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

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

Full time: \_\_\_\_\_

Part time: \_\_\_\_\_

Police/Fire/EMT: \_\_\_\_\_

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

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

Teachers/Instructors: \_\_\_\_\_

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

### Sign here

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

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

_____	_____
Administrator name (print)	Title
_____	_____
Administrator name (signature)	Date
_____	_____
Phone	Email address



**Bureau of Workers' Compensation**  
Office of Safety Services  
30 W. Spring St., 25th Floor  
Columbus, OH 43215-2256

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