PERRP
Injury and Illness Recordkeeping
Public Employer Data Collection and Submission Requirements
Legal Requirements

- **July 1994** Public employers required to maintain injury and illness recordkeeping forms.

- **April 2003** Recordkeeping amendment requires:
  - Public employers to submit five years of recordkeeping forms by October 2003;
  - Public Employers required to submit to PERRP each year by Feb. 1 for the previous calendar year.

- **July 2006** PERRP introduces Ohio specific forms.

- **February 2009** Failure to post and submit the annual summary results in the issuance of a citation.

- **2011** PERRP notification to employers of non-compliance.
Purpose of the Rule

- To gather injury and illness data collection and analysis.

- Public employers in Ohio are required to record and report work-related fatalities, injuries and illnesses.
  - Note: Recording or reporting a work-related injury, illness, or fatality does not mean the employer or employee was at fault, a PERRP rule has been violated, or that the employee is eligible for workers’ compensation or other benefits.

- PERRP injury and illness recordkeeping and the BWC claims process are independent of each other.
To implement and maintain the statistics program, BWC Board of Directors are required to adopt rules that require public employers to:

- “Make, keep, and preserve, and make available”, necessary reports and records appropriate for standards enforcement or for developing information regarding the causes and prevention of occupational accidents and illnesses.

- The OAC explains how to comply with the ORC requirements.
Basic Requirements

- Public employers are required to maintain a log and summary.
- Public employers are required to submit the PERRP 300AP form each year by Feb. 1.
- Public employers are required to post a copy of the PERRP 300AP form for each establishment.
Covered Employees

- Employees on payroll
- Employees of non-profit boards that are supervised by public employees (Developmental Disabilities, etc.)
- Employees not on payroll who are supervised on a day-to-day basis (temporary employment)
  - Temporary help agencies only record their employee injuries when they are under their supervision. Injuries of temp workers who are supervised by a public employer must be recorded by the public employer.
- Exclude volunteers and restitution workers
Recordkeeping
Exemptions

- There are no exemptions for public employers
- There are no exemptions for small public employers, schools, and medical facilities
- All public employers must comply with the recordkeeping rules adopted by PERRP
Multiple Establishments

- Employers must keep a separate log and summary for each establishment.

- Establishment is defined as:
  - A single physical location where business is conducted;
  - Where services or industrial operations are performed.

- Establishment logs can be maintained in a central location, if:
  - Incidents are reported to the central office within six calendar days;
  - Updated copies of the “Log” are provided to each establishment quarterly.
Required Forms

- The Ohio Administrative Code requires the use of the following PERRP recordkeeping forms:
  - PERRP Form 300P *Log*;
  - PERRP Form 300AP *Summary*;
  - PERRP Form 301P *Incident Report*.

- BWC First Report of Injury (FROI) is “equivalent” to 301P.

- PERRP has developed its own set of recordkeeping forms that are “equivalent” to the OSHA forms.
Public employers are also required to:

- Post notices or otherwise “keep their public employees informed” of their rights and obligations;

- Maintain accurate records of public employee exposure to potentially toxic materials, carcinogenic materials, and harmful physical agents.
Filling Out Forms
You must follow the instructions!

**PERRP**

Forms for Recording Work-Related Injuries and Illnesses

Dear Ohio public employer:

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 you can use to record work-related injuries and illnesses.

Changes in January 2011 make the forms and instructions clearer and easier to use. Please use the newer versions of the forms and discard all others. Please review the forms and accompanying instructions to ensure you are maintaining accurate records.

Since the introduction of Ohio-specific forms in 2005 several changes have been made to the forms:

Changes to the Log of Work-Related Injuries and Illnesses (300P/Log):
- The 300P Log of Work-Related Injuries and Illnesses is now required for Ohio public employers.
- Legal references and general instructions were simplified.

Changes to the Summary of Work-Related Injuries and Illnesses (300AP/Summary):
- The 300AP Summary of Work-Related Injuries and Illnesses is now required for Ohio public employers.
- We added a field for the total number of full-time and part-time employees per your agency’s definition.
- We added a field to record the name of the person completing, maintaining or submitting the form.

Changes to the Injury and Illness Incident Report (301P):
- The 301P Injury and Illness Incident Report is now required for Ohio public employers.
- We added a field for recording the job title of the injured worker.
- We added a field for designating the incident as a first-aid case.

Please submit ALL information requested on form 300AP directly to PERRP. You may submit the information using alternative forms or electronic methods. However, please make sure you provide all required data.

PERRP shares 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
15430 Yarmouth Drive, Pickerington, Ohio 43147

---

**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 filling out the forms in this booklet and definitions of terms you should 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 filling out the Log, Summary and Incident Report;
- PERRP Log (300P) — A blank copy of the Log (but you may make as many copies of it as you need). Notice that 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. Note: 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 a few minutes to review this booklet. If you have any questions, call PERRP at: (800) 671-6855. You may also log on to ohioswc.com and click on Safety Services, then Public Employment Risk Reduction Program (under Consultative Services).

*We'll be happy to help you!*
Recordkeeping Instructions

- PERRP has created a set of instructions to help public employers understand and apply the recording criteria.
- PERRP instructions are similar to the Federal OSHA instructions but are specific to public employers.
Recordkeeping Step 1

- Injury and Illness Incident Report
  - Public employers are required to collect basic information for each injury and illness incident.

- Acceptable forms
  - PERRP 301P
  - BWC First Report of Injury (FROI)
  - Employer accident form
PERRP Form 301P Injury and Illness Incident Report

State of Ohio — Public Employment Risk Reduction Program — Form 301P (Rev. 01/2011)

Injury and Illness 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 six calendar days after receiving information that a recordable work-related injury or illness has occurred. (Ohio Administrative Code (OAC) 4167-6-02)

BWC's First Report of an Injury, Occupational Disease or Death (FRID) is an acceptable substitute. To be considered an equivalent, the substitute must contain all of the information on this form. (OAC 4167-6-03) You must keep this form on file for five years following the year to which it pertains. (OAC 4167-6-07)

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, city, 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.

Information about the employee

1) Full name: Joe Employees
2) Street: 1234 Our Street
3) City: Our Town
4) Date hired: January 20, 1980
5) Job title: Custodian
6) Male ☐ Female ☐

Information about the physician or other health-care professional

1) Name of physician, other health-care professional or first-aid provider: J. M. Soane, D.O.
2) If treatment was given away from the work site, where was it given? Facility: Our Town Hospital
3) Street: 4521 Urgent Lane
4) City: Our Town
5) Case number from the Log: 10-123456
6) Date of injury or illness: January 2, 2010
7) Time employee began work: 6:30 AM (AM/PM)
8) Time of event: 7:15 AM (AM/PM)
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
12) What was the employee doing just before the incident occurred? Joe was mopping the floor near the building entrance. Joe walked back over the wet floor to place a "wet floor" sign near the entry door.
13) What happened? Joe was mopping the floor near the building entrance. Joe walked back over the wet floor to place a "wet floor" sign near the entry door. Joe reported that he twisted his right knee when he fell.
14) What was the injury or illness? When he finished mopping the entry area floor, Joe slipped and fell when he walked on the wet floor to place a sign near the building entry door. Joe reported that he twisted his right knee when he fell.
15) What object or substance directly harmed the employee? Joe had redness, pain and swelling and around his right knee. Joe was driven by a co-worker to Our Town Hospital for treatment. Hospital diagnosis indicated Joe had a torn "anterior cruciate ligament (ACL)" on his right knee.
16) If this question does not apply to the incident, leave it blank. Concrete tiled floor.
17) Date of death: January 3, 2010

Completed by: Safe T. Supervisor
Title: Maintenance Supervisor
Phone: (123)456-7890
Date: January 3, 2010
# BWC First Report of Injury (FROI)

**Ohio Bureau of Workers' Compensation**

**PERRP Recordkeeping**

---

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Employee Information</strong></td>
<td></td>
</tr>
<tr>
<td>Social Security number</td>
<td></td>
</tr>
<tr>
<td>Date of birth</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Date of injury</td>
<td></td>
</tr>
<tr>
<td>Place of injury</td>
<td></td>
</tr>
<tr>
<td>Description of accident</td>
<td></td>
</tr>
<tr>
<td><strong>Employer Information</strong></td>
<td></td>
</tr>
<tr>
<td>Employer name</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>Industry</td>
<td></td>
</tr>
<tr>
<td><strong>Medical Treatment</strong></td>
<td></td>
</tr>
<tr>
<td>Doctor's name</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>Diagnosis</td>
<td></td>
</tr>
<tr>
<td><strong>Medical Treatment</strong></td>
<td></td>
</tr>
<tr>
<td>Doctor's name</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>Diagnosis</td>
<td></td>
</tr>
<tr>
<td><strong>Medical Treatment</strong></td>
<td></td>
</tr>
<tr>
<td>Doctor's name</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>Diagnosis</td>
<td></td>
</tr>
</tbody>
</table>

---

This form meets OSHA 300A requirements.
Recordkeeping Step 2

- Log of work related injuries and illnesses
  - Public employers are required to record and maintain information about their most serious injuries and illnesses.

- Acceptable forms
  - PERRP 300P
  - Employer form (hard copy or electronic) that includes all required information
## PERRP 300P Log Of Work-Related Injuries and Illnesses

**State of Ohio — Public Employment Risk Reduction Program — Form 300P (Rev. 01/2009)**

**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 4147-64.

If you are an Ohio public employer, you must use this form to record: (1) Information about any 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 practitioner licensed health-care professional (PHCP) diagnoses; (3) Work-related injuries and illnesses that meet any of the specific criteria listed in the instructions for these forms. It is recommended that you use this form to record the illness or injury that requires more than three days away from work, or that requires medical treatment beyond first aid. If you are completing this form electronically, you may also add notes to create additional lines for more occurrences. 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 are not sure whether a case is recordable, call PERRP for assistance at 800-87-6508. You must keep this form on file for five years following the year to which it pertains. (Ohio Administrative Code 4147-6-07)

<table>
<thead>
<tr>
<th>Identify the person</th>
<th>Describe the case</th>
<th>Classify the case</th>
</tr>
</thead>
<tbody>
<tr>
<td>(A) Case number</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(B) Employee's name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(C) Last name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(D) Job title</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(E) Date of Injury</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(F) Where the event occurred</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(G) Description of injury</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(H) Days away from work</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(I) Remained at work</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(J) Away from work (days)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(K) Job transfer or restriction (days)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(L) Other recordable cases</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(M) Injury</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(N) Disability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(O) Reporting state agency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(P) Date of death</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Year**

**Establishment name**

**City**

**State Ohio**

---

**Ohio Bureau of Workers' Compensation**

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

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

---

**PERRP Recordkeeping**

---
Recording Criteria

- Public employers must record each fatality, injury or illness that:
  - Is work-related;
  - Is a new case;
  - Meets one or more of the criteria contained in the PERRP recordkeeping instructions.
Did the employee experience an injury or illness?

Is the injury or illness work related?

Is the injury or illness a new case?

Does the injury or illness meet the general recording criteria or the diagnosis of significant I or I?

Do not record the injury or illness

Record the injury or illness

Update the previously recorded injury or illness entry (if necessary)
Work-Relatedness

Cases are work-related if:

• An event or exposure in the work environment either caused or contributed to the resulting condition;
• An event or exposure in the work environment significantly aggravated a pre-existing injury or illness.
Work Environment

- Injuries and illnesses are work-related if they:
  - Occur while the employee is performing work for pay or compensation in the home;
  - Are directly related to the performance of work rather than the general home environment;
  - Occur during work-related activities while an employee is on work-related travel.
Work-Relatedness

- Work-relatedness is presumed for injuries and illnesses resulting from events or exposures occurring in the work environment.

- A case is presumed work-related if, and only if, an event or exposure in the work environment is a discernable cause of the injury or illness or of a significant aggravation to a pre-existing condition.

- The work event or exposure only needs to be one of the causes; it does not need to be the sole or predominant cause.
Work-Related Exceptions

There are nine exceptions to the definition of work-related to *limit* recording of cases involving:

1. Eating, drinking, or preparing food or drink for personal consumption;
2. Common colds and flu;
3. Voluntary participation in wellness or fitness program;
4. Personal grooming or self-medication;
5. General public (visiting, personal business, etc.);
6. Symptoms of non-work related injury/illness;
7. Commuting;
8. Personal tasks;
9. Mental illness.
Significant Aggravation

- A pre-existing injury or illness is significantly aggravated when an event or exposure in the work environment results in any of the following; which otherwise would not have occurred:
  - Death;
  - Loss of consciousness;
  - Days away, days of restriction or job transfer;
  - Medical treatment.
General Recording Criteria

- Requires records to include any work-related injury or illness resulting in one of the following:
  - Death;
  - Days away from work;
  - Restricted work or transfer to another job;
  - Medical treatment beyond first aid;
  - Loss of consciousness;
  - Diagnosis of a significant injury/illness by a physician or other practicing licensed health care professional (PLHCP).
Medical Treatment

- Medical treatment is the management and care of a patient to combat disease or disorder.

- It does not include:
  - Visits to a PLHCP solely for observation or counseling;
  - Diagnostic procedures;
  - First aid.
First Aid

- Using nonprescription medication at nonprescription strength
- Tetanus immunizations
- Cleaning, flushing, or soaking surface wounds
- Wound coverings, butterfly bandages, Steri-Strips
- Hot or cold therapy
- Non-rigid means of support
- Temporary immobilization device used to transport accident victims
First Aid (continued)

- Drilling of fingernail or toenail, draining fluid from blister
- Eye patches
- Removing foreign bodies from eye using irrigation or cotton swab
- Removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs or other simple means
- Finger guards
- Massages
- Drinking fluids for relief of heat stress
Significant Diagnosed Injury or Illness

- The following work-related conditions must always be recorded at the time of diagnosis by a PLHCP:
  - Cancer;
  - Chronic irreversible disease;
  - Punctured eardrum;
  - Fractured or cracked bone or tooth.
New Case

- A case is new if the employee:
  - Has not previously experienced a recordable injury or illness of the same type that affects the same part of the body; or
  - Previously experienced a recordable injury or illness of the same type that affects the same part of the body, but had recovered completely and an event or exposure in the work environment caused the signs and symptoms to reappear;
New Case (continued)

- If there is a medical opinion regarding resolution of a case, the employer must follow that opinion;
- If an exposure triggers the recurrence, it is a new case (e.g., asthma, dermatitis);
- If signs and symptoms recur even in the absence of exposure, it is not a new case (e.g., silicosis, tuberculosis, asbestosis).
Employee Privacy

- Prohibits employers from entering an individual’s name on Form 300 for certain types of injuries/illnesses (enter “privacy case”)
- Provides employers the right not to describe the nature of sensitive injuries where the employee’s identity would be known
- Gives employee representatives access only to the portion of Form 301P which contains no personal information
- Requires employers to remove employees’ names before providing the data to persons not provided access rights under the rule
Privacy Cases

- This is the complete list of all injuries and illnesses considered privacy concern cases for the purposes of PERRP recordkeeping:
  - An injury or illness to an intimate body part or the reproductive system;
  - An injury or illness resulting from a sexual assault;
  - Mental illnesses;
  - HIV infection, hepatitis, or tuberculosis;
  - Needlestick injuries and cuts from sharp objects that are contaminated with another person's blood or OPIM;
  - Other illnesses, if the employee voluntarily requests that his or her name not be entered on the log.
Bloodborne Pathogens

- Record all work-related needlesticks and cuts from sharp objects that are contaminated with another person’s blood or other potentially infectious material (includes human bodily fluids, tissues and organs; other materials potentially infected with HIV, Hepatitis B, or other pathogens such as laboratory cultures).

- Other sharps injuries (from uncontaminated objects) would only be recordable if medical treatment beyond first aid was required.

- Record splashes or other exposures to blood or other potentially infectious material if it results in diagnosis of a bloodborne disease or meets the general recording criteria.
Hearing Loss

- All work-related hearing loss cases must be recorded when:
  - Employee has experienced a Standard Threshold Shift (STS)\(^1\);
  - Employee’s total hearing level is 25 decibels (dB) or more above audiometric zero in the same ear(s) as the STS;
  - Determine if the case meets this criteria then record the hearing loss on the date of diagnosis.
- Check column M5 on the 300P.

\(^1\) A STS is defined in OSHA's noise standard at 29 CFR 1910.95(g)(10)(i) as a change in hearing threshold, relative to the baseline audiogram, of an average of 10 dB or more at 2000, 3000, and 4000 Hz in one or both ears.
Musculoskeletal Disorders

- Applies the same recording criteria to musculoskeletal disorders (MSDs) as to all other injuries and illnesses.
- Employer retains flexibility to determine whether an event or exposure in the work environment caused or contributed to the MSD.
Day Counts

- Focuses on days away or days of restriction or job transfer
- Rules for counting rely on calendar days instead of workdays
  - Easier to calculate
  - More consistent data
  - Better measure of severity
Days Away Cases

- Day counts (days away or days restricted)
  - Count the number of calendar days the employee was unable to work (include weekend days, holidays, vacation days, etc.)
  - Cap day count at 180 days away and/or days restricted
  - May stop day count if employee leaves your employment for a reason unrelated to the injury or illness
  - If a medical opinion exists, employer must follow that opinion
Recording Days Away

- Record if the case involves one or more days away from work
- Do not include the day of injury/illness
- Check the box in column “H” for days away cases
- Count the number of days and enter in column “K”
Restricted Work Cases

- Restricted work activity exists if the employee is:
  - Unable to work the full workday he or she would otherwise have been scheduled to work; or
  - Unable to perform one or more routine job functions.

- An employee’s routine job functions are those activities the employee regularly performs at least once per week.
Restricted Work Exceptions

A case is not recordable as a restricted work case if:

- The employee experiences minor musculoskeletal discomfort;
- A health care professional determines that the employee is fully able to perform all of his or her routine job functions.
Recording Restricted Work

- Record if the case involves one or more days of restricted work or job transfer.
- Do not include the day of injury/illness.
- Check the box column “I” under “remained at work.”
- Count the number of days and enter in column “L.”

Classify the case

<table>
<thead>
<tr>
<th>Death</th>
<th>Days away from work</th>
<th>Remained at work</th>
</tr>
</thead>
<tbody>
<tr>
<td>(G)</td>
<td>(H)</td>
<td>(I)</td>
</tr>
</tbody>
</table>

Job transfer or restriction | Other recordable cases | Away from work (days) | On the job transfer or restriction (days)
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(J)</td>
<td>(K)</td>
<td>(L)</td>
<td></td>
</tr>
</tbody>
</table>

CHECK ONLY ONE box for each case based on the most serious outcome for that case:
Job Transfer

- An injured or ill employee is assigned to a job other than his or her regular job for part of the day.

- A case is recordable if the injured or ill employee performs his or her routine job duties for part of a day and is assigned to another job for the rest of the day.
Other Recordable Cases

- If a case does not involve a death, days away, days of restriction or job transfer then it may be an “other” recordable case.

- An other recordable case (Column J) is one that requires medical treatment beyond first aid but does not meet any other recording criteria.
Tuberculosis and Medical Removal

- Includes separate provisions describing the recording criteria for cases involving the work-related transmission of tuberculosis

- Requires employers to record cases of medical removal under one of the toxic or hazardous substance standards
  - Further exposure would place the employee at increased risk of material impairment to their health
### Log of Work-Related Injuries and Illnesses

#### Attention:
- This form contains information related to employee health. Please use it in a manner that protects the confidentiality of employees while allowing for the use of the information for occupational safety and health purposes.

#### Data Collection:
- 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 licensed professional health care practitioner (PLHC) 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 notes to create additional lines for more records. Note: You must complete an Injury and Illness Incident Report (PERIP Form 301P or an equivalent) for each injury or illness recorded on this form. If you’re unsure whether a case is recordable, call PERRP for assistance at 800-671-6666. You must keep this form for five years following the year to which it pertains. (Ohio Administrative Code 4167:6-03)

#### Information Entry:
- If you're unsure whether a case is recordable, call PERRP for assistance at 800-671-6666. You must keep this form for five years following the year to which it pertains. (Ohio Administrative Code 4167:6-03)

#### Record Keeping:
- Be sure to transfer these totals to the Summary page (Form 300AP) before you post it.

#### Instructions:
- **Do not post this Log. Post only the Summary.**

---

### Form Example:

**Employee Name:** Joe  
**Job Title:** Custodian  
**Date of Injury:** 04/02  
**Where the Injury Occurred:** Inside, not visible  
**Describe Injury:** Slip and fall, slipped on wet floor  
**Injury Date:** 04/02

<table>
<thead>
<tr>
<th>Case Number</th>
<th>Employee Name</th>
<th>Job Title</th>
<th>Date of Injury</th>
<th>Where the Injury Occurred</th>
<th>Injury Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-02456</td>
<td>Joe</td>
<td>Custodian</td>
<td>04/02</td>
<td>Inside, not visible</td>
<td>04/02</td>
</tr>
<tr>
<td>10-02457</td>
<td>Joe</td>
<td>Custodian</td>
<td>04/02</td>
<td>Outside, visible</td>
<td>04/02</td>
</tr>
<tr>
<td>10-02458</td>
<td>Joe</td>
<td>Custodian</td>
<td>04/02</td>
<td>Outside, visible</td>
<td>04/02</td>
</tr>
<tr>
<td>10-02459</td>
<td>Joe</td>
<td>Custodian</td>
<td>04/02</td>
<td>Inside, not visible</td>
<td>04/02</td>
</tr>
<tr>
<td>10-02460</td>
<td>Joe</td>
<td>Custodian</td>
<td>04/02</td>
<td>Inside, not visible</td>
<td>04/02</td>
</tr>
</tbody>
</table>

---

**Ohio Bureau of Workers' Compensation**

Division of Safety & Hygiene, PERRP
13430 Yarmouth Dr.
Pickerington, OH 43147
## 300P Example

### Log of Work-Related Injuries and Illnesses

**State of Ohio — Public Employment Risk Reduction Program — Form 300P (Rev. 01/2011)**

<table>
<thead>
<tr>
<th>Identify the person</th>
<th>Describe the case</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>(A)</strong> Case number</td>
<td><strong>(E)</strong> Where the event occurred (e.g., loading dock north end)</td>
</tr>
<tr>
<td><strong>(B)</strong> Employee’s name</td>
<td><strong>(F)</strong> 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)</td>
</tr>
<tr>
<td><strong>(C)</strong> Job title</td>
<td></td>
</tr>
<tr>
<td>(e.g., welder)</td>
<td></td>
</tr>
<tr>
<td><strong>(D)</strong> Date of injury or onset of illness</td>
<td></td>
</tr>
<tr>
<td>(mo./day)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Case number</th>
<th>Employee’s name</th>
<th>Job title</th>
<th>Date of injury</th>
<th>Location</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-123456</td>
<td>Employee, Joe</td>
<td>Custodian</td>
<td>01/02</td>
<td>Cafeteria near entry door</td>
<td>Tom ACL right knee, slipped on wet floor</td>
</tr>
<tr>
<td>10-123457</td>
<td>Employee, Jane</td>
<td>Secretary</td>
<td>02/13</td>
<td>Sidewalk near parking lot</td>
<td>Bruised and swollen left wrist, slipped on ice</td>
</tr>
<tr>
<td>10-123458</td>
<td>Teacher, Joe</td>
<td>Shop teacher</td>
<td>04/07</td>
<td>Chemistry lab (room 212)</td>
<td>Second degree burns on left hand from contact with Bunsen burner flame</td>
</tr>
<tr>
<td>10-123459</td>
<td>Worker, Jane</td>
<td>Cafeteria worker</td>
<td>05/18</td>
<td>Kitchen prep area</td>
<td>Cut on right index finger from contact with food prep slicer blade</td>
</tr>
<tr>
<td>10-123460</td>
<td>Worker, Joe</td>
<td>Maintenance</td>
<td>08/03</td>
<td>Mowing</td>
<td>Hearing loss due to noise exposure during mowing and other grounds keeping duties</td>
</tr>
<tr>
<td>10-123461</td>
<td>Worker, Joe</td>
<td>Maintenance</td>
<td>08/15</td>
<td>Lawn near front entrance</td>
<td>Contact dermatitis on arms and neck from poison ivy contact during parking lot landscaping tasks</td>
</tr>
<tr>
<td>10-123462</td>
<td>Privacy Case</td>
<td>Privacy Case</td>
<td>09/03</td>
<td>Parking lot</td>
<td>Puncture of right index finger while picking up discarded contaminated needle</td>
</tr>
</tbody>
</table>
### 300P Example

<table>
<thead>
<tr>
<th>Death</th>
<th>Days away from work</th>
<th>Job transfer or restriction</th>
<th>Other recordable cases</th>
<th>Away from work (days)</th>
<th>On the job transfer or restriction (days)</th>
<th>Injury</th>
</tr>
</thead>
<tbody>
<tr>
<td>(G)</td>
<td>(H)</td>
<td>(I)</td>
<td>(J)</td>
<td>(K)</td>
<td>(L)</td>
<td>(M)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td>7</td>
<td>7</td>
<td>x</td>
</tr>
<tr>
<td></td>
<td></td>
<td>x</td>
<td></td>
<td>2</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**ATTENTION:** This form contains information relating to employees' health. Please use it in a manner that protects the health of employees. Year: 2010
300AP Annual Summary

- Must be certified
- Must be posted
- Must be submitted to PERRP
300AP Completion

- Before completing each 300AP:
  - Review 300P Log for completeness and accuracy
  - Complete 300AP
  - Certify 300AP

- Total all 300P columns and transfer to corresponding 300AP fields

- NOTE: Information on the 300AP can be used to complete the annual BWC Safety Council Semi-Annual Report
300AP Posting

- Post individual 300AP for each establishment
- Must be posted from Feb. 1 to April 30 each year following the year covered by the 300AP
- Employer certification must include the signature and title of the authorized employer representative and date of completion
300AP Submission

- Copy of annual 300APs must be sent to PERRP on or before Feb. 1 of each year
  - These should be submitted through the PERRP website (preferred)
- All 300AP submissions must include the public employer’s BWC Risk Number
- If you have multiple establishments (locations), create a “master” 300AP for submission to PERRP
Master 300AP

- Employers with multiple establishments are asked to create a master summary for PERRP submission
- So, one 300AP should be submitted from each of the following:
  - Cities, Townships, School Districts, Special Districts, Villages, and most State Agencies
- There are a few exceptions to the master summary submission
Master 300AP Exceptions

- The following must submit multiple summaries
  - Counties, must submit one for each of the following agencies
    - Commissioners, Highway Engineer, County Home/Care Center, County Developmental Disabilities.
  - Universities and Colleges
    - One 300AP for each campus or branch campus and one for each medical center/hospital
  - ODOT
    - One summary for each district
  - ODNR
    - One summary for each park
  - ODRC
    - One summary for each correctional facility
**300AP Example**

### State of Ohio — Public Employment Risk Reduction Program — Form 300AP (Rev. 01/2011)

**Summary of Work-Related Injuries and Illnesses**

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 (OAC 4167) to verify that the entries are complete and accurate before completing this summary. Using the Log, count the individual entries made for each category. Then fill in 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 entered the correct values.

**Employers** named employers and their representatives have the right to review the Log in its entirety. They also have limited access to the PERRP Form 300AP or its equivalent. (See OAC 4167-2-66 in the PERRP recordkeeping rule for details on the access provisions for these entities. Employers should keep this form on file for five years following the year to which it pertains. (OAC 4167-2-67.)

<table>
<thead>
<tr>
<th>Total number of deaths</th>
<th>Total number of cases with days away from work</th>
<th>Total number of cases with job transfer or restriction</th>
<th>Total number of other recordable cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>(G)</td>
<td>(F)</td>
<td>(E)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total number of days away from work</th>
<th>Total number of days of job transfer or restriction</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>(K)</td>
</tr>
</tbody>
</table>

### Injury and illness types

<table>
<thead>
<tr>
<th>Total number of:</th>
<th>(M)</th>
<th>(N)</th>
<th>(O)</th>
<th>(P)</th>
<th>(Q)</th>
<th>(R)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Injury</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Skin disorder</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Respiratory condition</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Establishment information

**Year 2010**

- **Your employment name:** Our School Building
- **Sheet:** 122 Schoolhouse Lane
- **State:** Ohio
- **Zip code:** 12345
- **County:** A-Z County
- **Elementary School:**
  - **BEC policy number:** 12345678
  - **Setting:** Elementary

### Employment information

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

- **Full-time:**
- **Part-time:**
- **Police/EMT:**

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

- **Full-time:**
- **Part-time:**
- **Other:**

### 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.

- **Title:** Superintendent
- **Date:** January 20, 2011

Ohio Bureau of Workers’ Compensation
Division of Safety & Hygiene, PERRP
13435 Varnum Dr
Pickerington, OH 43147

**PERRP Recordkeeping**

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 BWGC’s Web site: ohiobw.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.
### 300AP Example

#### Summary of Work-Related Injuries and Illnesses

**Number of cases**

<table>
<thead>
<tr>
<th>Description</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of deaths</td>
<td>0</td>
</tr>
<tr>
<td>Total number of cases with days away from work</td>
<td>1</td>
</tr>
<tr>
<td>Total number of cases with job transfer or restriction</td>
<td>1</td>
</tr>
<tr>
<td>Total number of other recordable cases</td>
<td>5</td>
</tr>
</tbody>
</table>

**Injury and illness types**

<table>
<thead>
<tr>
<th>Description</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of...</td>
<td></td>
</tr>
<tr>
<td>(M)</td>
<td></td>
</tr>
<tr>
<td>(1) Injury</td>
<td>5</td>
</tr>
<tr>
<td>(2) Skin disorder</td>
<td>1</td>
</tr>
<tr>
<td>(3) Respiratory condition</td>
<td>0</td>
</tr>
<tr>
<td>(4) Poisoning</td>
<td>0</td>
</tr>
<tr>
<td>(5) Hearing loss</td>
<td>1</td>
</tr>
<tr>
<td>(6) All other illnesses</td>
<td>0</td>
</tr>
</tbody>
</table>

**Number of Cases must = Number of Injury and Illness Types**
300AP Example

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: 33

All others/support staff (e.g., administration, bus drivers, custodial, coaches, etc.): 15
Retention and Updating

- Retain forms for five years following the year that they cover
- Update the 300P Log during the retention period
- You do not update the 300AP or 301P during the five year retention period
Fatality or Multiple Hospitalization Reporting

- All work-related fatalities or incidents involving three or more in-patient hospitalizations must be reported to PERRP within eight hours of the incident or as soon as the employer becomes aware.

- Reports must be made in person or by phone to 800-671-6858.

- Failure to report will result in the issuance of a citation.
Fatality Reporting

- You must report and record all work-related fatalities including highway or public street motor vehicle accidents and heart attacks.

- PERRP may not exercise its right to investigate vehicular accidents or heart attacks that result in a fatality.
Employee Access

- Injury and illnesses records must be made available to:
  - PERRP representatives for the purposes of carrying out the provisions of the program; and,
  - To any employee, former employee, or employee representative.
Prohibition Against Discrimination

- Employers are prohibited from discriminating against an employee that exercises their rights and responsibilities under the Act.
  - This includes requesting access to injury and illness recordkeeping information.

- Employees who feel that they have been discriminated against can:
  - File a complaint with the State Personnel Board of Review; or
  - Pursue a labor grievance; or
  - Pursue any other appeal procedure provided.
Falsification and Failure To Keep Records Or Reports

- A failure to post and submit a copy of the establishment's annual 300AP will result in the issuance of a citation.

- If a false statement, representation, or certification of the required records is knowingly given, a willful failure to comply order will be issued.
300AP Certification

State of Ohio — Public Employment Risk Reduction Program — Form 300AP (Rev. 01/2011)

Summary of Work-Related Injuries and Illnesses

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
Administrator name (Print)

Superintendent
Title

Joe Administrator
Administrator name (Signature)

Thursday, January 20, 2011
Date

123-456-7890
Phone

superintendent@ourdistrict.k12.oh.us
E-mail address

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 facsimile or electronically via BWRC’s Web site: ohiojob.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.
The 7 BAD Habits of Highly Ineffective Recordkeepers

Or...
Who wants to be an effective recordkeeper?
“Bad Habit” #1

Total number of recordable cases does not match the total number of injury and illness types

- Only one entry should be made in columns G, H, I and J for each case
- Only the most severe outcome is recorded
- Verify totals from following columns equal
  \[ G + H + I + J = M(1) + M(2) + M(3) + M(4) + M(5) + M(6) \]
“Bad Habit” #2

Failure to record “other” recordable cases

- Record all cases as “other” that meet the recording criteria, but do not result in:
  - Death
  - Days away
  - Days of restriction or job transfer

- However, not every incident is recordable and not every BWC compensable claim is recordable

- Research each case carefully and compare the facts to the recording criteria
“Bad Habit” #3

Failure to properly enter total number of employees

- **INCLUDE** all elected officials in your number of employees
- **DO NOT** include police (peace officers), firefighters, paramedics and EMTs in your total count. These job classifications are listed on a separate line.
- **DO NOT** include any substitutes in your total counts.
  - They “substitute” for permanent positions.
- **DO NOT** include volunteers in your total counts.
  - “Public employee” does not mean: any person who engages to furnish services subject to the direction and control of a public employer but does not receive compensation, either directly or indirectly, for those services.
“Bad Habit” #4

Failure to maintain a 300P and 300AP for each establishment

- This requirement helps identify specific work area concerns
- PERRP and the employer can then focus on areas of greatest concern
- This will result in a timely resolution of safety and health concerns
“Bad Habit” #5

Failure to certify the 300AP

- Certifying the 300AP ensures that members of upper management are aware of the injury and illness trends in their establishments.
- Upper management knowledge is critical in the development and prioritization of safety and health issues.
- Management commitment and planning establish a firm foundation for an effective safety and health program.
“Bad Habit” #6

Failure to “post” the 300AP

- Post the summary from February 1 to April 30 every year, even if you do not have any recordable injuries (zero 300AP)!
- Employees must be informed of the nature and frequency of workplace injuries and illnesses
- Communication is key to the success of a safety and health program
“Bad Habit” #7

Failure to “submit” the 300AP

- This provides the employer and PERRP with a snapshot of overall concerns in the workplace
- Helps the employer and PERRP compare incidences across public employment sectors
- Helps PERRP concentrate on areas of concern and develop effective compliance assistance activities to prevent public employment injuries and illnesses
The 7 “Bad Habits”

1. Total number of recordable cases does not match the total number of injury and illness types
2. Failure to record “other” recordable cases
3. Failure to properly enter “total number of employees”
4. Failure to maintain a 300P and 300AP for each establishment
5. Failure to certify the 300AP
6. Failure to post the 300AP
7. Failure to “submit” the 300AP
Injury and Illness Recordkeeping Scenarios
Examples of how to properly record workplace incidents
Scenario 1

Bob is a county employee, his headquarters is home-based. Bob is moving a file box full of work related documents at his home office and drops the file box on his foot and breaks his toe.

Is this injury recordable on his employer’s 300P log?
Yes.

PERRP considers injuries and illnesses that occur while an employee is working at home, including work in a home office, work related if the injury or illness occurs while the employee is performing work for pay or compensation in the home.
Scenario 2

Employee was driving to a school building to conduct an inspection. During his commute, he hit a deer with his vehicle. He hit his head on the windshield and was unconscious for few minutes but became conscious before the ambulance arrived. He was taken to the nearest hospital for observation and was sent home. The employee returned to work the next day.

Is this injury recordable on his employer’s 300P log?
Answer 2

Yes.

PERRP considers any case involving a loss of consciousness to be recordable.
Scenario 3

Mike normally reports to his local office, however he is required to report to the Central Office for a week to work on a project. Mike checks into a hotel on Monday. On Tuesday morning Mike is driving to the Central Office and is involved in an accident that requires him to be hospitalized.

Is this incident work related?
Answer 3

No.

If the employee has established a home away from home and is reporting to a fixed worksite each day, you do not consider injuries or illnesses work-related if they occur while the employee is commuting between the temporary residence and the job location.
Scenario 4

Shelly is a firefighter for a small town in Ohio. Shelly is at a fire scene and receives burns to her arms that require medical treatment.

Is her employer required to keep a PERRP 300P Log and record her injuries?
Answer 4

Yes.

All work related injuries and illnesses to Firefighters, EMTs and Police Officers are to be recorded on their employer’s 300P log.
Scenario 5

Terry is a part-time seasonal employee for Greenacres State Park. While working on some equipment, Terry cuts his finger and goes to the hospital where the doctor gives him a tetanus shot and applies a butterfly bandage to the wound.

Is this a recordable injury?
Answer 5

No.

Not because Terry is only part-time or a seasonal employee, but because both a tetanus shot and a butterfly bandage are considered first aid not medical treatment.
Scenario 6

John is a janitor and while moving the cafeteria table he strained his back. The physician prescribed medication and released him from work for 3 days. John went back to work after the 3 days but was on job restriction for 7 more days.

Is this recordable? If so, do you record it as a case with days away or restriction?
Answer 6

Yes.

Prescribed medication is recordable. Days away from work and restricted days are also recordable. This case would be recorded as days away from work. Whenever you have a case that has one day away from work, you record it as days away from work since it is the most serious regardless of how many restricted days.
Scenario 7

Becky works in the cafeteria at the school and she cut her finger with a knife at 6 AM. She went to the hospital and received stitches. She returned back to work the next day.

Is this recordable?
Answer 7

Yes.

Stitches are recordable.
Scenario 8

The gym teacher slipped on the floor and hurt his neck. The ambulance arrived and immobilized him with a neck collar and back board to transport him. X-rays were taken and all tests came back fine. He returned back to work the next day.

If this case recordable?
No.

X-rays are considered diagnostic procedures and are not considered medical treatment.

Using temporary immobilization devices while transporting an accident victim (splints, slings, neck collars, or back boards) are all considered first aid and not recordable.
PERRP answers questions!

- Call PERRP or your local PERRP Compliance Investigator, 1-800-671-6858
- Visit the Ohio Bureau of Workers’ Compensation website: www.ohiobwc.com
Questions