

State of Ohio — Public Employment Risk Reduction Program — Form 390AP (Rev. March 12, 2021) Year 2023

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 (309P) 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 mark the totals below, making sure you've selected the correct number of days, weeks, or "X" if you are using the electronic form, verify that you have inputted 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 391P or its equivalent. See OAC 4167-6-08 in the PERRP recordkeeping rule for details on the access provisions for these forms. You must keep this form on file for five years following the year to which it pertains. (OAC 4167-5-07)

Number of cases	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of cases recordable
0	1	0	0
(5)	(16)	(0)	(3)

Number of days	Total number of days of job transfer or restriction
4	0
(4)	(1)

Injury and Illness Types

Total number of... (N)

(1) Injury	(4) Poisoning
1	0
(2) Skin disorder	(5) Hearing loss
0	0
(3) Respiratory condition	(6) All other illnesses
0	0

Ohio Bureau of Workers' Compensation
 Division of Safety & Hygiene, PERRP
 30 W. Spring St., 25th Floor
 Columbus, OH 43215-2256
 Phone: 1-800-671-5858

Mike Imberhos
 Name of person completing or filing 390AP (print or type)
 Email address
 419-515-7715
 Prior year number

ATTENTION:
 All Ohio public employers must complete this form (or an equivalent). This includes the State of Ohio and its instrumentalities; and any other subdivisions, including the county, county or state government, public corporation, city, village, township, park district, school district, state institutions of higher learning, public or special district, state agency, authority, commission or board, or other entity covered by 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, fax, or electronically at www.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: Huron City Schools
 Street: 710 Cleveland Rd W
 City: Huron State: Ohio Zip code: 44839
 County: _____ Entry code: 640
 Establishment description (e.g., elementary school, maintenance garage, wastewater treatment plant, administration building, MCD workshop, library, hospital, extended care facility, etc.):
School, elementary and secondary
 BWC policy number (e.g., 12345678.000) _____
32205151-0

Employment Information

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

Full-time: _____
 Part-time: _____
 Police/Fire/EMT: _____
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: _____
1211
 All other support staff (e.g., administration, bus drivers, cafeteria, coaches, etc.): _____
519

Sign here

Knowledgefully ratifying 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.

Mike Imberhos
 Administrator name (Print) _____ Title _____
 Administrator name (Print) _____ Title _____
1/26/2024 _____
 Date _____
 419-515-7715 _____
 Phone _____ Email address _____
milimberhos@huron-city.k12-oh.us
 Email address



Bureau of Workers' Compensation

30 W. Spring St.
Columbus, OH 43215

Certificate of Ohio Workers' Compensation

This certifies that the employer listed below participates in the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. This certificate is only valid if premiums and assessments, including installments, are paid by the applicable due date. To verify coverage, visit www.bwc.ohio.gov, or call 1-800-644-6292.

This certificate must be conspicuously posted.

Policy number and employer
32205151

Period Specified Below
01/01/2024 to 01/01/2025

HURON SCHOOLS
712 CLEVELAND RD E
HURON OH 44839-1871



www.bwc.ohio.gov
Issued by: BWC

Administrator/CEO

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol, marihuana or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol, marihuana or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.



Bureau of Workers' Compensation

You must post this language with the Certificate of Ohio Workers' Compensation.