

OSHA's Form 300A

Summary of Work-Related Injuries and Illnesses

Year 2024

U.S. Department of Labor
Occupational Safety and Health Administration
Form approved OMB No. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log 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."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

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

Number of Days

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

Injury and Illness Types

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

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 50 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your establishment name ALC - Glencoe

Street 2391 Hennepin Ave N

City Glencoe State MN ZIP 55336

Industry description (e.g., Manufacture of motor truck trailers)
School Services

North American Industrial Classification (NAICS), if known (e.g., 336212)

611110

Employment information (If you don't have these figures, see the Worksheet on the back of this page to estimate.)

Annual average number of employees 4

Total hours worked by all employees last year 5287

Sign here

Knowingly falsifying this document may result in a fine.

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

Hennipf & Lee HR Assistant
507 537-2285 1/30/25
Phone Date

OSHA's Form 300A

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Year 2024

U.S. Department of Labor
Occupational Safety and Health Administration

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Number of Cases

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

Number of Days

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

Injury and Illness Types

Total number of . . . (M)		
(1) Injuries	<u>0</u>	(3) Respiratory conditions <u>0</u>
		(4) Poisonings <u>0</u>
(2) Skin disorders	<u>0</u>	(5) Hearing loss <u>0</u>
		(6) All other illnesses <u>0</u>

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Establishment information

Your establishment name ALC - Pipestone

Street 1106 7th St SE

City Pipestone State MN ZIP 56164

Industry description (e.g., Manufacture of motor truck trailers)
School Services

North American Industrial Classification (NAICS), if known (e.g., 336212)

611110

Employment information (If you don't have these figures, see the Worksheet on the back of this page to estimate.)

Annual average number of employees 4

Total hours worked by all employees last year 6018

Sign here

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Jennife L. Lee HR Assistant
Company executive Title
507 537-2285 1/30/25
Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
<u>0</u>	<u>0</u>	<u>3</u>	<u>1</u>
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
<u>0</u>	<u>56</u>
(K)	(L)

Injury and Illness Types

Total number of ... (M)			
(1) Injuries	<u>4</u>	(3) Respiratory conditions	<u>0</u>
		(4) Poisonings	<u>0</u>
(2) Skin disorders	<u>0</u>	(5) Hearing loss	<u>0</u>
		(6) All other illnesses	<u>0</u>

Establishment information

Your establishment name ELC - Cosmos
 Street 320 N. Saturn St., Suite A
 City Cosmos State MN ZIP 56228
 Industry description (e.g., Manufacture of motor truck trailers)
School Services

North American Industrial Classification (NAICS), if known (e.g., 336212)
611110

Employment information (If you don't have these figures, see the Worksheet on the back of this page to estimate.)

Annual average number of employees 54
 Total hours worked by all employees last year 70962

Sign here

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

Lennisee Lee HR Assistant
 Company executive Title
507 537-2285 1/29/25
 Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
<u>0</u>	<u>1</u>	<u>3</u>	<u>0</u>
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
<u>6</u>	<u>70</u>
(K)	(L)

Injury and Illness Types

Total number of . . . (M)			
(1) Injuries	<u>4</u>	(3) Respiratory conditions	<u>0</u>
		(4) Poisonings	<u>0</u>
(2) Skin disorders	<u>0</u>	(5) Hearing loss	<u>0</u>
		(6) All other illnesses	<u>0</u>

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Establishment information

Your establishment name ELC - Marshall

Street 1510 Stadium Drive, Suite 1

City Marshall State MN ZIP 56258

Industry description (e.g., Manufacture of motor truck trailers)
School Services

North American Industrial Classification (NAICS), if known (e.g., 336212)

611110

Employment information (If you don't have these figures, see the Worksheet on the back of this page to estimate.)

Annual average number of employees 19

Total hours worked by all employees last year 26950

Sign here

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

Jennifer R. Lee HR Assistant
Company executive Title
Phone 507 537-2285 Date 1/30/25

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
<u>0</u>	<u>2</u>	<u>1</u>	<u>0</u>
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
<u>18</u>	<u>7</u>
(K)	(L)

Injury and Illness Types

Total number of ... (M)			
(1) Injuries	<u>3</u>	(3) Respiratory conditions	<u>0</u>
		(4) Poisonings	<u>0</u>
(2) Skin disorders	<u>0</u>	(5) Hearing loss	<u>0</u>
		(6) All other illnesses	<u>0</u>

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Establishment information

Your establishment name ELC - Montevideo
Street 2419 Washington Avenue
City Montevideo State MN ZIP 56265
Industry description (e.g., Manufacture of motor truck trailers)
School Services

North American Industrial Classification (NAICS), if known (e.g., 336212)
611110

Employment information (If you don't have these figures, see the Worksheet on the back of this page to estimate.)

Annual average number of employees 47
Total hours worked by all employees last year 66733

Sign here

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

Dennis J. Lee HR Assistant
Company executive Title
507 537-2285 Phone
11/29/25 Date

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Number of Cases

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

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
<u>10</u>	<u>144</u>
(K)	(L)

Injury and Illness Types

Total number of . . . (M)			
(1) Injuries	<u>6</u>	(3) Respiratory conditions	<u>0</u>
		(4) Poisonings	<u>0</u>
(2) Skin disorders	<u>0</u>	(5) Hearing loss	<u>0</u>
		(6) All other illnesses	<u>0</u>

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Establishment information

Your establishment name ELC - New London
 Street 17530 County Rd 9 NE
 City New London State MN ZIP 56273
 Industry description (e.g., *Manufacture of motor truck trailers*)
School Services
 North American Industrial Classification (NAICS), if known (e.g., 336212)
611110

Employment information (If you don't have these figures, see the Worksheet on the back of this page to estimate.)

Annual average number of employees 42
 Total hours worked by all employees last year 56083

Sign here

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Jennifer J. Lee HR Assistant
 Company executive Title
 Phone 507 537-2285 Date 1/30/25

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Number of Cases

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

Number of Days

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

Injury and Illness Types

Total number of . . .
(M)

(1) Injuries	<u>1</u>	(3) Respiratory conditions	<u>0</u>
(2) Skin disorders	<u>0</u>	(4) Poisonings	<u>0</u>
		(5) Hearing loss	<u>0</u>
		(6) All other illnesses	<u>0</u>

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Establishment information

Your establishment name ELC - Pipestone
 Street 1314 N. Hiawatha, Ste 100
 City Pipestone State MN ZIP 56164
 Industry description (e.g., Manufacture of motor truck trailers)
School Services

North American Industrial Classification (NAICS), if known (e.g., 336212)

611110

Employment information (If you don't have these figures, see the Worksheet on the back of this page to estimate.)

Annual average number of employees 68

Total hours worked by all employees last year 104330

Sign here

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

Kenneth J. Lee HR Assistant
 Company executive
507 537-2285 Phone
1/29/25 Date

OSHA's Form 300A

Summary of Work-Related Injuries and Illnesses

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Number of Cases

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

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
<u>3</u>	<u>43</u>
(K)	(L)

Injury and Illness Types

Total number of . . .
(M)

(1) Injuries	<u>3</u>	(3) Respiratory conditions	<u>0</u>
(2) Skin disorders	<u>0</u>	(4) Poisonings	<u>0</u>
		(5) Hearing loss	<u>0</u>
		(6) All other illnesses	<u>0</u>

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Establishment information

Your establishment name ELC - Windom
 Street 1454 6th Avenue
 City Windom State MN ZIP 56101
 Industry description (e.g., Manufacture of motor truck trailers)
School Services

North American Industrial Classification (NAICS), if known (e.g., 336212)

611110

Employment information (If you don't have these figures, see the Worksheet on the back of this page to estimate.)

Annual average number of employees 102

Total hours worked by all employees last year 145278

Sign here

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Dennis J. Lee HR Assistant
 Company executive Title
507 537-2285 Phone
1/29/25 Date

OSHA's Form 300A

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Number of Cases

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

Number of Days

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

Injury and Illness Types

Total number of . . .
(M)

(1) Injuries	<u>1</u>	(3) Respiratory conditions	<u>0</u>
(2) Skin disorders	<u>0</u>	(4) Poisonings	<u>0</u>
		(5) Hearing loss	<u>0</u>
		(6) All other illnesses	<u>0</u>

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Establishment information

Your establishment name Marshall Office

Street 1420 E. College Drive

City Marshall State MN ZIP 56258

Industry description (e.g., Manufacture of motor truck trailers)
School Services

North American Industrial Classification (NAICS), if known (e.g., 336212)

611110

Employment information (If you don't have these figures, see the Worksheet on the back of this page to estimate.)

Annual average number of employees 135

Total hours worked by all employees last year 209204

Sign here

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

Jennifer J. Lee HR Assistant
Company executive
507 537-2285 Phone
1/29/25 Date

OSHA's Form 300A

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Number of Cases

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

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
<u>0</u>	<u>41</u>
(K)	(L)

Injury and Illness Types

Total number of . . .
(M)

(1) Injuries	<u>1</u>	(3) Respiratory conditions	<u>0</u>
		(4) Poisonings	<u>0</u>
(2) Skin disorders	<u>0</u>	(5) Hearing loss	<u>0</u>
		(6) All other illnesses	<u>0</u>

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Establishment information

Your establishment name The READY Clinic - Marshall

Street 349 West Main St., #1

City Marshall State MN ZIP 56258

Industry description (e.g., Manufacture of motor truck trailers)
School Services

North American Industrial Classification (NAICS), if known (e.g., 336212)

611110

Employment information (If you don't have these figures, see the Worksheet on the back of this page to estimate.)

Annual average number of employees 8

Total hours worked by all employees last year 12884

Sign here

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

Jennif O'Leary HR Assistant
Company executive Title
507 537-2285 Phone
1/29/25 Date

OSHA's Form 300A

Summary of Work-Related Injuries and Illnesses

Year 2024



U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log 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."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

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

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
<u>5</u>	<u>20</u>
(K)	(L)

Injury and Illness Types

Total number of . . .
(M)

(1) Injuries	<u>1</u>	(3) Respiratory conditions	<u>0</u>
(2) Skin disorders	<u>0</u>	(4) Poisonings	<u>0</u>
		(5) Hearing loss	<u>0</u>
		(6) All other illnesses	<u>0</u>

Establishment information

Your establishment name Willmar Office
 Street 611 SW 5th Street
 City Willmar State MN ZIP 56201
 Industry description (e.g., *Manufacture of motor truck trailers*)
School Services

North American Industrial Classification (NAICS), if known (e.g., 336212)

611110

Employment information (If you don't have these figures, see the Worksheet on the back of this page to estimate.)

Annual average number of employees 49
 Total hours worked by all employees last year 77217

Sign here

Knowingly falsifying this document may result in a fine.

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

Jennifer R. Lee HR Assistant
 Company executive Title
 Phone 507 537-2285 Date 1/29/25

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 50 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

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