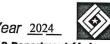
Summary of Work-Related Injuries and Illnesses



U.S.Departmentof Labor
Occupations afetyand Health Administration

FormapprovedOMBno. 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.

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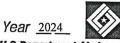
Number of C	ases		
Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(1)	(J)
Number of D	ays		
Total number of da away from work		otal number of days of b transfer or restriction	
0		0	
(K)		(L)	
Injury and III	ness Types		
Total number of (M)			
Injuries	0	(3) Respiratory cond	itions 0
	•	(4) Poisonings	0
Skin disorders		(5) Hearing loss	0
		(6) All other illness.	

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 minutesper response, including time to review the cinstructions, 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 1f 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 ConstitutionAvenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Street .	2391 Hennepin Ave N				
City	Glencoe	State MN	ZIP	55336	_
Industry	description (e.g., Manufacture of motor School Services	truck trailers)			
North An	nerican Industrial Classification (NA	ICS), if know	n (e.g.,	336212)	5
	611110				
	•				
Worksheet	yment information (If you don on the back of this page to estimate.) verage number of employees	i'i have these fiq 4	gures, se	e the	
Worksheet Annual av	on the back of this page to estimate.)			e the	
<i>Worksheet</i> Annual av Total hou:	on the back of this page to estimate.) rerage number of employees rs worked by all employees last year	4		e the	4
Worksheet Annual av Total hou: Sign ho	on the back of this page to estimate.) rerage number of employees rs worked by all employees last year	5287	7		

Summary of Work-Related Injuries and Illnesses



U.S.Departmentof Labor

FormapprovedOMBno. 1218-0176

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Number of C	ases		
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)	(1)	(J) .
Number of D	ays		
Total number of da away from work	•	otal number of days of b transfer or restriction	
0		0	
(K)		(L)	
Injury and III	ness Types		
Total number of			na anti-a mana
) Injuries	0	(3) Respiratory cond	litions 0
		(4) Poisonings	0
) Skin disorders		(5) Hearing loss	0
		(6) All other illnesse	. 0

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Street	1106 7th St SE					
City	Pipestone	State MN	ZIP	5616	4	
Industry	description (e.g., Manufacture of motor School Services	r truck trailers)				
North A	merican Industrial Classification (NA	AICS), if know	n (e.g.	, 33621	2)	
	611110					
Emplo Worksheet	syment information (If you do on the back of this page to estimate.)	n't have these fi	gures, s	ee the		
Worksheel	yment information (If you do	n't have these fi	gures, s	ee the		
Worksheei Annual a	syment information (If you do t on the back of this page to estimate.)	4		ee the		
Worksheei Annual a	nyment information (If you do t on the back of this page to estimate.) everage number of employees urs worked by all employees last year	4		eee the		
Worksheed Annual a Total hou Sign h	nyment information (If you do t on the back of this page to estimate.) everage number of employees urs worked by all employees last year	6018	3	-) -		
Worksheed Annual a Total hou Sign h Knowin I certify	eyment information (If you do t on the back of this page to estimate.) werage number of employees ars worked by all employees last year	6018 may result	in a	- - fine.	of my	

Summary of Work-Related Injuries and Illnesses



U.S.Department Labor

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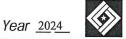
Number of Ca	ises		
Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	3	1
(G)	(H)	(1)	(J)
Number of Da	ays		
Total number of day away from work		otal number of days of b transfer or restriction	
0		56	
(K)		(L)	
Injury and Illi	iess Types		
Total number of (M)			
Injuries	4	(3) Respiratory condi-	tions 0
	-	(4) Poisonings	0
Skin disorders		(5) Hearing loss	0
		(6) All other illnesses	

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	lishment information		
Your esta	ablishment name ELC - Cosmos		
Street	320 N. Saturn St., Suite A		
City	Cosmos	State MN	ZIP 56228
Industry	description (e.g., Manufacture of motor School Services	r truck trailers)	
North A	merican Industrial Classification (NA	AICS), if know	n (e.g., 336212)
	611110		
Worksheel	yment information (If you do on the back of this page to estimate.) verage number of employees	n't have these fi _l 54	gures, see the
Total hou Sign h	irs worked by all employees last year	7096	2
Knowii	ngly falsifying this document	may result	in a fine.
I certify knowled Company of	that I have examined this document of the entries are true, accurate, accura	nent and tha , and comple L	t to the best of my te. R ASSISTA 1 1/29 / 25 Date

Number of Cases



FormapprovedOMBno. 1218-0176

U.S.Departmentof Labor

Occupationa afetyand Health Administration

Summary of Work-Related Injuries and Illnesses

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Of the second distribution			
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	1	3	0
(G)	(H)	(I)	(J)
Number of D	ays		
Total number of da away from work	•	otal number of days of b transfer or restriction	
6		70	
(K)	_	(L)	
Injury and III	ness Types		
Total number of (M)			
1) Injuries	4	(3) Respiratory condi	tions 0
	_	(4) Poisonings	0
2) Skin disorders	0	(5) Hearing loss	0
		(6) All other illnesses	0

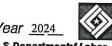
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Street	1510 Stadium Drive, Suite	1
City	Marshall	State MN ZIP 56258
Industry	description (e.g., Manufacture of motor School Services	truck trailers)
North A	merican Industrial Classification (NA	ICS), if known (e.g., 336212)
	611110	
Workshee	nyment information (If you don t on the back of this page to estimate.) overage number of employees	n't have these figures, see the
Workshee Annual a	t on the back of this page to estimate.)	19
Workshee Annual a	t on the back of this page to estimate.) Everage number of employees Urs worked by all employees last year	19
Workshee Annual a Total hor Sign h	t on the back of this page to estimate.) Everage number of employees Urs worked by all employees last year	

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Summary of Work-Related Injuries and Illnesses



U.S.Departmentof Labor

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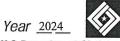
Number of C	ases	and the second s	
Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	1	0
(G)	(H)	(1)	(J)
Number of D	ays		
Total number of da away from work	,	otal number of days of b transfer or restriction	
18		7	
(K)		(L)	
Injury and III	ness Types		
Total number of (M)			
Injuries	3	(3) Respiratory cond	itions 0
	_	(4) Poisonings	0
Skin disorders		(5) Hearing loss	0
		(6) All other illnesses	0

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Street 241	9 Washington Avenue		
City Mo	ntevideo	State MN	ZIP 56265
	ntion (e.g., Manufacture of motor	r truck trailers)	
North American	Industrial Classification (NA	ICS), if know	n (e.g., 336212)
	611110		
Employmen Worksheet on the b	nt information (If you do pack of this page to estimate.)	n'i have these fi	gures, see the
Worksheet on the b	nt information (If you do, lack of this page to estimate.) number of employees	n't have these fi	qures, see the
Worksheet on the b Annual average t	ack of this page to estimate.)	47	
<i>Worksheet on the b</i> Annual average t Total hours work	nack of this page to estimate.)	47	
Worksheet on the b Annual average t Total hours work Sign here	nack of this page to estimate.)	6673	3

Summary of Work-Related Injuries and Illnesses



U.S.Department Labor
Occupationa afetyand Health Administration

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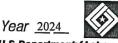
Number of C	ases		
Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction 3	Total number of other recordable cases
	4.5		
(G)	(H)	(1)	(J)
Number of D	ays		
Total number of da away from work	•	otal number of days of b transfer or restriction	
10		144	
(K)	_	(L)	
Injury and III	ness Types		
Total number of (M)			
Injuries	6	(3) Respiratory condi	tions 0
	_	(4) Poisonings	0
Skin disorders		(5) Hearing loss	0
		(6) All other illnesses	0

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Estab	lishment information	
Your esta	ELC - New London	
Street	17530 County Rd 9 NE	v
City	New London S	State MN ZIP 56273
Industry	description (e.g., Manufacture of motor transcription School Services	uck trailers)
North A	merican Industrial Classification (NAIC	CS), if known (e.g., 336212)
	611110	
Workshee	yment information (If you don't t on the back of this page to estimate.)	have these figures, see the
Annual a	verage number of employees	
	ırs worked by all employees last year	56083
Sign h	iere	
Knowi	ngly falsifying this document m	nay result in a fine.
	that I have examined this docume dge the entries are true, accurate, an executive $\frac{1}{100}$	

Summary of Work-Related Injuries and Illnesses



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OccupationaSafetyandHealthAdministration

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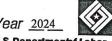
Number of Ca	ses		
Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(1)	(J)
Number of Da	ıys		
Total number of day away from work		tal number of days of transfer or restriction	
(K)		(L)	
Injury and Illr	iess Types		
Total number of (M)			
Injuries	1	(3) Respiratory condi	tions 0
	•	(4) Poisonings	0
Skin disorders		(5) Hearing loss	0
		(6) All other illnesses	0

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Street	1314 N. Hiawatha, Ste 100		
City	Pipestone	State MN	ZIP_56164
Industry	description (e.g., Manufacture of motor School Services	truck trailers)	
North A	merican Industrial Classification (NA	ICS), if know	n (e.g., 336212)
	611110		
Emplo Worksheet	yment information (If you do on the back of this page to estimate.)	n't have these fig	qures, see the
Workslieet	yment information (If you don on the back of this page to estimate.) verage number of employees	n'i have these fig	gures, see the
<i>Worksheet</i> Annual a	on the back of this page to estimate.)	68	
<i>Worksheet</i> Annual a Total hou	on the back of this page to estimate.) verage number of employees irs worked by all employees last year	68	
Worksheet Annual a Total hou Sign h	on the back of this page to estimate.) verage number of employees irs worked by all employees last year	68	30

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Occupationasafetyand Health Administration

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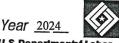
Number of C	ases	oto a section from	
Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	1	1
(G)	(H)	(1)	(J)
Number of D	ays		
Total number of da away from work		otal number of days of b transfer or restriction	
3		43	
(K)		(L)	
Injury and III	ness Types		
Total number of (M)			
Injuries	3	(3) Respiratory cond	itions 0
		(4) Poisonings	0
Skin disorders	0	(5) Hearing loss	0
		(6) All other illnesses	

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ELC - Windom 1454 6th Avenue		
1454 6th Avenue		
Windom	State MN	ZIP 56101
description (e.g., Manufacture of motor tr School Services	ruck trailers)	
merican Industrial Classification (NAI)	CS), if knov	vn (e.g., 336212)
611110		
yment information (If you don'd on the back of this page to estimate.)	t have these fi	igures, see the
verage number of employees	102	<u>. </u>
irs worked by all employees last year	14527	78
ere		
igly falsifying this document m	nay result	in a fine.
1	School Services merican Industrial Classification (NAIC 611110 yment information (If you don't on the back of this page to estimate.) werage number of employees ars worked by all employees last year ere ere ngly falsifying this document m that I have examined this docume	merican Industrial Classification (NAICS), if know 611110 yment information (If you don't have these fit on the back of this page to estimate.) verage number of employees 102 urs worked by all employees last year 1452

Summary of Work-Related Injuries and Illnesses



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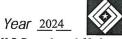
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Number of C	ases		
Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(1)	(J)
Number of D	ays		
Total number of da away from work		otal number of days of b transfer or restriction	
0		0	
(K)		(L)	
Injury and III	ness Types		
Total number of (M)			
Injuries	1	(3) Respiratory condi	tions 0
		(4) Poisonings	0
Skin disorders	0	(5) Hearing loss	0
		(6) All other illnesses	0

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Establi	shment information	
Your estab	Marshall Office	
Street	1420 E. College Drive	
City	Marshall	State MN ZIP 56258
Industry d	lescription (e.g., Manufacture of motor t School Services	ruck trailers)
North Am	nerican Industrial Classification (NAI	CS), if known (e.g., 336212)
	611110	
Annual ave Total hour: Sign he	ment information (If you don in the back of this page to estimate.) erage number of employees is worked by all employees last year ere gly falsifying this document in	135 209204
I certify t	hat I have examined this docume ge the entries are true, accurate, a	ent and that to the best of my



U.S.Departmentof Labor

FormapprovedOMBno. 1218-0176

OccupationaSafetyandHealthAdministration

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Using the Log count the individual entries you made for each category. Then write the totals below making any you want to a count the individual entries you made for each category. Then write the totals below making any you want to add the category and the c

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Number of C	ases		
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)	(1)	(J)
Number of D	ays		
Total number of da away from work	*	otal number of days of b transfer or restriction	
0		41	
(K)		(L)	
Injury and III	ness Types		1.00
Total number of (M)			
) Injuries	1	(3) Respiratory condi	tions 0
	•	(4) Poisonings	0
) Skin disorders		(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 1f 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 ConstitutionAvenue, NW, Wishington, DC 20210. Do not send the completed formsto this office.

Your esta	ablishment name The READY Clinic -	Marshall	
Street	349 West Main St., #1		
City	Marshall	tate MN	ZIP 56258
Industry	description (e.g., Manufacture of motor tr School Services	uck trailers)	
North A	merican Industrial Classification (NAIC	CS), if know	n (e.g., 336212)
	611110		
Workshee	pyment information (If you don't t on the back of this page to estimate.) average number of employees	have these fig	gures, see the
Workshee Annual a	t on the back of this page to estimate.)		
<i>Worksheed</i> Annual a Total hor	t on the back of this page to estimate.) average number of employees urs worked by all employees last year	8	
Worksheed Annual a Total hor Sign h	t on the back of this page to estimate.) average number of employees urs worked by all employees last year	8 1288	4

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Number of Cases



U.S.Departmentof Labor
OccupationasafetyandHealthAdministration

FormapprovedOMBno. 1218-0176

Summary of Work-Related Injuries and Illnesses

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.

STATE OF THE PARTY			
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	1	0	0
(G)	(H)	(1)	(J)
Number of Da	iys		
Total number of day away from work		otal number of days of b transfer or restriction	
5		20	
(K)	3 	(L)	
Injury and Illi	iess Types		
Total number of (M)			
1) Injuries	1	(3) Respiratory condi	tions 0
	_	(4) Poisonings	0
2) Skin disorders		(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 minutesper 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 ConstitutionAvenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

	Willmar Office		
Street	611 SW 5th Street		
City	Willmar	State MN	ZIP 56201
Industry	description (e.g., Manufacture of motor School Services	truck trailers)	
North A	merican Industrial Classification (NA	ICS), if knov	vn (e.g., 336212)
	611110		
	·		
Fmnlo	yment information (If you do		
Workshee	on the back of this page to estimate.)	n'i have these f	
Worksheet Annual a	on the back of this page to estimate.) verage number of employees	49	
Worksheet Annual a	on the back of this page to estimate.) verage number of employees ars worked by all employees last year	49	
Worksheed Annual a Total hou Sign h	on the back of this page to estimate.) verage number of employees ars worked by all employees last year	772	17