# Summary of Work-Related Injuries and Illnesses



cupationaSafetyandHealthAdministration

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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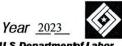
Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number o other recordable cases
0	0	0	0
(G)	(H)	(1)	(J)
Number of D	ays		
Total number of da away from work		otal number of days of bb transfer or restriction	
0		0	
(K)		(L)	
Injury and III	ness Types		
Total number of (M)			
Injuries		(3) Respiratory cond	
Skin disorders	0	(4) Poisonings	0
SKIII GISOTGETS		(5) Hearing loss	0

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

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Street	2391 Hennepin Ave N				_
City	Glencoe	State MN	ZIP	55336	_
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				
	011110	-			
	Dyment information (If you do et on the back of this page to estimate.)	n't have these f	igures, se	e the	
Workshee	oyment information (If you do	n'i have these f	igures, se	e the	
Workshee Annual :	pyment information (If you do et on the back of this page to estimate.)	4	<u> </u>	e the	
Workshee Annual :	<b>Dyment information</b> (If you do nt on the back of this page to estimate.) average number of employees urs worked by all employees last year	4	<u> </u>	e the	
Workshee Annual: Total ho Sign I	<b>Dyment information</b> (If you do nt on the back of this page to estimate.) average number of employees urs worked by all employees last year	475	5		
Workshee Annual: Total ho Sign I Knowi	byment information (If you do nt on the back of this page to estimate.) average number of employees urs worked by all employees last year there	475 may resultenent and the	5 t in a f	ìne.	f my

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Total number of deaths	Total number of cases with days away from work	cases with job	Total number of other recordable cases
0	0	1.	1
(G)	(H)	(1)	(J)
Number of D	ays		
Total number of da away from work	nys	Total number of days of job transfer or restriction	
0		83	
(K)		(L)	
Injury and III	lness Types		
Total number of (M)	×		
Injuries	2	(3) Respiratory cond	litions 0
		(4) Poisonings	0
Skin disorders		(5) Hearing loss	0
		(6) All other illnesses	s 0

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Your est	ablishment name ALC - Pipestone			
Street	1106 7th St SE			
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			
	pyment information (If you do t on the back of this page to estimate.)	n't have these fi	gures, see the	
Annual :	average number of employees	3		
Total ho	urs worked by all employees last year	4720	5	
Sign I	nere			
Knowi	ngly falsifying this document	may result	in a fine.	
knowle	that I have examined this document of the entries are true, accurate, executive 25377 - 2285			stur 24

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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	3
(G)	(H)	(1)	(J)
Number of D	ays		
Total number of da away from work		Total number of days of ob transfer or restriction	
20		169	
(K)	-	(L)	
Injury and II	Iness Types	· 连续的 约翰	
Total number of			
Injuries	5	(3) Respiratory cond	ditions 0
		(4) Poisonings	0
Skin disorders		(5) Hearing loss	0
		(6) All other illnesse	es 0

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Establishment information Your establishment name ELC - Belview 102 S. 2nd St., PO Box 188 Belview State MN ZIP 56214 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.) 20 Annual average number of employees 25508 Total hours worked by all employees last year 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.



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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	2	3
(G)	(H)	(1)	(J)
Number of D	ays		
Total number of da away from work	N. P. C.	Total number of days of job transfer or restriction	
0	_	33	
(K)		(L)	
Injury and II	Iness Types		
Total number of (M)	s.		
Injuries	5	(3) Respiratory cond	
		(4) Poisonings	0
Skin disorders		(5) Hearing loss	0
		(6) All other illnesses	. 0

Street	320 N. Saturn St., Suite A			
City	Cosmos	State MN	ZIP 562	228
Industry	School Services	truck trailers)		
North A	umerican Industrial Classification (NAI	CS), if know	n (e.g., 336	212)
	611110			
	<b>Dyment information</b> (If you don et on the back of this page to estimate.)	ı't have these fi	gures, see the	(
Workshee		i't have these fig 52	gures, see the	1
<i>Workshee</i> Annual	et on the back of this page to estimate.)			:
Workshee Annual Total he	or on the back of this page to estimate.) average number of employees urs worked by all employees last year	52		(
Workshee Annual Total ho Sign i	or on the back of this page to estimate.) average number of employees urs worked by all employees last year	52 6966	6	
Workshee Annual Total ho Sign I Know	on the back of this page to estimate.)  average number of employees  ours worked by all employees last year  here	52 6966 may result	in a fine	
Workshee Annual Total ho Sign I Know	on the back of this page to estimate.)  average number of employees  ours worked by all employees last year  there  ingly falsifying this document  by that I have examined this document	52 6966 may result	in a fine	

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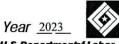
Number of C	ases		
Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	2
(G)	(H)	(1)	(J)
Number of D	ays		
Total number of da away from work	,	otal number of days of ob transfer or restriction	
0	_	0	
(K)		(L)	
Injury and II	Iness Types		
Total number of (M)	0		
Injuries	2	(3) Respiratory con-	ditions 0
		(4) Poisonings	0
Skin disorders		(5) Hearing loss	0
		(6) All other illnesse	es 0

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**Establishment information** Your establishment name ELC - Montevideo 2419 Washington Avenue Street State MN ZIP 56265 Montevideo 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 62104 Total hours worked by all employees last year 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.

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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	2	2
(G)	(H)	(1)	(J)
Number of D	ays		
Total number of da away from work		Total number of days of job transfer or restriction	
43		123	
(K)		(L)	
Injury and II	Iness Types		
Total number of (M)			
Injuries	5	(3) Respiratory cond	
20 20 31	0	(4) Poisonings	0
Skin disorders		(5) Hearing loss	0
		(6) All other illnesse	95 0

City	Pipestone	State MN	_ ZIP _	56164
Industr	y description (e.g., Manufacture of motor School Services	truck trailers)		
North .	American Industrial Classification (NA	JCS), if knov	vn (e.g.,	336212)
	611110			
Workshe	<b>oyment information</b> (If you do et on the back of this page to estimate.)	n't have these f		e the
	average number of employees ours worked by all employees last year	0306		
Sign				
Know	ringly falsifying this document	may resul	t in a f	ìne.
	fy that I have examined this documedge the entries are true, accurate,			e best of my
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**Establishment information** 

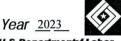
Your establishment name ELC - Pipestone

1314 N. Hiawatha, Ste 100

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Number of Cases



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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	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	
0		7	
(K)	,	(L)	
Injury and III	lness Types		
Total number of (M)			
Injuries		(3) Respiratory cond	
	0	(4) Poisonings	0
Skin disorders		(5) Hearing loss	0
		(6) All other illnesses	s0

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Establishment information Your establishment name ELC - Willman 1703 Technology Drive, PO 1094 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 51979 Total hours worked by all employees last year 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.

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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	1	2
(G)	(H)	(1)	(J)
Number of D	ays		
Total number of da away from work		Total number of days of ob transfer or restriction	
0		78	
(K)		(L)	
Injury and II	Iness Types		
Total number of			
Injuries	3	(3) Respiratory cond	ditions 0
		(4) Poisonings	0
Skin disorders		(5) Hearing loss	0
		(6) All other illnesse	es 0

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**Establishment information** Your establishment name ELC - Windom 1454 6th Avenue 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 142337 Total hours worked by all employees last year 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.

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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	*	Total number of days of job transfer or restriction	
0		0	
(K)	_	(L)	
Injury and II	Iness Types		
Total number of (M)	··		
Injuries	0	(3) Respiratory con-	400000000000000000000000000000000000000
		(4) Poisonings	0
Skin disorders	0	(5) Hearing loss	0
		(6) All other illnesse	es 0

**Establishment information** Your establishment name Marshall Office 1420 E. College Drive 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.) 154 Annual average number of employees 212711 Total hours worked by all employees last year 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.

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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		Children's
Total number of da away from work		Total number of days of ob transfer or restriction	
0		0	
(K)	-	(L)	
Injury and II	Iness Types		
Total number of (M)	1.5		
Injuries		(3) Respiratory cond	litions 0
		(4) Poisonings	0
Skin disorders		(5) Hearing loss	0
		(6) All other illnesse	s 0

**Establishment information** Montevideo Office 2001 William Ave, Suite 140A Street 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 23440 Total hours worked by all employees last year 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.

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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		Total number of days of ob transfer or restriction	
0		0	
(K)		(L)	
Injury and II	Iness Types		
Total number of (M)	MATERIAL STATE OF THE STATE OF		
Injuries	1	(3) Respiratory cond	and the second
		(4) Poisonings	0
Skin disorders	0	(5) Hearing loss	0
		(6) All other illnesse	es 0

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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 Constitution Avenue, NW, Washington, DC 2021(0. Do not send the completed forms to this office.

Street	349 West Main St., #1	
City	Marshall	State MN ZIP 56258
Industry	description (e.g., Manufacture of moto School Services	or truck trailers)
North A	merican Industrial Classification (NA	AICS), if known (e.g., 336212)
	611110	
	pyment information (If you do nt on the back of this page to estimate.)	on't have these figures, see the
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# Summary of Work-Related Injuries and Illnesses



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.

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.

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		Total number of days of job transfer or restriction	
0		0	
(K)		(L)	
Injury and II	lness Types		
Total number of (M)			
Injuries		(3) Respiratory cond	
	0	(4) Poisonings	0
Skin disorders	0	(5) Hearing loss	0
		(6) All other illnesse	es 0

Street	611 SW 5th Street		
City	Willmar	State MN	ZIP 56201
Industry	y description (e.g., Manufacture of motor School Services	truck trailers)	
North A	american Industrial Classification (NA	ICS), if know	m (e.g., 336212)
	611110		
	pyment information (If you don et on the back of this page to estimate.)	i't have these fi	gures, see the
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