

OSHA's Form 300A

Summary of Work-Related Injuries and Illnesses

Year 2023



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."

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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> |

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

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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 4755

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.

Hennig Lee HR Assistant
Company executive Title
507 537-2285 Phone
1/30/24 Date

OSHA's Form 300A

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Year 2023
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>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>0</u> | <u>83</u> |
| (K) | (L) |

Injury and Illness Types

| Total number of ... (M) | | | |
|-------------------------|----------|----------------------------|----------|
| (1) Injuries | <u>2</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 3
 Total hours worked by all employees last year 4726

Sign here

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Dennise J. Lee HR Assistant
 Company executive Title
 507 537-2285 Phone Date 1/30/24

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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>3</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>20</u> | <u>169</u> |
| (K) | (L) |

Injury and Illness Types

| Total number of . . . | (M) | | |
|-----------------------|----------|----------------------------|----------|
| (1) Injuries | <u>5</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 - Belview

Street 102 S. 2nd St., PO Box 188

City 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.)

Annual average number of employees 20

Total hours worked by all employees last year 25508

Sign here

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Jennifer J. Lee HR Assistant
Company executive Title
Phone 507-537-2285 Date 2/07/24

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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>2</u> | <u>3</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>33</u> |
| (K) | (L) |

Injury and Illness Types

| Total number of . . . (M) | | | |
|---------------------------|----------|----------------------------|----------|
| (1) Injuries | <u>5</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 - 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 52

Total hours worked by all employees last year 69666

Sign here

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Jennifer J. Lee HR Assistant
Company executive Title
507 537-2285 1/30/24
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>0</u> | <u>2</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>2</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 42
 Total hours worked by all employees last year 62104

Sign here

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Jennifer Lee HR Assistant
 Company executive Title
 Phone 507 537-2285 Date 1/30/24

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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>2</u> | <u>2</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>43</u> | <u>123</u> |
| (K) | (L) |

Injury and Illness Types

| Total number of . . . | (M) | (N) | (O) |
|-----------------------|----------|----------------------------|----------|
| (1) Injuries | <u>5</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 - 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 63

Total hours worked by all employees last year 93988

Sign here

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Dennifer J. Lee HR Assistant
Company executive title
507 537-2285 1/30/24
Phone Date

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Number of Cases

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|------------------------|--|--|--|
| <u>0</u> | <u>0</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>0</u> | <u>7</u> |
| (K) | (L) |

Injury and Illness Types

| Total number of . . . (M) | | | |
|------------------------------|----------|----------------------------|----------|
| (1) Injuries | <u>2</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 - Willmar

Street 1703 Technology Drive, PO 1094

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 39

Total hours worked by all employees last year 51979

Sign here

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Aernig, Jolee HR Assistant
Company executive Title
507-537-2285 1/30/24
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>1</u> | <u>2</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>78</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 - 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 97

Total hours worked by all employees last year 142337

Sign here

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Dennis J. Lee HR Assistant
Company executive Title
507 537-2285 1/30/24
Phone Date

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Number of Cases

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|------------------------|--|--|--|
| <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 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 154

Total hours worked by all employees last year 212711

Sign here

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Dennis J. Lee HR Assistant
Company executive Title
507 537-2285 11/30/24
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>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> |

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 form to this office.

Establishment information

Your establishment name Montevideo Office

Street 2001 William Ave, Suite 140A

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 16

Total hours worked by all employees last year 23440

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.

Aennifer J. Lee HR Assistant
Company executive Title
507 537-2285 1/30/24
Phone Date

OSHA's Form 300A

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.

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> |
| | | (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 2

Total hours worked by all employees last year 2448

Sign here

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Jennifer J. Lee HR Assistant
Company executive Title
507 537-2285 Phone
1/30/24 Date

OSHA's Form 300A

Summary of Work-Related Injuries and Illnesses

Year 2023
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.

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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>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 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 39

Total hours worked by all employees last year 78541

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.

Jennif J. Lee HR Assistant
 Company executive Title
507 537-2285 1/30/24
 Phone Date