

# 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."

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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 |
|------------------------|--|--|--|
| 0                      | 1  | 0  | 2                                      |
| (G)                    | (H)  | (I)  | (J)                                    |

### Number of Days

| Total number of days away from work | Total number of days of job transfer or restriction |
|-------------------------------------|---|
| 1                                   | 0   |
| (K)                                 | (L)   |

### Injury and Illness Types

| Total number of . . . (M) |   |                            |   |
|---------------------------|---|----------------------------|---|
| (1) Injuries              | 3 | (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.

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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

Standard Industrial Classification (SIC), if known (e.g., *SIC 3715*)  
8299

OR

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

### 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 32

Total hours worked by all employees last year 44290

### 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 Chee - HR Assistant  
Company executive Title  
 507 537-2285 Phone  
 1/29/2019 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 |
|------------------------|--|--|--|
| 0                      | 0  | 0  | 2                                      |
| (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              | 2 | (3) Respiratory conditions | 0 |
|                           |   | (4) Poisonings             | 0 |
| (2) Skin disorders        | 0 | (5) Hearing loss           | 0 |
|                           |   | (6) All other illnesses    | 0 |

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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

Standard Industrial Classification (SIC), if known (e.g., *SIC 3715*)  
8299

OR

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

### 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 69

Total hours worked by all employees last year 95546

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Jennifer Stee - HR Assistant  
Company executive Title

507 537-2285 1/29/19  
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>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>2</u>                            | <u>0</u>  |
| (K)                                 | (L)   |

### Injury and Illness Types

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

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### Establishment information

Your establishment name ELC - Pipestone

Street 1314 N. Hiawatha, Box 250

City Pipestone State MN ZIP 56164

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

Standard Industrial Classification (SIC), if known (e.g., *SIC 3715*)  
8299

OR

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

### 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 88602

### 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 Lee - HR Assistant  
Company executive Title  
 Phone 507 537-2285 Date 1/29/19

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 |
|------------------------|--|--|--|
| 0                      | 0  | 1  | 1                                      |
| (G)                    | (H)  | (I)  | (J)                                    |

### Number of Days

| Total number of days away from work | Total number of days of job transfer or restriction |
|-------------------------------------|---|
| 0                                   | 5   |
| (K)                                 | (L)   |

### Injury and Illness Types

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

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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  
 Standard Industrial Classification (SIC), if known (e.g., SIC 3715)  
8299  
 OR  
 North American Industrial Classification (NAICS), if known (e.g., 336212)

### 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 27741

### Sign here

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Jennifer Lee - HR Assistant  
Company executive Title  
507 537-2285 1/29/19  
Phone Date

# Summary of Work-Related Injuries and Illnesses

Year 2018



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

Form approved OMB No. 1218-0176

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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 |
|------------------------|--|--|--|
| 0                      | 0  | 0  | 2                                      |
| (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 | (2) Skin disorders | (3) Respiratory conditions | (4) Poisonings | (5) Hearing loss | (6) All other illnesses |
|---------------------------|--------------|--------------------|----------------------------|----------------|------------------|-------------------------|
|                           | 2            | 0                  | 0                          | 0              | 0                | 0                       |

### Establishment information

Your establishment name ELC-Windom

Street 68 10th Street

City Windom State MN ZIP 56101

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

Standard Industrial Classification (SIC), if known (e.g., *SIC 3715*)  
8299

OR

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

### 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 75

Total hours worked by all employees last year 106730

### Sign here

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Jennifer Oree - HR Assistant  
Company executive Title  
 Phone 507 537-2285 Date 1/29/19

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Occupational Safety and Health Administration

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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> |
| (2) Skin disorders         | <u>0</u> |
| (3) Respiratory conditions | <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 Heartland Ranch School Benson  
 Street 1400 Montana Ave.  
 City Benson State MN ZIP 56215  
 Industry description (e.g., *Manufacture of motor truck trailers*)  
School Services  
 Standard Industrial Classification (SIC), if known (e.g., *SIC 3715*)  
8299  
 OR  
 North American Industrial Classification (NAICS), if known (e.g., 336212)

### 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 5  
 Total hours worked by all employees last year 6217

### Sign here

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Jennifer Lee - HR Assistant  
Company executive Title  
507 537-2285 1/29/19  
Phone Date

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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

Standard Industrial Classification (SIC), if known (e.g., *SIC 3715*)  
8299

OR

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

### 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 73

Total hours worked by all employees last year 122572

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Jennifer Lee - HR Assistant  
Company executive Title

507 537-2285 1/29/19  
Phone Date

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Year 2018



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

Form approved OMB No. 1218-0176

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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> |
|                           |          | (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 Pipestone Office  
 Street 1314 N. Hiawatha, Box 250  
 City Pipestone State MN ZIP 56164  
 Industry description (e.g., *Manufacture of motor truck trailers*)  
School Services  
 Standard Industrial Classification (SIC), if known (e.g., *SIC 3715*)  
8299  
 OR  
 North American Industrial Classification (NAICS), if known (e.g., *336212*)

### 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 88602

### Sign here

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Jennifer Lee - HR Assistant  
Company executive Title  
507 537-2285 1/29/19  
Phone Date



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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 |
|------------------------|--|--|--|
| 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 | (2) Skin disorders | (3) Respiratory conditions | (4) Poisonings | (5) Hearing loss | (6) All other illnesses |
|-------------------------|--------------|--------------------|----------------------------|----------------|------------------|-------------------------|
|                         | 0            | 0                  | 0                          | 0              | 0                | 0                       |

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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  
 Standard Industrial Classification (SIC), if known (e.g., *SIC 3715*)  
8299  
 OR  
 North American Industrial Classification (NAICS), if known (e.g., *336212*)

### 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 41  
 Total hours worked by all employees last year 62435

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Jennifer Shee - HR Assistant  
Company executive Title  
 Phone 507 537-2285 Date 1/29/19