Year 20 2 4

Summary of Work-Related Injuries and Illnesses

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			
deaths c	otal number of ases with days way from work (H)	Total number of cases with job transfer or restriction 0 (I)	Total number of other recordable cases (J)
Number of Days			
Total number of days away from work O(K)		al number of days of transfer or restriction o (L)	
Injury and Illness	Types		
Total number of (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders(3) Respiratory conditions	0	(5) Hearing Loss(6) All other illness	

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

Street 550 N FLOWER ST City SANTA ANA	State <u>CA</u> Zip <u>92702</u>
	State CA Zip 92702
City SANTA ANA	State CA Zip 92702
Industry description (e.g., Manuf	facture of motor truck trailers)
	Superior Court
Standard Industrial Classification	n (SIC), if known (e.g., SIC 3715)
9 <u>2</u> <u>1</u> OR	1_
North American Industrial Classi	ification (NAICS), if known (e.g., 336212)
North American maasarar Classi	medion (tyres), it known (e.g., 330212)
9 2 2	1 1 0
Employment Informa Worksheet on back of this page to	ntion(If you don't have these figures, see the
worksheet on back of this page to	o commue)
Annual average number of emplo	
	15,766
Total hours worked by all employ	vees last year
Total hours worked by all employ	yees last year
Total hours worked by all employ Sign here	yees last year
Sign here	yees last year
Sign here	sis document may result in a fine.
Sign here	yees last year
Sign here Knowingly falsifying th	nis document may result in a fine.
Sign here Knowingly falsifying th	nis document may result in a fine.

Year 20 2 4

Summary of Work-Related Injuries and Illnesses

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 Case	es .		
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)	(I)	
Number of Days			
Total number of day away from work		tal number of days of transfer or restriction	
<u>(K)</u>	_	(L)	
Injury and Illnes	s Types		
Total number of (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders		(5) Hearing Loss	0
(2) Skill disorders	0	(6) All other illness	seso
(3) Respiratory condition	ns <u> </u>		

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

Your e	establishment	97200099-10 CO -TRIAL COURTS		IN JAIL CJ1	
Street	550 N FLOWER ST.				
City	SANTA ANA	Sta	ite <u>CA</u>	Zip <u>92702</u>	
Industr	y description (e.g., Ma	nufacture of moto	r truck trai	lers)	
		Superior Cour	t		
Standaı	d Industrial Classifica	tion (SIC), if know	vn (e.g., SI	C 3715)	
	9 2 1		(0)	,	
OR					
	American Industrial Cl	assification (NAIC	S), if know	vn (e.g., 336212)	
	American Industrial Cl			vn (e.g., 336212)	
North A		nation(If you d	0_		
North A Emp Worksh	<u>9 2 2</u> loyment Infori	mation(If you d	0_		
Emp Worksh	9 2 2 loyment Information of the spanning of	mation(If you detected to continue)	0 on't have th	nese figures, see the	
Emp Worksh Annual	9 2 2 loyment Information back of this pagarage number of en	mation(If you detected to continue)	0 on't have th	nese figures, see the	
Emp Worksh Annual Total h	9 2 2 loyment Information of the page of	1 1 mation(If you die to continue) apployees apployees last year	0 on't have th	see figures, see the 5 9,002	
Emp Worksh Annual Total h Sign Knov	9 2 2 loyment Informate on back of this pagares average number of enours worked by all embere wingly falsifying fy that I have exam	mation(If you detected to continue) apployees apployees last year this document	on't have the	5 9,002 result in a fine.	•
Emp Worksh Annual Total h Sign Knov	9 2 2 loyment Information of this page average number of enours worked by all embere wingly falsifying	mation(If you detected to continue) apployees apployees last year this document	on't have the	5 9,002 result in a fine.	,

Number of Cases

Year 20 2 4

Summary of Work-Related Injuries and Illnesses

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.

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)	(I)	(J)
Number of Days			
Total number of days away from work 103 (K)		tal number of days of transfer or restriction 452 (L)	
Injury and Illness	Types		
Total number of (M)			
(1) Injuries	7	(4) Poisonings	0
(2) Skin disorders(3) Respiratory conditions	0	(5) Hearing Loss(6) All other illnes	

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

Your e	establishment	97200099-3 CENT CJC -TRIAL COUR	RAL JUSTICE CENTER RTS
Street	700 W CIVIC CENT	ER DR.	
City	SANTA ANA	State	e <u>CA</u> Zip <u>92701</u>
Industry	y description (e.g., M	Aanufacture of motor	truck trailers)
		Superior Court	
Standar	d Industrial Classific	cation (SIC), if known	n (e.g., SIC 3715)
OR	9 2 1	1	
North A	American Industrial C	Classification (NAICS), if known (e.g., 336212)
North A			6), if known (e.g., 336212)
Emp	9 2 2	rmation(If you do	
Emp Worksh	9 2 2	rmation(If you do	0_
Emp . Worksh	9 2 2 loyment Infoi	mation(If you donage to continue)	0
Emp. Worksh Annual Total ho	9 2 2	mation(If you donage to continue)	0
Emp Worksh Annual Total ho	9 2 2 loyment Infoi eet on back of this pe average number of e ours worked by all en	rmation(If you donage to continue) employees employees last year	0
Emp. Worksh Annual Total ho Sign Know	9 2 2 loyment Information back of this parage number of a cours worked by all enterestingly falsifyingly falsifyingly that I have example to the course of	rmation(If you donage to continue) employees employees last year g this documen	on't have these figures, see the 702 1,177,919 t may result in a fine. In and that to the best of my

Year 20 2 4

Summary of Work-Related Injuries and Illnesses

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.

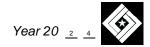
Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

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.

Total number of	Total number of	Total number of	Total number of
deaths	cases with days away from work	cases with job transfer or restriction	other recordable cases
(G)	(H)	<u> </u>	(J)
Number of Days	s		
Total number of day away from work		otal number of days of transfer or restriction	
(K)		(L)	
Injury and Illnes	ss Types		
Total number of (M)			
1) Injuries	0	(4) Poisonings	0
2) (1) 1; 1		(5) Hearing Loss	0
2) Skin disorders	0	(6) All other illness	ses ₀
3) Respiratory conditio	ns <u> </u>		

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

Your e	establishment	97200099-27 CJC	ANNEX-TRIAL COURTS	
Street	401 CIVIC CENTER D	RIVE		
City	SANTA ANA	State	CA Zip 92701	
Industr	y description (e.g., Ma	nufacture of motor	ruck trailers)	
		Superior Co	urt	
Standaı	rd Industrial Classifica	tion (SIC), if known	(e.g., SIC 3715)	
OR	9 2 1			
North A	American Industrial Cla	assification (NAICS), if known (e.g., 336212)	
North A), if known (e.g., 336212)	
North A	American Industrial Cla			
Етр	9 2 2	nation(If you do		
Етр	9 2 2	nation(If you do	0_	
Emp Worksh	9 2 2	mation(If you do	0_	
Emp Worksh	9 2 2 loyment Information of the page on back of this page.	mation(If you do	0	
Emp Worksh	9 2 2 loyment Information of the page average number of em	mation(If you do	0 u't have these figures, see the	
Emp Worksh Annual	9 2 2 loyment Information of the page average number of em	mation(If you do	0 u't have these figures, see the	
Emp Worksh Annual Total h	9 2 2 loyment Informeet on back of this pag average number of emours worked by all emphere	nation(If you done to continue) uployees ployees last year	0 u't have these figures, see the	
Emp Worksh Annual Total h Sign Knov	9 2 2 loyment Information of this page average number of emours worked by all employers wingly falsifying	mation(If you do not to continue) apployees apployees last year this documen	out have these figures, see the 15 3,844 t may result in a fine.	NV.
Emp Worksh Annual Total h Sign Knov	9 2 2 loyment Information of this page average number of emours worked by all employers wingly falsifying	mation(If you do not to continue) apployees apployees last year this documen	o i't have these figures, see the 15 3,844 t may result in a fine. at and that to the best of m	му



Summary of Work-Related Injuries and Illnesses

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 Case	es		
Total number of deaths $\frac{0}{(G)}$	Total number of cases with days away from work 1 (H)	Total number of cases with job transfer or restriction (I)	Total number of other recordable cases (J)
Number of Days	s		
Total number of day away from work		al number of days of transfer or restriction	
(K)		(L)	
Injury and Illnes	ss Types		
Total number of (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss(6) All other illness	
(3) Respiratory conditio	ns <u>1</u>		

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

Your e	establishment	97200099-25 COS COMPLEX CMJC	TA MESA JUSTICE -TRIAL COURTS
Street	3390 HARBOR BLV	D	
City	COSTA MESA	State	e <u>CA</u> Zip <u>92626</u>
Industr	y description (e.g., M	Manufacture of motor Superior Cou	
Standar	d Industrial Classific	cation (SIC), if know	n (e.g., SIC 3715)
OR	9 2 1	1	
			s), if known (e.g., 336212)
North A	9 2 2	rmation(If you do	
North A Emp Worksh	9 2 2	rmation(If you do	0_
North A Emp Worksh Annual	9 2 2 loyment Infoinate on back of this part of the p	rmation(If you do age to continue)	0
Emp Worksh Annual	9 2 2	rmation(If you do age to continue)	0 n't have these figures, see the
Emp Worksh Annual Total he	9 2 2 loyment Infoi eet on back of this p average number of o ours worked by all es	mation(If you do age to continue) employees employees last year	0 n't have these figures, see the
North A Emp Worksh Annual Total he Sign Know	9 2 2 loyment Information back of this power average number of cours worked by all enteres wingly falsifyingly falsifyingly that I have exampledge the entries a	rmation(If you do age to continue) employees employees last year g this documen	on't have these figures, see the 76 127,918 t may result in a fine. nt and that to the best of my

Year 20 2 4

Summary of Work-Related Injuries and Illnesses occupational

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

01/31/2025

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 Case	es		
Total number of deaths O(G)	Total number of cases with days away from work O (H)	Total number of cases with job transfer or restriction (I)	Total number of other recordable cases (J)
Number of Days	5		
Total number of day away from work 0 (K)		tal number of days of transfer or restriction (L)	
Injury and Illnes	ss Types		
Total number of (M)			
(1) Injuries	0	(4) Poisonings	0
(2) (1) 1, 1		(5) Hearing Loss	0
(2) Skin disorders	0	(6) All other illness	ses 0
(3) Respiratory condition	ns <u>1</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 Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC, 20210. Do not send the completed forms to this office.

	Form approved OMB no. 1218-0176
Establishment Information	on
	99-8 COMMUNITY COURT BUILDING RIAL COURTS
Street 909 N MAIN ST	
City SANTA ANA	State CA Zip 94102
Industry description (e.g., Manufacture	of motor truck trailers)
Suj	perior Court
Standard Industrial Classification (SIC), if known (e.g., SIC 3715)
9 <u>2 1 1</u> OR	
North American Industrial Classification	on (NAICS), if known (e.g., 336212)
_9 _2 _2 _1	1 0
Employment Information Worksheet on back of this page to conti	(If you don't have these figures, see the
Annual average number of employees	15
Total hours worked by all employees la	st year
Sign here	
Knowingly falsifying this do	ocument may result in a fine.
I certify that I have examined this knowledge the entries are true, ac	document and that to the best of my
Screen from the safe true, ac	
Company executive	Chief Human Resource Officer Title

(657) 622-7702

Number of Cases

Year 20 2 4

Summary of Work-Related Injuries and Illnesses

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.

Total number of deaths o (G)	Total number of cases with days away from work (H)	cases with job	Total number of other recordable cases (J)
Number of Days Total number of day		Total number of days of	
away from work		ob transfer or restriction	
——————————————————————————————————————	-	58 (L)	
Injury and Illnes	s Types		
Total number of (M)			
(1) Injuries	0	(4) Poisonings	0
		(5) Hearing Loss	0
(2) Skin disorders	0	(6) A11 -1 -211	
(3) Respiratory condition	ns <u> </u>	(6) All other illnes	ses <u>2</u>

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

Your e	establishment	97200099-13 HARBOR . HJC -TRIAL COURTS	
Street	4601 JAMBOREE RI	D.	
City	NEWPORT BEACH	State C	A Zip 92660
Industr	y description (e.g., M	anufacture of motor truck	trailers)
		Superior Court	
Standar	d Industrial Classific	ation (SIC), if known (e.g.	., SIC 3715)
OR	9 2 1	_ 1	
North A	American Industrial C	lassification (NAICS), if k	known (e.g., 336212)
North A		lassification (NAICS), if k	known (e.g., 336212)
Етр	9 2 2	110 mation(If you don't ha	
Emp Worksh	9 2 2	1 1 0 mation(If you don't ha	
Emp Worksh Annual	9 2 2 loyment Informet on back of this part of the pa	1	ve these figures, see the
Emp Worksh Annual	9 2 2 loyment Informeet on back of this paraverage number of e	1	ve these figures, see the
Emp Worksh Annual Total he	9 2 2 loyment Informet on back of this possible average number of each ours worked by all entires.	1	ve these figures, see the 89 156,620
Emp Worksh Annual Total he Sign Knov	9 2 2 loyment Informet on back of this parage number of earter worked by all enterestingly falsifying fy that I have example of the second of	mation(If you don't ha ge to continue) mployees polyees last year g this document ma	89 156,620 ay result in a fine.

Number of Cases

Year 20 2 4

Summary of Work-Related Injuries and Illnesses

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.

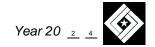
Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

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.

Total number of deaths 0 (G)	Total number of cases with days away from work 5 (H)	Total number of cases with job transfer or restriction (I)	Total number of other recordable cases (J)
Number of Days	5		
Total number of day away from work 34 (K) Injury and Illness	jol —	otal number of days of b transfer or restriction 174 (L)	
Total number of (M)			
(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders (3) Respiratory condition	 ns	(5) Hearing Loss(6) All other illness	

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

Your e	establishment	97200099-1 LAMO LJC -TRIAL COUR	REAUX JUSTICE CENTER
Street	341 S THE CITY DR.		
City	ORANGE	Stat	e <u>CA</u> Zip <u>92868</u>
Industr	y description (e.g., Me	anufacture of motor	truck trailers)
Standaı	rd Industrial Classifica	ntion (SIC), if know	n (e.g., SIC 3715)
OR	9 2 1	_ 1_	
North A	American Industrial C	lassification (NAICS	s), if known (e.g., 336212)
Етр	9 2 2	11	
Emp Worksh	9 2 2	mation(If you do	0_
Emp Worksh Annual	9 2 2 sloyment Information of the second back of this page.		0
Emp Worksh Annual Total h	9 2 2 sloyment Information back of this parage number of en		n't have these figures, see the
Emp Worksh Annual Total h	9 2 2 Sloyment Information back of this para average number of errours worked by all em	1 1 mation(If you do ge to continue) mployees	n't have these figures, see the
Emp Worksh Annual Total h Sign Knov	9 2 2 cloyment Information back of this parage number of endours worked by all embero	mation(If you do ge to continue) mployees mployees last year g this documen	on't have these figures, see the 334 563,606 t may result in a fine. nt and that to the best of my



Summary of Work-Related Injuries and Illnesses

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.

Total number of	Total number of	Total number of	Total number of
deaths	cases with days away from work	cases with job transfer or restriction	other recordable cases
(G)	(H)	(I)	(J)
Number of Days	5		
Total number of day away from work		otal number of days of transfer or restriction	
₀ (K)	_	(L)	
Injury and Illnes	ss Types		
Total number of (M)			
1) Injuries	0	(4) Poisonings	0
2) Clain diagnalana		(5) Hearing Loss	0
2) Skin disorders	0	(6) All other illness	ses 0
3) Respiratory condition	ns <u> </u>		

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

Your e	establishment		OREAUX JUSTICE CENTER -TRIAL COURTS
Street	331 THE CITY DR		
Succi			
City	ORANGE	State	e <u>CA</u> Zip <u>92868</u>
Industr	y description (e.g., Ma	nufacture of motor	truck trailers)
		Superior Court	
Standa	rd Industrial Classifica	tion (SIC), if knowr	n (e.g., SIC 3715)
OR	9 2 1		
OIL			
OK			
	American Industrial Cl	assification (NAICS	s), if known (e.g., 336212)
	American Industrial Cl	assification (NAICS	s), if known (e.g., 336212)
	American Industrial Cl		
North A	9 2 2	1 _1	
North A	9 2 2	nation(If you do	0_
North A	9 2 2 sloyment Information of the page on back of this page of the page of th	mation(If you do	0 n't have these figures, see the
North A	9 2 2	mation(If you do	0_
Emp Worksh	9 2 2 sloyment Information back of this page average number of en	mation(If you do	0_n't have these figures, see the
Emp Worksh	9 2 2 sloyment Information of the page on back of this page of the page of th	mation(If you do	0 n't have these figures, see the
Emp Worksh Annual	9 2 2 sloyment Information back of this page average number of en	mation(If you do	0_n't have these figures, see the
Emp Worksh Annual Total h	9 2 2 Ployment Information of the page of	nation(If you donge to continue) nployees ployees last year	0_n't have these figures, see the
Emp Worksh Annual Total h	9 2 2 Ployment Information of the page of	nation(If you donge to continue) nployees ployees last year	0 n't have these figures, see the 31 32,528
Emp Worksh Annual Total h	9 2 2 coloyment Information of the set on back of this page a verage number of enours worked by all emotion of the set o	mation(If you donge to continue) apployees apployees last year this documen	0 n't have these figures, see the 31 32,528
Emp Workst Annual Total h Sign Knov	9 2 2 coloyment Information of the set on back of this page a verage number of enours worked by all emotion of the set o	mation(If you donge to continue) apployees apployees last year this documen	on't have these figures, see the 31 32,528 t may result in a fine. Int and that to the best of my
Emp Workst Annual Total h Sign Knov	9 2 2 cloyment Information of the standard of this page of the standard of this page of the standard of the s	mation(If you donge to continue) apployees apployees last year this documen	on't have these figures, see the 31 32,528 t may result in a fine. Int and that to the best of my

Number of Cases

Year 20 2 4

Summary of Work-Related Injuries and Illnesses

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."

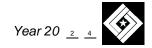
Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Total number of deaths O(G)	Total number of cases with days away from work 3 (H)	Total number of cases with job transfer or restriction 2 (I)	Total number of other recordable cases (J)
Total number of day away from work 9 (K)	vs To	otal number of days of b transfer or restriction 173 (L)	
Injury and Illnes Total number of (M)	ss Types		
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders (3) Respiratory condition	 ns	(5) Hearing Loss(6) All other illness	

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

Your establishment	97200099-16 NORTH JUSTICE CENTER NJC -TRIAL COURTS	
Street 1275 N BERKELEY	AVE.	
City <u>FULLERTON</u>	State CA Zip 92868	
Industry description (e.g., A	Manufacture of motor truck trailers) Superior Court	
Standard Industrial Classifi	cation (SIC), if known (e.g., SIC 3715)	
9 <u>2</u> 1	<u> </u>	
9 2 2	Classification (NAICS), if known (e.g., 336212) 2 _ 1 _ 0 rmation(If you don't have these figures, see the	
9 2 2	rmation(If you don't have these figures, see the age to continue)	
9 2 2 Employment Info	rmation(If you don't have these figures, see the age to continue) employees 115	
9 2 2 Employment Info. Worksheet on back of this p Annual average number of of the control of	rmation(If you don't have these figures, see the age to continue) employees 115	
9 2 2 Employment Info. Worksheet on back of this p Annual average number of a Total hours worked by all e	rmation(If you don't have these figures, see the age to continue) employees 115	
9 2 2 Employment Info. Worksheet on back of this p Annual average number of total hours worked by all e Sign here Knowingly falsifyin I certify that I have example to the second	rmation(If you don't have these figures, see the page to continue) employees mployees last year 195,640	

Number of Cases



Summary of Work-Related Injuries and Illnesses

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.

Total number of deaths o (G)	Total number of cases with days away from work 1 (H)	Total number of cases with job transfer or restriction (I)	Total number of other recordable cases (J)
Number of Day Total number of da away from work 1 (K) Injury and Illne	ys To	otal number of days of b transfer or restriction 180 (L)	
Total number of (M)			
(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders(3) Respiratory condition		(5) Hearing Loss(6) All other illness	

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

Your e	establishment	97200099-24 WE -TRIAL COURTS		E CENTE	R WJC
Street	8141 13TH ST.				
City	WESTMINSTER	Sta	ate <u>CA</u>	_ Zip	92683
Industr	y description (e.g., Man	sufacture of moto	r truck trai	lers)	
		Superior Court			
Standar	rd Industrial Classificati	on (SIC) if know	νη (ρο ΩΙ	C 3715)	
Standar			wii (e.g., 51	c 3713)	
OR	9 2 1				
North A	American Industrial Clas	ssification (NAIC	CS), if know	/n (e.g., 3	336212)
North A	American Industrial Clas	ssification (NAIC	CS), if know	/n (e.g., 3	336212)
North A	American Industrial Clas			/n (e.g., 3	336212)
	9 2 2	_11	0_		
Emp	9 2 2	1 1 and 1	0_		
Emp	9 2 2	1 1 and 1	0_	aese figur	
Emp Worksh	9 2 2	1 1 1 and an analysis of the continue)	0_		
Emp Worksh Annual	9 2 2 loyment Inform	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	0 lon't have th	aese figur	
Emp Worksh Annual	9 2 2 sloyment Informate on back of this page average number of empty.	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	0 lon't have th	nese figur 127	
Emp Worksh Annual Total h	9 2 2 Sloyment Informate on back of this page average number of empours worked by all emp	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	0 lon't have th	nese figur 127	
Emp Worksh Annual Total h	9 2 2 Sloyment Information of this page average number of employers worked by all employers where	1 1 nation(If you a to continue)	0 lon't have th	127 220,372	res, see the
Emp Worksh Annual Total h	9 2 2 Sloyment Informate on back of this page average number of empours worked by all emp	1 1 nation(If you a to continue)	0 lon't have th	127 220,372	res, see the
Emp Worksh Annual Total h	9 2 2 Sloyment Information of this page average number of employers worked by all employers where	1 1 nation(If you a to continue)	0 lon't have th	127 220,372	res, see the
Emp Worksh Annual Total h Sign Knov	9 2 2 coloyment Informate on back of this page average number of employers worked by all employers here wingly falsifying to	nation(If you a to continue) cloyees cloyees last year this docume	nt may i	127 220,372 result i	in a fine.
Emp Worksh Annual Total h Sign Knov	9 2 2 cloyment Informate on back of this page average number of empours worked by all empours worked by that I have examined by that I have examined by that I have examined by the entries are	nation(If you a to continue) cloyees cloyees last year this docume	nt may i	127 220,372 result i	in a fine.
Emp Worksh Annual Total h Sign Knov	9 2 2 cloyment Informate on back of this page average number of empours worked by all empours worked by that I have examined by that I have examined by that I have examined by the entries are	nation(If you a to continue) cloyees cloyees last year this docume	nt may remain and the and comp	127 220,372 result i	in a fine.