



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

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> (G)	<u>0</u> (H)	<u>0</u> (I)	<u>0</u> (J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
<u>0</u> (K)	<u>0</u> (L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	<u>0</u>	(4) Poisonings	<u>0</u>
(2) Skin disorders	<u>0</u>	(5) Hearing Loss	<u>0</u>
(3) Respiratory conditions	<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 Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC, 20210. Do not send the completed forms to this office.

Establishment Information

Your establishment 97200099-19 INTAKE RELEASE CENTER
IRC -TRIAL COURTS

Street 550 N FLOWER ST

City SANTA ANA State CA Zip 92702

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

Superior Court

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

9 2 1 1

OR

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

9 2 2 1 1 0

Employment Information (If you don't have these figures, see the Worksheet on back of this page to continue)

Annual average number of employees 10

Total hours worked by all employees last year 15,766

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.

[Signature] Chief Human Resource Officer

Company executive _____ Title _____

(657) 622-7702 01 /31/ 2025

Phone _____ Date _____



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

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>	(4) Poisonings	<u>0</u>
(2) Skin disorders	<u>0</u>	(5) Hearing Loss	<u>0</u>
(3) Respiratory conditions	<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 Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC, 20210. Do not send the completed forms to this office.

Establishment Information

Your establishment 9720099-10 COURTROOM IN JAIL CJ1
-TRIAL COURTS

Street 550 N FLOWER ST.

City SANTA ANA State CA Zip 92702

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

Superior Court

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

9 2 1 1

OR

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

9 2 2 1 1 0

Employment Information (If you don't have these figures, see the Worksheet on back of this page to continue)

Annual average number of employees 5

Total hours worked by all employees last year 9,002

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.

[Signature] Chief Human Resource Officer
Company executive Title

(657) 622-7702
Phone

01 /31/ 2025
Date



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

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> (G)	<u>12</u> (H)	<u>3</u> (I)	<u>4</u> (J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
<u>103</u> (K)	<u>452</u> (L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	<u>7</u>	(4) Poisonings	<u>0</u>
(2) Skin disorders	<u>0</u>	(5) Hearing Loss	<u>0</u>
(3) Respiratory conditions	<u>10</u>	(6) All other illnesses	<u>2</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.

Establishment Information

Your establishment 97200099-3 CENTRAL JUSTICE CENTER
CJC - TRIAL COURTS

Street 700 W CIVIC CENTER DR.

City SANTA ANA State CA Zip 92701

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

Superior Court

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

9 2 1 1

OR

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

9 2 2 1 1 0

Employment Information (If you don't have these figures, see the Worksheet on back of this page to continue)

Annual average number of employees 702

Total hours worked by all employees last year 1,177,919

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.

[Signature] Chief Human Resource Officer
Company executive Title

(657) 622-7702 01 / 31 / 2025
Phone Date



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

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>	(4) Poisonings	<u>0</u>
(2) Skin disorders	<u>0</u>	(5) Hearing Loss	<u>0</u>
(3) Respiratory conditions	<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 Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC, 20210. Do not send the completed forms to this office.

Establishment Information

Your establishment 97200099-27 CJC ANNEX-TRIAL COURTS

Street 401 CIVIC CENTER DRIVE

City SANTA ANA State CA Zip 92701

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

Superior Court

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

9 2 1 1

OR

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

9 2 2 1 1 0

Employment Information (If you don't have these figures, see the Worksheet on back of this page to continue)

Annual average number of employees 15

Total hours worked by all employees last year 3,844

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.

 Chief Human Resource Officer

Company executive _____ Title _____

(657) 622-7702 01 /31/ 2025
Phone Date



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

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>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>2</u>	<u>0</u>
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	<u>0</u>	(4) Poisonings	<u>0</u>
(2) Skin disorders	<u>0</u>	(5) Hearing Loss	<u>0</u>
(3) Respiratory conditions	<u>1</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 Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC, 20210. Do not send the completed forms to this office.

Establishment Information

Your establishment 97200099-25 COSTA MESA JUSTICE COMPLEX CMJC -TRIAL COURTS

Street 3390 HARBOR BLVD

City COSTA MESA State CA Zip 92626

Industry description (e.g., *Manufacture of motor truck trailers*)
Superior Court

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

9 2 1 1

OR

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

9 2 2 1 1 0

Employment Information (If you don't have these figures, see the Worksheet on back of this page to continue)

Annual average number of employees 76

Total hours worked by all employees last year 127,918

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.

[Signature] Chief Human Resource Officer
Company executive Title

(657) 622-7702 01 28 2025
Phone Date



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

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>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>1</u>
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	<u>0</u>	(4) Poisonings	<u>0</u>
(2) Skin disorders	<u>0</u>	(5) Hearing Loss	<u>0</u>
(3) Respiratory conditions	<u>1</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 Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC, 20210. Do not send the completed forms to this office.

Establishment Information

Your establishment 97200099-8 COMMUNITY COURT BUILDING
CCB -TRIAL COURTS

Street 909 N MAIN ST

City SANTA ANA State CA Zip 94102

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

Superior Court

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

9 2 1 1

OR

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

9 2 2 1 1 0

Employment Information (If you don't have these figures, see the Worksheet on back of this page to continue)

Annual average number of employees 15

Total hours worked by all employees last year 25,691

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.

Chief Human Resource Officer

Company executive

Title

(657) 622-7702

01/31/2025

Phone

Date



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

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> (G)	<u>2</u> (H)	<u>0</u> (I)	<u>0</u> (J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
<u>41</u> (K)	<u>58</u> (L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	<u>0</u>	(4) Poisonings	<u>0</u>
(2) Skin disorders	<u>0</u>	(5) Hearing Loss	<u>0</u>
(3) Respiratory conditions	<u>0</u>	(6) All other illnesses	<u>2</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.

Establishment Information

Your establishment 97200099-13 HARBOR JUSTICE CENTER
HJC - TRIAL COURTS

Street 4601 JAMBOREE RD.

City NEWPORT BEACH State CA Zip 92660

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

Superior Court

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

9 2 1 1

OR

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

9 2 2 1 1 0

Employment Information (If you don't have these figures, see the Worksheet on back of this page to continue)

Annual average number of employees 89

Total hours worked by all employees last year 156,620

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.

Chief Human Resource Officer

Company executive

Title

(657) 622-7702

Phone

01 / 31 / 2025

Date



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

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> (G)	<u>5</u> (H)	<u>3</u> (I)	<u>1</u> (J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
<u>34</u> (K)	<u>174</u> (L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	<u>4</u>	(4) Poisonings	<u>0</u>
(2) Skin disorders	<u>0</u>	(5) Hearing Loss	<u>0</u>
(3) Respiratory conditions	<u>3</u>	(6) All other illnesses	<u>2</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.

Establishment Information

Your establishment 97200099-1 LAMOREAUX JUSTICE CENTER
LJC - TRIAL COURTS

Street 341 S. GENE CITY DR.

City ORANGE State CA Zip 92868

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

Superior Court

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

9 2 1 1

OR

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

9 2 2 1 1 0

Employment Information (If you don't have these figures, see the Worksheet on back of this page to continue)

Annual average number of employees 334

Total hours worked by all employees last year 563,606

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.

[Signature] Chief Human Resource Officer

Company executive Title

(657) 622-7702 01 / 31 / 2025

Phone Date



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

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> (G)	<u>0</u> (H)	<u>0</u> (I)	<u>0</u> (J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
<u>0</u> (K)	<u>0</u> (L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	<u>0</u>	(4) Poisonings	<u>0</u>
(2) Skin disorders	<u>0</u>	(5) Hearing Loss	<u>0</u>
(3) Respiratory conditions	<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 Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC, 20210. Do not send the completed forms to this office.

Establishment Information

Your establishment 97200099-14 LAMOREAUX JUSTICE CENTER ANNEX LJC ANX -TRIAL COURTS

Street 331 THE CITY DR

City ORANGE State CA Zip 92868

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

Superior Court

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

9 2 1 1

OR

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

9 2 2 1 1 0

Employment Information (If you don't have these figures, see the Worksheet on back of this page to continue)

Annual average number of employees 31

Total hours worked by all employees last year 32,528

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.

Chief Human Resource Officer
Title

Company executive

(657) 622-7702

Phone

01/31/2025

Date



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

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> (G)	<u>3</u> (H)	<u>2</u> (I)	<u>1</u> (J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
<u>9</u> (K)	<u>173</u> (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>0</u>	<u>0</u>	<u>3</u>	<u>0</u>	<u>0</u>	<u>3</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.

Establishment Information

Your establishment 97200099-16 NORTH JUSTICE CENTER NJC-TRIAL COURTS

Street 1275 N BERKELEY AVE.

City FULLERTON State CA Zip 92868

Industry description (e.g., *Manufacture of motor truck trailers*)
Superior Court

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

9 2 1 1

OR

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

9 2 2 1 1 0

Employment Information (If you don't have these figures, see the Worksheet on back of this page to continue)

Annual average number of employees 115

Total hours worked by all employees last year 195,640

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.

[Signature] Chief Human Resource Officer
Company executive Title

(657) 622-7702 01/31/2025
Phone Date



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

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> (G)	<u>1</u> (H)	<u>1</u> (I)	<u>0</u> (J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
<u>1</u> (K)	<u>180</u> (L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	<u>2</u>	(4) Poisonings	<u>0</u>
(2) Skin disorders	<u>0</u>	(5) Hearing Loss	<u>0</u>
(3) Respiratory conditions	<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 Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC, 20210. Do not send the completed forms to this office.

Establishment Information

Your establishment 97200099-24 WEST JUSTICE CENTER WJC
-TRIAL COURTS

Street 8141 13TH ST.

City WESTMINSTER State CA Zip 92683

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

Superior Court

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

9 2 1 1

OR

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

9 2 2 1 1 0

Employment Information (If you don't have these figures, see the Worksheet on back of this page to continue)

Annual average number of employees 127

Total hours worked by all employees last year 220,372

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.

[Signature] Chief Human Resource Officer
Company executive Title

(657) 622-7702 01/31/2025
Phone Date