

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

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

Your e	establishment	97200099-8 CCB -TRIAL			)URT B	UILDING
Street	909 N MAIN ST					
City	SANTA ANA		State	CA	Zip	94102
Industr	y description (e.g., M	Aanufacture of n	notor tr	uck trail	ers)	
		Superior Court				
Standa	rd Industrial Classific	cation (SIC), if l	known (	(e.g., SIC	C 3715)	)
OR	9 2 1	1				
North A	American Industrial (	Classification (N	IAICS),	if know	n (e.g.,	336212)
					( 0 )	330212)
	9 2 2	_ 1 _1	0	_	( )	330212)
	loyment Info	rmation <sub>(If y</sub>	ou don'i			
		rmation <sub>(If y</sub>	ou don'i		ese figi	
Worksh	loyment Info	rmation(If y	ou don'i			
Worksh Annual	loyment Infoi	rmation(If y age to continue)	ou don'i		ese figu 13	
Worksh Annual	ployment Infoineet on back of this position	rmation(If y age to continue)	ou don'i	t have th	ese figu 13	
Worksh Annual Total h	ployment Infoineet on back of this position	rmation(If y age to continue)	ou don'i	t have th	ese figu 13	
Morksh Annual Total h	eloyment Information of the section back of this pull average number of the section ours worked by all end there	rmation(If y age to continue) employees	ou don'i	25,6	13 663	ures, see the
Morksh Annual Total h	cloyment Information of the control	rmation(If y age to continue) employees	ou don'i	25,6	13 663	ures, see the
Annual Total h  Sign  Knov	eloyment Information of the section back of this pull average number of the section ours worked by all end there	rmation(If y age to continue) employees employees last ye g this documented th	ear  ment	25,6	13 13 663	in a fine.
Annual Total h  Sign  Knov	eloyment Information of the property of the pr	rmation(If y age to continue) employees employees last ye g this documented th	ear  ment	25,6	13 13 13 13 13 14 15 16 16 16 17 18 18 18 18 18 18 18 18 18 18 18 18 18	in a fine.
Annual Total h  Sign Knov I certi: knowl	eloyment Information of the property of the pr	rmation(If y age to continue) employees employees last ye g this documented th	ear  ment	25,6	13 13 13 13 13 14 15 16 16 16 17 18 18 18 18 18 18 18 18 18 18 18 18 18	in a fine.

# Year 20 2 3

# 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  (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		al number of days of transfer or restriction	
Injury and Illnes	ss Types		
Total number of (M)			
(1) Injuries	0	(4) Poisonings	0
<ul><li>(2) Skin disorders</li><li>(3) Respiratory conditio</li></ul>	 ns	<ul><li>(5) Hearing Loss</li><li>(6) All other illness</li></ul>	es <u>0</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 COURTROOM IN JAIL CJ1 -TRIAL COURTS
Street	550 N FLOWER ST	:
City	SANTA ANA	State <u>CA</u> Zip <u>92702</u>
Industr	y description (e.g., M	Manufacture of motor truck trailers)
	S	Superior Court
Standar OR	rd Industrial Classific	cation (SIC), if known ( <i>e.g., SIC 3715</i> )
North A		Classification (NAICS), if known (e.g., 336212)
	loyment Info	rmation(If you don't have these figures, see the
Worksł		rmation(If you don't have these figures, see the age to continue) 5
Worksh Annual	loyment Info	rmation(If you don't have these figures, see the large to continue)  employees  8.988
Worksh Annual Total h	loyment Infoi	rmation(If you don't have these figures, see the large to continue)  employees  8.988
Worksh Annual Total h	eloyment Information of the average number of the ours worked by all end there	rmation(If you don't have these figures, see the large to continue)  employees  8.988

**Number of Cases** 

# Year 20 2 3

# 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.

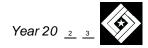
Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

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  18 (H)	Total number of cases with job transfer or restriction  4 (I)	Total number of other recordable cases  (J)
Number of Day	s		
Total number of day away from work 103 (K)		otal number of days of obtransfer or restriction  43 (L)	
Injury and Illne	ss Types		
Total number of (M)			
(1) Injuries	3	(4) Poisonings	0
<ul><li>(2) Skin disorders</li><li>(3) Respiratory condition</li></ul>	1ons18	<ul><li>(5) Hearing Loss</li><li>(6) All other illness</li></ul>	

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

Your	establishment	97200099-3 CENTR CJC -TRIAL COUR		E CENT	ER
Street	700 W CIVIC CENTE	R DR.			
City	SANTA ANA	State	CA	Zip <u>9</u>	2701
Industr	ry description (e.g., Ma	anufacture of motor to	uck trailei	rs)	
Standa	rd Industrial Classific	ation (SIC), if known	(e.g., SIC .	3715)	
	9 2 1	_ 1			
	American Industrial C	lassification (NAICS)		(e.g., 33	36212)
North A	9 2 2  ployment Information of the part on back of this part	mation(If you don	t have thes		
<b>Emp</b> Worksh Annual	9 2 2 ployment Infor		t have thes	se figure	
Emp Worksh Annual	9 2 2  ployment Information back of this parage number of en		t have thes	se figure	
Emp Works/ Annual Total h	9 2 2  Ployment Information of the plant of	1 1 C	1,138,	707 025	es, see the
Emp Worksl Annual Total h Sign Knov	9 2 2  Ployment Information of the plant of	mation(If you don ge to continue)  mployees  mployees last year  g this document	1,138, may re	507 507 5025 Sult in	s, see the



# 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.

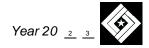
Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

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  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			
Total number of day away from work  0 (K)		tal number of days of transfer or restriction (L)	
Injury and Ilines	s Types		
Total number of (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	<ul><li>(5) Hearing Loss</li><li>(6) All other illness</li></ul>	
(3) Respiratory condition	1S <u>0</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 COSTA MESA JUSTICE COMPLEX CMJC -TRIAL COURTS
Street	3390 HARBOR BLVD	
City	COSTA MESA	State <u>CA</u> Zip <u>92626</u>
Industr	y description (e.g., Ma	anufacture of motor truck trailers)
	Superio	or Court
Standa	rd Industrial Classifica	ation (SIC), if known (e.g., SIC 3715)
	9 2 1	
OR	<del>3</del> <u>2</u> 1	- <del>- ' -</del>
North A		
	American Industrial Cl	assification (NAICS), if known (e.g., 336212)
		assification (NAICS), if known (e.g., 336212)
Emp	9 2 2	10
Emp	9 2 2	10
<b>Emp</b> Worksh	9 2 2	mation(If you don't have these figures, see the ge to continue)
<b>Emp</b> Worksh Annual	9 2 2  ployment Information back of this page average number of en	mation(If you don't have these figures, see the ge to continue)  mployees  75
<b>Emp</b> Worksh Annual	9 2 2  sloyment Information of the page on back of this page of the page of th	mation(If you don't have these figures, see the ge to continue)  mployees  75
Emp Worksh Annual Total h	9 2 2  ployment Information back of this page average number of en	mation(If you don't have these figures, see the ge to continue)  mployees  75
Emp Worksh Annual Total h	9 2 2  Ployment Information of the page of	mation(If you don't have these figures, see the ge to continue)  phologous 75  phologous 123,524
Emp Worksh Annual Total h	9 2 2  Ployment Information of the page of	mation(If you don't have these figures, see the ge to continue)  mployees  75
Emp Worksh 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 don't have these figures, see the ge to continue)  mployees
Emp Worksh Annual Total h Sign Knov	9 2 2  cloyment Informate on back of this page 1 average number of encours worked by all emotion here  wingly falsifying  fy that I have exam	mation(If you don't have these figures, see the ge to continue)  phologous 75  phologous 123,524
Emp Worksh Annual Total h Sign Knov	9 2 2  cloyment Informate on back of this page 1 average number of encours worked by all emotion here  wingly falsifying  fy that I have exam	mation(If you don't have these figures, see the ge to continue)  mployees  75  ployees last year  123,524  g this document may result in a fine.  ined this document 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.

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	s		
Total number of day away from work  O(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
<ul><li>(2) Skin disorders</li><li>(3) Respiratory conditio</li></ul>	o ns	<ul><li>(5) Hearing Loss</li><li>(6) All other illness</li></ul>	

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

Your e	establishment	97200099-5 CIVIL -TRIAL COURTS		CENTE	R CXC	
Street	751 W SANTA ANA E	BLVD.				
City	SANTA ANA	State	CA	Zip	92701	
Industr	y description (e.g., Ma	anufacture of motor	ruck traile	rs)		
		Superior Court				
Standaı	rd Industrial Classifica	ation (SIC), if known	(e.g., SIC	3715)		
OR	9 2 1	1				
NT .1 .		i is i attics		,	22.6212	
North A	American Industrial C	lassification (NAICS	), if known	ı (e.g., î	336212)	
North A		lassification (NAICS		ı (e.g., î	336212)	
	9 2 2	1 _1 _	0			
Етр		111	0			
<b>Emp</b> Worksh	9 2 2  sloyment Information of the second back of this page.		0	ese figu		
<b>Emp</b> Worksh	9 2 2		0			
<b>Emp</b> Worksh Annual	9 2 2  sloyment Information of the second back of this page.		0_ n't have the	ese figu		
<b>Emp</b> Worksh Annual	9 2 2  sloyment Information and the page of this page average number of en		0_ n't have the	ese figur		
<b>Emp</b> Worksh Annual Total h	9 2 2  cloyment Inforing the end on back of this parawerage number of endours worked by all em		0_ n't have the	ese figur		
<b>Emp</b> Worksh Annual Total h	9 2 2  sloyment Information and the page of this page average number of en		0_ n't have the	ese figur		
Emp Worksh Annual Total h	9 2 2  cloyment Inforing the end on back of this parawerage number of endours worked by all em	mation(If you donge to continue)  mployees  aployees last year	0 I't have the	22 5,810	res, see the	
Emp Worksh Annual Total h	9 2 2  cloyment Informated on back of this para average number of errours worked by all em	mation(If you donge to continue)  mployees  aployees last year	0 I't have the	22 5,810	res, see the	
Emp Worksh Annual Total h Sign Knov	9 2 2  sloyment Informate on back of this parawerage number of endours worked by all embere  wingly falsifying  fy that I have exam	mation(If you donge to continue) mployees mployees last year g this documen	3:	22 22 5,810	res, 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 donge to continue) mployees mployees last year g this documen	3:	22 22 5,810	res, see the	

# Year 20 2 3

# 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  9 (H)	Total number of cases with job transfer or restriction	Total number of other recordable cases  (J)
Number of Days			
Total number of day away from work  38 (K)		otal number of days of transfer or restriction  4 (L)	
Injury and Illnes	ss Types		
Total number of (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	<ul><li>(5) Hearing Loss</li><li>(6) All other illness</li></ul>	o ses o
(3) Respiratory condition	ns <u>10</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 H/ HJC -TRIAL CO		TICE CE	NTER
Street	4601 JAMBOREE RD.	<u>.                                    </u>			
City	NEWPORT BEACH	St	ate <u>CA</u>	_ Zip	92660
Industr	y description (e.g., Ma	nufacture of moto	or truck trai	lers)	
		Superior Cou	rt		
Standaı	rd Industrial Classificat	tion (SIC), if kno	wn (e.g., SI	C 3715)	)
OR	9 2 1				
Or.					
North A	American Industrial Cla	assification (NAI	CS), if knov	vn (e.g.,	336212)
<b>Emp</b> Worksh	American Industrial Cla  9 2 2  Sloyment Informate on back of this page average number of em	1 1 mation(If you de to continue)	0_ don't have th		
Emp Worksh Annual	9 2 2  sloyment Information of this pages	mation(If you are to continue)	0_ lon't have th	hese figi	
Emp Worksh Annual Total h Sign Knov	9 2 2  cloyment Information of this page average number of emours worked by all empty here  vingly falsifying	nation(If you to to continue)  uployees  uployees last year  this docume	o lon't have the	hese figu 89 5,809 result	in a fine.
Emp Worksh Annual Total h Sign Know	9 2 2  Sloyment Informate on back of this page average number of emours worked by all empthere	nation(If you to to continue)  apployees  apployees last year  this docume	145	hese figu 89 5,809 result	in a fine.

# Year 20 2 3

# 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  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	s		
Total number of day away from work  O(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
<ul><li>(2) Skin disorders</li><li>(3) Respiratory conditio</li></ul>	o ns	<ul><li>(5) Hearing Loss</li><li>(6) All other illness</li></ul>	

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

State 550 N FLOWER ST  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	Your e	establishment	97200099-19 INTAKE RELEASE CENTER IRC -TRIAL COURTS
Annual average number of employees  City SANTA ANA  State CA Zip 92702  Superior Court  Superior Court  Superior Court  Superior Court  1 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			
Superior Court  Superior Court	Street	550 N FLOWER ST	
Superior Court  Standard Industrial Classification (SIC), if known (e.g., SIC 3715)  9 2 1 1 1  OR  Sorth 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 Vorksheet on back of this page to continue)  Annual average number of employees 12  Total hours worked by all employees last year  Sign here  Knowingly falsifying this document may result in a fine.  certify that I have examined this document and that to the best of my mowledge the entries are true, accurate, and complete.  Chief Human Resource Officer	City	SANTA ANA	State CA Zip 92702
standard Industrial Classification (SIC), if known (e.g., SIC 3715)  9 2 1 1  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 Norksheet on back of this page to continue)  Annual average number of employees 12  Cotal hours worked by all employees last year  Sign here  Knowingly falsifying this document may result in a fine.  Certify that I have examined this document and that to the best of my mowledge the entries are true, accurate, and complete.  Chief Human Resource Officer	Industr	y description (e.g., Ma	anufacture of motor truck trailers)
Sorth 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 12  Cotal hours worked by all employees last year  Sign here  Knowingly falsifying this document may result in a fine.  Certify that I have examined this document and that to the best of my mowledge the entries are true accurate, and complete.  Chief Human Resource Officer		Supe	erior Court
Employment Information (If you don't have these figures, see the Vorksheet on back of this page to continue)  Annual average number of employees   Otal hours worked by all employees last year  Sign here  Knowingly falsifying this document may result in a fine.  Certify that I have examined this document and that to the best of my mowledge the employees are true, accurate, and complete.  Chief Human Resource Officer	Standai OR		
Employment Information (If you don't have these figures, see the Vorksheet on back of this page to continue)  Annual average number of employees   Otal hours worked by all employees last year  Sign here  Knowingly falsifying this document may result in a fine.  Certify that I have examined this document and that to the best of my mowledge the employees are true, accurate, and complete.  Chief Human Resource Officer			
Employment Information (If you don't have these figures, see the Vorksheet on back of this page to continue)  Annual average number of employees  Otal hours worked by all employees last year  Sign here  Knowingly falsifying this document may result in a fine.  Certify that I have examined this document and that to the best of my mowledge the employees are true accurate, and complete.  Chief Human Resource Officer	North A	American Industrial Cla	lassification (NAICS), if known (e.g., 336212)
Employment Information (If you don't have these figures, see the Vorksheet on back of this page to continue)  Annual average number of employees  Otal hours worked by all employees last year  Sign here  Knowingly falsifying this document may result in a fine.  Certify that I have examined this document and that to the best of my mowledge the employees are true accurate, and complete.  Chief Human Resource Officer			
Annual average number of employees  Annual average number of employees  Otal hours worked by all employees last year  Sign here  Knowingly falsifying this document may result in a fine.  certify that I have examined this document and that to the best of my mowledge the employees are true, accurate, and complete.  Chief Human Resource Officer		0 2 2	1 1 0
Annual average number of employees  Annual average number of employees  Otal hours worked by all employees last year  Sign here  Knowingly falsifying this document may result in a fine.  certify that I have examined this document and that to the best of my mowledge the employees are true, accurate, and complete.  Chief Human Resource Officer		_9 _2 _2	_ 1 _ 1 _ 0
Cotal hours worked by all employees last year  21,544  Sign here  Knowingly falsifying this document may result in a fine.  Certify that I have examined this document and that to the best of my mowledge the entries are true accurate, and complete.  Chief Human Resource Officer	Етр		<del> </del>
Sign here  Knowingly falsifying this document may result in a fine.  Certify that I have examined this document and that to the best of my mowledge the entries are true accurate, and complete.  Chief Human Resource Officer		loyment Inform	mation(If you don't have these figures, see the
Sign here  Knowingly falsifying this document may result in a fine.  certify that I have examined this document and that to the best of my mowledge the entries are true accurate, and complete.  Chief Human Resource Officer	Worksh	loyment Information of this page	mation(If you don't have these figures, see the ge to continue)
Knowingly falsifying this document may result in a fine.  certify that I have examined this document and that to the best of my mowledge the entries are true accurate, and complete.  Chief Human Resource Officer	Worksh Annual	cloyment Information of the last on back of this page average number of em	mation(If you don't have these figures, see the ge to continue)  mployees12
Knowingly falsifying this document may result in a fine.  certify that I have examined this document and that to the best of my mowledge the entries are true accurate, and complete.  Chief Human Resource Officer	Worksh Annual	cloyment Information of the last on back of this page average number of em	mation(If you don't have these figures, see the ge to continue)  mployees12
certify that I have examined this document and that to the best of my mowledge the entries are true accurate, and complete.  Chief Human Resource Officer	<i>Worksh</i> Annual Total h	eloyment Informate on back of this page a verage number of emours worked by all emp	mation(If you don't have these figures, see the ge to continue)  mployees12
nowledge the entries are true accurate, and complete.  Chief Human Resource Officer	<i>Worksh</i> Annual Total h	eloyment Informate on back of this page a verage number of emours worked by all emp	mation(If you don't have these figures, see the ge to continue)  mployees12
nowledge the entries are true accurate, and complete.  Chief Human Resource Officer	Worksh Annual Total h	eloyment Informated on back of this page all average number of endours worked by all emptons there	mation(If you don't have these figures, see the ge to continue)  mployees 12  ployees last year 21,544
Chief Human Resource Officer	Worksh Annual Total h	eloyment Informated on back of this page all average number of endours worked by all emptons there	mation(If you don't have these figures, see the ge to continue)  mployees 12  ployees last year 21,544
	Morksh Annual Total h Sign Knov	al average number of emours worked by all employment with the mount of	mation(If you don't have these figures, see the ge to continue)  mployees 12 21,544  g this document may result in a fine.  mined this document and that to the best of my
Company executive Title	Morksh Annual Total h Sign Knov	al average number of emours worked by all employment with the mount of	mation(If you don't have these figures, see the ge to continue)  mployees 12 21,544  g this document may result in a fine.  mined this document and that to the best of my
	Morksh Annual Total h Sign Knov	al average number of emours worked by all employment with the mount of	mation(If you don't have these figures, see the ge to continue)  mployees  12  21,544  g this document may result in a fine.  ined this document and that to the best of my true accurate, and complete.
01 , 31, 2024	Annual Total h  Sign  Knov  I certifiknowl	a average number of en ours worked by all em here wingly falsifying  fy that I have examiledge the entries are	mation (If you don't have these figures, see the ge to continue)  mployees 12  21,544  g this document may result in a fine.  sined this document and that to the best of my large accurate, and complete.  Chief Human Resource Office

# Year 20 2 3

# 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  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	s		
Total number of day away from work  O(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
<ul><li>(2) Skin disorders</li><li>(3) Respiratory conditio</li></ul>	 ns	<ul><li>(5) Hearing Loss</li><li>(6) All other illness</li></ul>	

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

Your e	establishment	97200099-14 LAMOREAUX JUSTI ANNEX LJC ANX -TRIAL COURT	
Street	331 THE CITY DR		
City	ORANGE	State <u>CA</u> Zi	p <u>92868</u>
Industr	y description (e.g., M	anufacture of motor truck trailers)	
		Superior Court	
Standa	rd Industrial Classific	ation (SIC), if known (e.g., SIC 371	(5)
OR	9 2 1	1	
North A	American Industrial C	lassification (NAICS), if known (e.	g., 336212)
North A		lassification (NAICS), if known (e.	g., 336212)
Emp	9 2 2	110  mation(If you don't have these f	
<b>Emp</b> Worksh	9 2 2	mation(If you don't have these fige to continue)	igures, see the
<b>Emp</b> Worksh Annual	9 2 2  sloyment Information and the second s	mation(If you don't have these fige to continue)  mployees  26	igures, see the
Emp Worksh Annual Total h	9 2 2  cloyment Informet on back of this paraverage number of e	mation(If you don't have these fige to continue)  mployees  26	igures, see the
Emp Worksh Annual Total h	9 2 2  Sloyment Informet on back of this parawerage number of each ours worked by all endings.	mation(If you don't have these fige to continue)  mployees  26	igures, see the
Emp Worksh Annual Total h Sign Knov	9 2 2  cloyment Informet on back of this paraverage number of earth ours worked by all endingly falsifying fy that I have example.	mation (If you don't have these fige to continue)  mployees	igures, see the
Emp Worksh Annual Total h Sign Knov	9 2 2  cloyment Informet on back of this paraverage number of earth ours worked by all endingly falsifying fy that I have example.	mation (If you don't have these fige to continue)  mployees  26  mployees last year  54,99  g this document may resu	igures, see the

Number of Cases

# Year 20 2 3

# 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 (H)	Total number of cases with job transfer or restriction  (I)	Total number of other recordable cases  (J)
Number of Days			
Total number of day away from work  191 (K)	jo —	otal number of days of b transfer or restriction 45 (L)	
Injury and Illnes	s Types		
Total number of (M)			
(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders (3) Respiratory condition	0	<ul><li>(5) Hearing Loss</li><li>(6) All other illnes</li></ul>	
(3) Respiratory condition	ns <u>16</u>	(o) The other fillies.	

### 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 LAMOREA LJC -TRIAL COURTS	AUX JUSTICE CENTER
Street	341 S THE CITY DR	l	
City	ORANGE	State <u>I</u>	CA Zip <u>92868</u>
Industr	y description (e.g., M	lanufacture of motor truc	k trailers)
		Superior Court	
Standaı	rd Industrial Classific	cation (SIC), if known (e.	g., SIC 3715)
o.p.	9 2 1	1	
OR			
	American Industrial C	lassification (NAICS), if	known (e.g., 336212)
		Classification (NAICS), if	known (e.g., 336212)
North A	9 2 2	110 rmation(If you don't h	known (e.g., 336212)  have these figures, see the
North A	9 2 2	1 1 0  rmation(If you don't hage to continue)	
Emp Worksh	9 2 2  sloyment Information of this position is a second control of this position.	1 1 0  rmation(If you don't hage to continue)  employees	ave these figures, see the
Emp Worksh Annual	9 2 2  cloyment Informet on back of this parage number of e	1 1 0  rmation(If you don't hage to continue)  employees	ave these figures, see the
Emp Worksh Annual Total h	9 2 2  cloyment Information back of this paragenumber of each ours worked by all er	1 1 0  **Tmation(If you don't hage to continue)  employees  mployees last year	ave these figures, see the
Emp Worksh Annual Total h Sign Knov	9 2 2  coloyment Information back of this parage number of electron back by all endings with the second by all endings wingly falsifying fy that I have example to the second by the second back of the sec	mation(If you don't hage to continue)  employees  mployees last year  g this document manined this document a	ave these figures, see the  314  527,870  hay result in a fine.
Emp Worksh Annual Total h Sign Knov	9 2 2  coloyment Information back of this parage number of electron back by all endings with the second by all endings wingly falsifying fy that I have example to the second by the second back of the sec	mation(If you don't hage to continue) employees employees last year g this document m	314 527,870  ay result in a fine.

# Year 20 2 3

# 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	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)	——————————————————————————————————————	(I)	(J)
Number of Day	s		
Total number of da away from work		tal number of days of transfer or restriction	
(K)	_	(L)	
Injury and Illne	ss Types		
Total number of (M)			
) Injuries	1	(4) Poisonings	0
) Skin disorders	0	(5) Hearing Loss	0
) Respiratory condition	ons 4	(6) All other illness	ses <u>1</u>

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

Your	establishment	97200099-16 NORT NJC -TRIAL COUR		E CENTE	ER	
Street	1275 N BERKELEY AV	/E.				
City	FULLERTON	State	CA	Zip <u>9</u>	2868	
Indust	ry description (e.g., Mar Sup	nufacture of motor to	ruck traile	rs)		
Standa	rd Industrial Classificat	ion (SIC), if known	(e.g., SIC	3715)		
	9 2 1	1				
North	American Industrial Cla	_1 _1 _0	<u>_</u>			
North <b>Em</b> Works	9 2 2  ployment Inforn heet on back of this pag	1 1 0	<u>_</u>			
<b>Em</b> p Works Annua	9 2 2		't have the	se figure		
Emp Works Annua Total I	9 2 2  ployment Inform theet on back of this pag  I average number of em nours worked by all emp	1 1 C	't have the	se figure 115 36,132	es, see the	
Emp Works Annua Total I	9 2 2  Doloyment Inform heet on back of this page I average number of emours worked by all emp	1 1 C	't have the	se figure 115 36,132	es, see the	
Emp Works Annua Total I Sign Kno	9 2 2  ployment Inform theet on back of this pag  I average number of em nours worked by all emp	nation(If you don to continue)  ployees  ployees last year  this document	may re	se figure 115 86,132 esult in	es, see the	y

# Year 20 2 3

# 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	S		
Total number of deaths  0 (G)	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases  (J)
(G)	(11)	(1)	(5)
Number of Days			
Total number of day away from work  16 (K)		ral number of days of transfer or restriction	
Injury and Illnes	s Types		
Total number of (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	<ul><li>(5) Hearing Loss</li><li>(6) All other illness</li></ul>	0
(3) Respiratory condition	ns <u>6</u>	(0) An other filless	

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

Your establishment	97200099-24 WEST JU -TRIAL COURTS	STICE CENTER WJC
Street 8141 13TH ST.		
City <u>WESTMINSTER</u>	State C	A Zip <u>92683</u>
Industry description (e.g., I		trailers)
	Superior Court	
Standard Industrial Classifi	cation (SIC), if known (e.g	., SIC 3715)
9 2	1 1	
OR		
	fill attication (If you don't he	va than figures see the
Worksheet on back of this p		ve these figures, see the
	page to continue)	ve these figures, see the
Worksheet on back of this p	employees	
Worksheet on back of this p  Annual average number of	employees	121
Worksheet on back of this p  Annual average number of  Total hours worked by all e	employees	121 204,609
Worksheet on back of this particle of the part	employees employees last year ag this document maximized this document ar	204,609  ay result in a fine.  d that to the best of my
Worksheet on back of this p Annual average number of Total hours worked by all e Sign here Knowingly falsifyin	employees employees last year ag this document maximized this document ar	204,609  ay result in a fine.  d that to the best of my
Worksheet on back of this p Annual average number of Total hours worked by all e Sign here Knowingly falsifyir I certify that I have exa	employees employees last year ag this document maximized this document ar	204,609  ay result in a fine.  d that to the best of my