

Summary of Work-Related Injuries and Illnesses

Year 20 2 5

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

Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

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

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
<u>0</u>	<u>1</u>	<u>10</u>	<u>2</u>
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
<u>135</u>	<u>769</u>
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	<u>11</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.

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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 697

Total hours worked by all employees last year 1,183,208

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

(657)622-7702
Phone

01/31/2026
Date

Summary of Work-Related Injuries and Illnesses

Year 20 2 5



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

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
<u>0</u>	<u>0</u>	<u>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>

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Establishment Information

Your establishment 97200099-10 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 8,942

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Number of Cases

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

Number of Days

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

Injury and Illness Types

Total number of...
(M)

(1) Injuries	<u>0</u>	(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>

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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 21

Total hours worked by all employees last year 28,219

Sign here

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[Signature] Chief Human Resource Officer
Title

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Phone

01/31/2026
Date



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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
(G)	(H)	(I)	(J)

Number of Days

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

Injury and Illness Types

Total number of...
(M)

(1) Injuries	<u>0</u>	(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>

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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 75

Total hours worked by all employees last year 134,160

Sign here

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 Chief Human Resource Officer

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Phone

01/31/2026

Date

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Year 20 2 5



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

Number of Days

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

Injury and Illness Types

Total number of...
(M)

(1) Injuries	<u>0</u>	(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>

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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 16

Total hours worked by all employees last year 31,497

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
<u>0</u>	<u>1</u>	<u>0</u>	<u>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>0</u>	(6) All other illnesses	<u>0</u>

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Establishment Information

Your establishment 97200099-5 CIVIL COMPLEX CENTER CXC
-TRIAL COURTS

Street 751 W SANTA ANA BLVD.

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 22

Total hours worked by all employees last year 37,462

Sign here

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(657) 622-7702
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01/31/2026
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<u>0</u>	<u>0</u>	<u>1</u>	<u>1</u>
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
<u>0</u>	<u>180</u>
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	<u>1</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>1</u>

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Establishment Information

Your establishment 97200099-13 HARBOR JUSTICE CENTER
HJC - TRIAL COURTSStreet 4601 JAMBOREE RD.City NEWPORT BEACH State CA Zip 92660Industry description (e.g., *Manufacture of motor truck trailers*)Superior CourtStandard 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 86Total hours worked by all employees last year 143,507**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(657) 622-7702
Phone01/31/2026
Date

Summary of Work-Related Injuries and Illnesses

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

Number of Days

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

Injury and Illness Types

Total number of...
(M)

(1) Injuries	<u>0</u>	(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>

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Establishment Information

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

Street 341 S 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 337

Total hours worked by all employees last year 566,785

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

Number of Days

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

Injury and Illness Types

Total number of...
(M)

(1) Injuries	<u>0</u>	(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>

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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 9

Total hours worked by all employees last year 16,163

Sign here

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[Signature] Chief Human Resource Officer
Title

(657)622-7702

Phone

01/31/2026

Date

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Year 20 2 5



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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
<u>0</u>	<u>0</u>	<u>0</u>	<u>1</u>
(G)	(H)	(I)	(J)

Number of Days

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

Injury and Illness Types

Total number of...
(M)

(1) Injuries	<u>1</u>	(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 97200099-16 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 118

Total hours worked by all employees last year 189,098

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

657,622-7702
Phone

Title
Date
01/31/2026

Summary of Work-Related Injuries and Illnesses

Year 20 2 5

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>4</u>	<u>1</u>	<u>2</u>
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
<u>285</u>	<u>182</u>
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	<u>3</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>4</u>

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

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Establishment Information

Your establishment 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 123

Total hours worked by all employees last year 209,488

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
Title

(657) 622-7702
Phone

01 /31/2026
Date

Summary of Work-Related Injuries and Illnesses

Year 20 2 5



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.

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Establishment Information

Your establishment 97200099-28 MAIN STREET ANNEX-TRIAL
COURTS

Street 1015 N. MAIN ST

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 21

Total hours worked by all employees last year 2,645

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

[Signature] Chief Human Resource Officer
Title

(657) 622-7702
Phone

01 /31/2026
Date