OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

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

Injury and Illness Types

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

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

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Establishment Information

Your establishment 001501 BRD MEMB SUPP SERV

Street 333 S. BEAUDRY AVE., 24TH FL

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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

Total hours worked by all employees last year 19,935

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

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

Number of Days

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

Injury and Illness Types

Total number of...
(M)

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

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Establishment Information

Your establishment 002501 SUPERINTENDENT S OFC

Street 333 S. BEAUDRY AVE., 24TH FL

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 11

Total hours worked by all employees last year 19,243

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

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0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

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

Injury and Illness Types

Total number of...
(M)

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

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Establishment Information

Your establishment 003001 BOARD SECRETARIAT

Street 333 S. BEAUDRY AVE., 24TH FL

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 6

Total hours worked by all employees last year 9,710.75

Sign here

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Company executive Title

( ) / /
Phone Date

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0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

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

Injury and Illness Types

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

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Establishment Information

Your establishment 003501 PERS CMSN STAFF

Street 333 S. BEAUDRY AVE., 12TH FL

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 26

Total hours worked by all employees last year 41,893.77

Sign here

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Company executive Title

( ) / /

Phone Date

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Number of Cases

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

Number of Days

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

Injury and Illness Types

Total number of...
(M)

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

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Establishment Information

Your establishment 003601 CHANDA SMITH CONSENT DECREE

Street 333 S. BEAUDRY AVE., 16TH FL

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 18

Total hours worked by all employees last year 31,825.27

Sign here

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Company executive Title

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Phone Date

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0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

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

Injury and Illness Types

Total number of...
(M)

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

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Establishment Information

Your establishment 003701 OFFICE OF GENERAL COUNSEL

Street 333 S. BEAUDRY AVE., 24TH FL

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 25,026.89

Sign here

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Company executive Title

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Phone Date

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0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

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

Injury and Illness Types

Total number of...
(M)

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

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Establishment Information

Your establishment 003901 TRANSLATIONS UNIT

Street 333 S BEAUDRY AVE, 21ST FL

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 27,389.17

Sign here

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Company executive Title

( ) / /
Phone Date

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0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

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

Injury and Illness Types

Total number of...
(M)

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

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Establishment Information

Your establishment 004001 COMMUNICATIONS OFFICE

Street 333 S. BEAUDRY AVE., 1ST FL

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 4

Total hours worked by all employees last year 6,417.5

Sign here

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Company executive Title

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Phone Date

OSHA's Form 300A (Rev. 01/2004)

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0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

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

Injury and Illness Types

Total number of...
(M)

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

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Establishment Information

Your establishment 004201 HR-OFFICE OF STAFF RELATIONS

Street 333 S. BEAUDRY AVE., 14TH FL

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 35,916.96

Sign here

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Company executive Title

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Phone Date

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Number of Cases

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0	0	0	2
(G)	(H)	(I)	(J)

Number of Days

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

Injury and Illness Types

Total number of...
(M)

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

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Establishment Information

Your establishment 004401 ITD-IT SUPP SERVICES

Street 333 S BEAUDRY AVE, 10TH FL

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 43

Total hours worked by all employees last year 72,865.54

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Company executive Title

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Phone Date

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

Number of Days

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

Injury and Illness Types

Total number of...
(M)

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

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

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Establishment Information

Your establishment 004601 LABOR EMPLOYEE SRVS

Street 333 S. BEAUDRY AVE., 20TH FL

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 14

Total hours worked by all employees last year 24,453.03

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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.

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Number of Cases

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

Number of Days

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

Injury and Illness Types

Total number of...
(M)

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

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Establishment Information

Your establishment 004901 STUDENT SAFETY IT

Street 333 S. BEAUDRY AVE., 15TH FL

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 17

Total hours worked by all employees last year 26,560.75

Sign here

Knowingly falsifying this document may result in a fine.

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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

Form approved OMB no. 1218-0176

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Number of Cases

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

Number of Days

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

Injury and Illness Types

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

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Establishment Information

Your establishment 005101 INSTRUCTIONAL TECH

Street 333 S. BEAUDRY AVE., 25TH FL

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 19

Total hours worked by all employees last year 33,450.79

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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

Form approved OMB no. 1218-0176

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Number of Cases

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

Number of Days

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

Injury and Illness Types

Total number of...
(M)

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

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Establishment Information

Your establishment 005201 STDT INTGR TRVLG PRG

Street 333 S. BEAUDRY AVE., 25TH FL

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 16,949

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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

Form approved OMB no. 1218-0176

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Number of Cases

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

Number of Days

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

Injury and Illness Types

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

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Establishment Information

Your establishment 005401 INDEPEND ANALYSIS UNIT

Street 333 S. BEAUDRY AVE., 24TH FL

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 3

Total hours worked by all employees last year 4,721

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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

Form approved OMB no. 1218-0176

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Number of Cases

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

Number of Days

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

Injury and Illness Types

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

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Establishment Information

Your establishment 006601 CHARTER SCHOOLS DIVISION

Street 333 S. BEAUDRY AVE., 20TH FL

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 53

Total hours worked by all employees last year 89,095.25

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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

Form approved OMB no. 1218-0176

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Number of Cases

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

Number of Days

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

Injury and Illness Types

Total number of...
(M)

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

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Establishment Information

Your establishment 006701 DIV RISK MGMT INS SERVS

Street 333 S. BEAUDRY AVE., 28TH FL

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 3

Total hours worked by all employees last year 4,210.5

Sign here

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

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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

Form approved OMB no. 1218-0176

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Number of Cases

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

Number of Days

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

Injury and Illness Types

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

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Establishment Information

Your establishment 006801 BUSINESS GOVT ETHICS

Street 333 S BEAUDRY AVE 20TH FLR

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 14

Total hours worked by all employees last year 22,983.59

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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

Form approved OMB no. 1218-0176

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Number of Cases

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

Number of Days

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

Injury and Illness Types

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

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Establishment Information

Your establishment 007001 DIVISION OF DIST OPS

Street 333 S. BEAUDRY AVE, 25TH FLOOR

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 6

Total hours worked by all employees last year 10,890.5

Sign here

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

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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

Form approved OMB no. 1218-0176

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Number of Cases

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

Number of Days

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

Injury and Illness Types

Total number of...
(M)

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

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Establishment Information

Your establishment 007601 FACILITIES LEGAL SERVICES

Street 333 S. BEAUDRY AVE.

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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

Total hours worked by all employees last year 20,054.09

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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

Form approved OMB no. 1218-0176

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Number of Cases

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

Number of Days

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

Injury and Illness Types

Total number of...
(M)

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

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

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Establishment Information

Your establishment 007801 OFF OF CHIEF STRATEGY OFFICER

Street 333 S. BEAUDRY AVE.

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 7

Total hours worked by all employees last year 11,478.75

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

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

Injury and Illness Types

Total number of...
(M)

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

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Establishment Information

Your establishment 008901 OFF OF LABOR REL OLR

Street 333 S. BEAUDRY AVE.

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 9,068

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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

Form approved OMB no. 1218-0176

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Number of Cases

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

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
180	14
(K)	(L)

Injury and Illness Types

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

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Establishment Information

Your establishment 009101 SP ED SC-NORTHWEST

Street 6505 ZELZAH AVENUE

City RESEDA State CA Zip 91335

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 28

Total hours worked by all employees last year 44,561.8

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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

Form approved OMB no. 1218-0176

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Number of Cases

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

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	6
(K)	(L)

Injury and Illness Types

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

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Establishment Information

Your establishment 009201 SP ED SRVC CTR-W

Street 2635 COLBY AVE

City LOS ANGELES State CA Zip 90064

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 17

Total hours worked by all employees last year 26,167

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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

Form approved OMB no. 1218-0176

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Number of Cases

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

Number of Days

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

Injury and Illness Types

Total number of...
(M)

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

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Establishment Information

Your establishment 009301 SPEC EDUC-REGIONAL OFF-EAST

Street 2151 N. SOTO ST

City LOS ANGELES State CA Zip 90032

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 24

Total hours worked by all employees last year 37,533.1

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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

Form approved OMB no. 1218-0176

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Number of Cases

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

Number of Days

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

Injury and Illness Types

Total number of...
(M)

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

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Establishment Information

Your establishment 009401 SPEC EDUC-REGIONAL OFF-SOUTH

Street 1208 MAGNOLIA AVENUE

City GARDENA State CA Zip 90247

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 18

Total hours worked by all employees last year 28,591.75

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
107	12
(K)	(L)

Injury and Illness Types

Total number of...
(M)

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

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Establishment Information

Your establishment 014301 HR-CERT TMP ASMT NYR

Street 333 S. BEAUDRY AVE., 14TH FL

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 138

Total hours worked by all employees last year 161,435.73

Sign here

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

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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

Form approved OMB no. 1218-0176

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Number of Cases

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

Number of Days

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

Injury and Illness Types

Total number of...
(M)

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

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Establishment Information

Your establishment 014801 SUMMER SCHOOL POOL

Street 333 S. BEAUDRY AVE

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 1,634

Total hours worked by all employees last year 989,882.72

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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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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

Form approved OMB no. 1218-0176

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Number of Cases

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

Number of Days

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

Injury and Illness Types

Total number of...
(M)

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

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Establishment Information

Your establishment 014901 SCC SUMMER SCHOOL POOL-JOB COST

Street 333 S. BEAUDRY AVE

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 119

Total hours worked by all employees last year 94,313.62

Sign here

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

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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

Form approved OMB no. 1218-0176

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Number of Cases

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

Number of Days

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

Injury and Illness Types

Total number of...
(M)

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

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Establishment Information

Your establishment 015101 BRD MEMBER-OFC NO 1

Street 333 S. BEAUDRY AVE., 24TH FL

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 6,388

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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

Form approved OMB no. 1218-0176

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Number of Cases

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

Number of Days

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

Injury and Illness Types

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

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Establishment Information

Your establishment 015201 BRD MEMBER-OFC NO 2

Street 333 S. BEAUDRY AVE., 24TH FL

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 6

Total hours worked by all employees last year 9,389.5

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

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

Injury and Illness Types

Total number of...
(M)

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

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

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 015301 BRD MEMBER-OFC NO 3

Street 333 S. BEAUDRY AVE., 24TH FL

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 4

Total hours worked by all employees last year 7,071

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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

Form approved OMB no. 1218-0176

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Number of Cases

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

Number of Days

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

Injury and Illness Types

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

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Establishment Information

Your establishment 015401 BRD MEMBER-OFC NO 4

Street 333 S. BEAUDRY AVE., 24TH FL

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 8,836

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

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

Injury and Illness Types

Total number of...
(M)

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

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Establishment Information

Your establishment 015501 BRD MEMBER-OFC NO 5

Street 333 S. BEAUDRY AVE., 24TH FL

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 6

Total hours worked by all employees last year 10,512

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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

Form approved OMB no. 1218-0176

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Number of Cases

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

Number of Days

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

Injury and Illness Types

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

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Establishment Information

Your establishment 015601 BRD MEMBER-OFC NO 6

Street 333 S. BEAUDRY AVE., 24TH FL

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 7,942

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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

Form approved OMB no. 1218-0176

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Number of Cases

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

Number of Days

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

Injury and Illness Types

Total number of...
(M)

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

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Establishment Information

Your establishment 015701 BRD MEMBER-OFC NO 7

Street 333 S. BEAUDRY AVE., 24TH FL

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 9,402.75

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

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

Injury and Illness Types

Total number of...
(M)

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

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Establishment Information

Your establishment 016201 ADVANCED LEARNING OP

Street 333 S. BEAUDRY AVE., 25TH FL

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 3

Total hours worked by all employees last year 4,963.83

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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

Form approved OMB no. 1218-0176

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Number of Cases

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

Number of Days

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

Injury and Illness Types

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

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Establishment Information

Your establishment 016301 GOVERNMENT AFFAIRS OFFICE

Street 333 S. BEAUDRY AVE., 24TH FL

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 6

Total hours worked by all employees last year 10,094.58

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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

Form approved OMB no. 1218-0176

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Number of Cases

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

Number of Days

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

Injury and Illness Types

Total number of...
(M)

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

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Establishment Information

Your establishment 016601 COLLEGE AND CAREER COUNSELING

Street 333 S. BEAUDRY AVE., 25TH FL

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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

Total hours worked by all employees last year 16,110.67

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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

Form approved OMB no. 1218-0176

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Number of Cases

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

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
6	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

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

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 017301 INTEGRATED DISABILITY MANAGEMENT BRANCH

Street 333 S BEAUDRY AVE, 28TH FLOOR

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 17

Total hours worked by all employees last year 26,747.32

Sign here

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

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	4
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
12	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

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

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Establishment Information

Your establishment 017401 RISK FINANCE AND INSURANCE BRANCH

Street 333 S BEAUDRY AVE, 28TH FLOOR

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 19

Total hours worked by all employees last year 32,587.67

Sign here

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

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	5	1	4
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
282	256
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	10	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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

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Establishment Information

Your establishment 018401 OCCUP PHYSICAL THERAPY UNIT- ITINERANT

Street 333 S BEAUDRY AVE, 18TH FLOOR

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 274

Total hours worked by all employees last year 411,245.92

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	4	2	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
12	421
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	8	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 018501 SP ED SERVICE CENTER-NORTHWEST-ITINERANT

Street 333 S. BEAUDRY AVE. 18TH FL

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 132

Total hours worked by all employees last year 196,432.87

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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

Form approved OMB no. 1218-0176

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Number of Cases

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

Number of Days

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

Injury and Illness Types

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

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Establishment Information

Your establishment 018601 VISUAL SERVICES UNIT

Street 333 S BEAUDRY AVE 18TH FLOOR

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 57

Total hours worked by all employees last year 74,829.98

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	8	1	8
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
233	99
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	16	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	1

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Establishment Information

Your establishment 018701 ADAPTED PHYSICAL ED UNIT

Street 333 S BEAUDRY AVE, 18TH FLOOR

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 194

Total hours worked by all employees last year 228,203.56

Sign here

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

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	4
(G)	(H)	(I)	(J)

Number of Days

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

Injury and Illness Types

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

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Establishment Information

Your establishment 018801 DEAF HARD OF HEARING UNIT U ITINERANT

Street 333 S BEAUDRY AVE, 18TH FLOOR

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 58

Total hours worked by all employees last year 72,708.32

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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

Form approved OMB no. 1218-0176

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Number of Cases

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

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
29	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

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

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Establishment Information

Your establishment 018901 INCLUSION FACILITATOR UNIT-ITINERANT

Street 333 S BEAUDRY AVE, 18TH FLOOR

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 25

Total hours worked by all employees last year 29,856.85

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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

Form approved OMB no. 1218-0176

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Number of Cases

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

Number of Days

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

Injury and Illness Types

Total number of...
(M)

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

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Establishment Information

Your establishment 019001 CAREER TRANSITION UNIT-ITINERANT

Street 333 S BEAUDRY AVE 17TH FL

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 77

Total hours worked by all employees last year 89,785.79

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	6	1	9
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
260	64
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	16	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 019101 SPEECH LANGUAGE UNIT

Street 333 S BEAUDRY AVE, 18TH FL

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 602

Total hours worked by all employees last year 857,608.43

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	3	8
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
265	441
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	12	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	1

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Establishment Information

Your establishment 019201 SP ED SERVICE CENTER-EAST-ITINERANT

Street 333 S. BEAUDRY AVE. 18TH FL

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 114

Total hours worked by all employees last year 168,498.21

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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

Form approved OMB no. 1218-0176

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Number of Cases

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

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	100
(K)	(L)

Injury and Illness Types

Total number of...
(M)

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

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

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Establishment Information

Your establishment 019301 SP ED SERVICE CENTER-WEST-ITINERANT

Street 333 S. BEAUDRY AVE. 18TH FL

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 72

Total hours worked by all employees last year 103,229.25

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	2	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
14	195
(K)	(L)

Injury and Illness Types

Total number of...
(M)

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

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 019501 SP ED SERVICE CENTER-SOUTH-ITINERANT

Street 333 S BEAUDRY AVE, 18TH FLOOR

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 99

Total hours worked by all employees last year 147,248.47

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

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

Injury and Illness Types

Total number of...
(M)

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

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Establishment Information

Your establishment 019901 ADMINISTRATIVE LEGAL SERVICES

Street 333 S. BEAUDRY AVE 20TH FLOOR

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 19

Total hours worked by all employees last year 33,453.87

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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

Form approved OMB no. 1218-0176

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Number of Cases

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

Number of Days

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

Injury and Illness Types

Total number of...
(M)

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

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Establishment Information

Your establishment 020001 EDUCATION LEGAL SERVICES

Street 333 S. BEAUDRY AVE 20TH FLOOR

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 26

Total hours worked by all employees last year 43,005.77

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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

Form approved OMB no. 1218-0176

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Number of Cases

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

Number of Days

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

Injury and Illness Types

Total number of...
(M)

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

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Establishment Information

Your establishment 020201 WORLD LANGUAGES AND CULTURES

Street 333 S BEAUDRY AVE 25TH FLR

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 1

Total hours worked by all employees last year 1,536.5

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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

Form approved OMB no. 1218-0176

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Number of Cases

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

Number of Days

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

Injury and Illness Types

Total number of...
(M)

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

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Establishment Information

Your establishment 020801 OCISS-GEAR UP UNIT

Street 333 S. BEAUDRY AVE., 11TH FL

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 47,178.71

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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

Form approved OMB no. 1218-0176

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Number of Cases

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

Number of Days

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

Injury and Illness Types

Total number of...
(M)

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

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Establishment Information

Your establishment 020901 STU HLTH HUMAN SVS

Street 333 S BEAUDRY AVE, 29TH FL

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 19

Total hours worked by all employees last year 31,491.75

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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

Form approved OMB no. 1218-0176

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Number of Cases

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

Number of Days

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

Injury and Illness Types

Total number of...
(M)

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

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Establishment Information

Your establishment 021701 HEALTH EDUCATION PROGRAMS

Street 333 S BEAUDRY AVE., 29TH FLR

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 8

Total hours worked by all employees last year 13,430.5

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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

Form approved OMB no. 1218-0176

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Number of Cases

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

Number of Days

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

Injury and Illness Types

Total number of...
(M)

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

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Establishment Information

Your establishment 021801 HEALTHY START

Street 333 S. BEAUDRY AVE., 29TH FL

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 167

Total hours worked by all employees last year 250,462.41

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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

Form approved OMB no. 1218-0176

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Number of Cases

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

Number of Days

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

Injury and Illness Types

Total number of...
(M)

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

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Establishment Information

Your establishment 021901 A-G INTERVENTION OFFICE

Street 333 S. BEAUDRY AVE 29TH FLOOR

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 20

Total hours worked by all employees last year 35,738.75

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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

Form approved OMB no. 1218-0176

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Number of Cases

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

Number of Days

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

Injury and Illness Types

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

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

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Establishment Information

Your establishment 022601 STUDENT TESTING BRANCH

Street 333 S BEAUDRY AVE., 16TH FL

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 19

Total hours worked by all employees last year 29,958.64

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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

Form approved OMB no. 1218-0176

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Number of Cases

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

Number of Days

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

Injury and Illness Types

Total number of...
(M)

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

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

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Establishment Information

Your establishment 022701 STD RECORDS DATA MGMT

Street 333 S BEAUDRY AVE., 16TH FL

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 24,813.25

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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

Number of Days

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

Injury and Illness Types

Total number of...
(M)

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

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Establishment Information

Your establishment 023201 CURR INSTR, EL

Street 333 S BEAUDRY AVE, 25TH FL

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 17

Total hours worked by all employees last year 29,407.25

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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

Form approved OMB no. 1218-0176

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Number of Cases

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

Number of Days

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

Injury and Illness Types

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

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Establishment Information

Your establishment 023301 CURR INSTR, SEC

Street 333 S BEAUDRY AVE, 25TH FL

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 18

Total hours worked by all employees last year 31,266.8

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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

Form approved OMB no. 1218-0176

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Number of Cases

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

Number of Days

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

Injury and Illness Types

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

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Establishment Information

Your establishment 023501 AD OC ED-CEN OFC

Street 333 S. BEAUDRY AVE., 18TH FL

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 6

Total hours worked by all employees last year 9,056.5

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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

Form approved OMB no. 1218-0176

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Number of Cases

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

Number of Days

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

Injury and Illness Types

Total number of...
(M)

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

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Establishment Information

Your establishment 024101 REGION NORTH

Street 6621 BALBOA BLVD

City VAN NUYS State CA Zip 91406

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 61

Total hours worked by all employees last year 102,961.77

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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

Form approved OMB no. 1218-0176

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Number of Cases

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

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
3	49
(K)	(L)

Injury and Illness Types

Total number of...
(M)

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

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Establishment Information

Your establishment 024201 REGION WEST

Street 11380 W. GRAHAM PL

City LOS ANGELES State CA Zip 90064

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 32

Total hours worked by all employees last year 54,790.9

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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

Form approved OMB no. 1218-0176

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Number of Cases

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

Number of Days

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

Injury and Illness Types

Total number of...
(M)

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

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Establishment Information

Your establishment 024301 SUPERINTENDENT

Street 2151 SOT ST

City LOS ANGELES State CA Zip 90032

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 56

Total hours worked by all employees last year 92,674.97

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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

Form approved OMB no. 1218-0176

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Number of Cases

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

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	149
(K)	(L)

Injury and Illness Types

Total number of...
(M)

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

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Establishment Information

Your establishment 024401 SUPERINTENDENT

Street 1208 MAGNOLIA AVE

City GARDENA State CA Zip 90247

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 47

Total hours worked by all employees last year 79,365.95

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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

Form approved OMB no. 1218-0176

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Number of Cases

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

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
17	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

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

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Establishment Information

Your establishment 025201 FED STATE EDUC PROGRAMS BR

Street 333 S BEAUDRY AVE, 16TH FL

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 25

Total hours worked by all employees last year 41,142.43

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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

Form approved OMB no. 1218-0176

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Number of Cases

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

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
124	54
(K)	(L)

Injury and Illness Types

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

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Establishment Information

Your establishment 025701 PARENT COMM STUD SVS

Street 1360 W TEMPLE ST. ROOM 104

City LOS ANGELES State CA Zip 90026

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 19

Total hours worked by all employees last year 32,594.43

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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

Form approved OMB no. 1218-0176

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Number of Cases

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

Number of Days

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

Injury and Illness Types

Total number of...
(M)

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

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Establishment Information

Your establishment 025801 ARTS INSTR PROGRAM

Street 333 S BEAUDRY AVE., 18TH FLL

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 17

Total hours worked by all employees last year 28,296.55

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

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

Injury and Illness Types

Total number of...
(M)

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

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

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 025901 INTERGROUP RELATIONS OFFICE

Street 333 S. BEAUDRY AVE., 16TH FL

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 1

Total hours worked by all employees last year 357.5

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.

Company executive Title

( ) Phone / / Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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

Form approved OMB no. 1218-0176

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Number of Cases

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

Number of Days

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

Injury and Illness Types

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

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Establishment Information

Your establishment 026001 HR-PARAEDU CAREER LADDER

Street 333 S. BEAUDRY AVE., 15TH FL

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 16,138.79

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

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

Number of Days

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

Injury and Illness Types

Total number of...
(M)

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

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Establishment Information

Your establishment 028401 OFFICE OF DATA ACCOUNTABILITY

Street 333 S. BEAUDRY AVE., 16TH FL

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 17

Total hours worked by all employees last year 17,333.83

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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

Form approved OMB no. 1218-0176

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Number of Cases

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

Number of Days

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

Injury and Illness Types

Total number of...
(M)

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

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Establishment Information

Your establishment 028501 ODA-RESEARCH AND REPORTING BRANCH

Street 333 S. BEAUDRY AVE.

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 14

Total hours worked by all employees last year 24,442.75

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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

Form approved OMB no. 1218-0176

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Number of Cases

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

Number of Days

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

Injury and Illness Types

Total number of...
(M)

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

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Establishment Information

Your establishment 029901 HR-CLASSIFIED GROWTH AND DEV T UNIT

Street 333 S. BEAUDRY AVE 12TH FLOOR

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 1

Total hours worked by all employees last year 1,713

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Occupational Safety and Health Administration

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Number of Cases

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

Number of Days

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

Injury and Illness Types

Total number of...
(M)

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

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Establishment Information

Your establishment 030001 HR-PROF LEARNING

Street 333 S. BEAUDRY AVE., 14TH FL

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 26,600.5

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

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

Number of Days

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

Injury and Illness Types

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

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Establishment Information

Your establishment 030101 HR-EDUCATOR DEV T SUPPORT

Street 333 S. BEAUDRY AVE., 14TH FL.

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 16,399.75

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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

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Number of Cases

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0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

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

Injury and Illness Types

Total number of...
(M)

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

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Establishment Information

Your establishment 032001 STU INVOLVEMENT EMP DV

Street 1360 W TEMPLE ST

City LOS ANGELES State CA Zip 90026

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 2

Total hours worked by all employees last year 3,198.91

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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

Form approved OMB no. 1218-0176

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Number of Cases

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

Number of Days

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

Injury and Illness Types

Total number of...
(M)

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

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Establishment Information

Your establishment 032201 LINKED LRNING UNIT L

Street 333 S. BEAUDRY AVE.

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 49

Total hours worked by all employees last year 81,383.95

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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

Form approved OMB no. 1218-0176

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Number of Cases

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

Number of Days

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

Injury and Illness Types

Total number of...
(M)

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

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Establishment Information

Your establishment 032301 SELPA ADMINISTRATIVE UNIT

Street 333 SO BEAUDRY AVE 17TH FL

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 30

Total hours worked by all employees last year 48,331.01

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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

Form approved OMB no. 1218-0176

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Number of Cases

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

Number of Days

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

Injury and Illness Types

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

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

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Establishment Information

Your establishment 032501 LAUSD SELPA CHARTER OPER PROG

Street 4201 FOUNTAIN AVE.

City LOS ANGELES State CA Zip 90029

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 16,189.15

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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

Form approved OMB no. 1218-0176

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Number of Cases

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

Number of Days

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

Injury and Illness Types

Total number of...
(M)

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

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Establishment Information

Your establishment 032701 HR-MY PROFESSIONAL LRN NET

Street 333 S. BEAUDRY AVE., 14TH FL

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 6

Total hours worked by all employees last year 10,417.34

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

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

Injury and Illness Types

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

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Establishment Information

Your establishment 032801 ZONE OF CHOICE

Street 333 S. BEAUDRY AVE. 20TH FLR

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 2

Total hours worked by all employees last year 3,775.59

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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

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0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

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

Injury and Illness Types

Total number of...
(M)

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

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Establishment Information

Your establishment 043001 MAIL UNIT

Street 8525 REX ROAD

City PICO RIVERA State CA Zip 90660

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 16,040.2

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Year 20 2 4

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(G)	(H)	(I)	(J)

Number of Days

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

Injury and Illness Types

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

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Establishment Information

Your establishment 043101 CHARTER SCH FISCAL BUS SRVC

Street 333 S. BEAUDRY AVE., 26TH FL

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 8,600

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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

Form approved OMB no. 1218-0176

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0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

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

Injury and Illness Types

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

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Establishment Information

Your establishment 043201 FIN SYSTEMS POS MGMT

Street 333 S. BEAUDRY AVE., 26TH FL

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 8,798.5

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

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0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

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

Injury and Illness Types

Total number of... (M)			
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(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 043501 BUDGET SERVICES BRANCH

Street 333 S. BEAUDRY AVE., 26TH FL

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 8

Total hours worked by all employees last year 14,736.18

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

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0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

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

Injury and Illness Types

Total number of...
(M)

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

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Establishment Information

Your establishment 043701 FACILITIES PROCUREMENT PMT SVS

Street 333 S BEAUDRY AVE., 21ST FL

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 20

Total hours worked by all employees last year 33,358.88

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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

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0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

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0	0
(K)	(L)

Injury and Illness Types

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

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Establishment Information

Your establishment 043901 OFFICE OF THE BUDGET DIRECTOR

Street 333 S. BEAUDRY AVE., 26TH FL

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 3

Total hours worked by all employees last year 5,479.28

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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

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(G)	(H)	(I)	(J)

Number of Days

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0	0
(K)	(L)

Injury and Illness Types

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

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Establishment Information

Your establishment 044001 ATTENDANCE AND ENROLLMENT

Street 333 S. BEAUDRY AVE., 26TH FL

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 4

Total hours worked by all employees last year 7,622.75

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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

Form approved OMB no. 1218-0176

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0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

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

Injury and Illness Types

Total number of...
(M)

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

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Establishment Information

Your establishment 044101 STUDENT BODY FINANCE SECTION

Street 333 S. BEAUDRY AVE., 26TH FL

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 17,622.25

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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.

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Number of Cases

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

Number of Days

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

Injury and Illness Types

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

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Establishment Information

Your establishment 044201 INSTRUCTIONAL PROGRAM FISCAL SUPPORT

Street 333 S. BEAUDRY AVE., 26TH FL

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 8

Total hours worked by all employees last year 13,624.3

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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

Form approved OMB no. 1218-0176

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Number of Cases

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

Number of Days

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

Injury and Illness Types

Total number of...
(M)

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

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Establishment Information

Your establishment 044401 SCHOOL FISCAL SERVICES

Street 333 S. BEAUDRY AVE.,

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 47

Total hours worked by all employees last year 80,388.34

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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

Form approved OMB no. 1218-0176

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Number of Cases

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

Number of Days

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

Injury and Illness Types

Total number of...
(M)

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

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Establishment Information

Your establishment 044701 FAC CONTRACT-CENTRAL OFF

Street 333 S BEAUDRY AVE 28TH FL

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 19

Total hours worked by all employees last year 31,261.88

Sign here

Knowingly falsifying this document may result in a fine.

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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

Form approved OMB no. 1218-0176

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Number of Cases

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

Number of Days

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

Injury and Illness Types

Total number of...
(M)

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

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Establishment Information

Your establishment 044801 FSD-LABOR COMPLIANCE

Street 333 S BEAUDRY AVE., 19TH FL

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 19

Total hours worked by all employees last year 31,244.58

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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

Form approved OMB no. 1218-0176

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Number of Cases

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

Number of Days

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

Injury and Illness Types

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

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Establishment Information

Your establishment 044901 FCS-CONSTRUCTION CONTRACTS

Street 1545 WILSHIRE BOULEVARD

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 41

Total hours worked by all employees last year 70,064.2

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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

Form approved OMB no. 1218-0176

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Number of Cases

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

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
88	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

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

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Establishment Information

Your establishment 046201 OFFICE OF COVID RESPONSE

Street 333 S BEAUDRY AVE 18TH FL

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 18

Total hours worked by all employees last year 30,381.32

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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

Form approved OMB no. 1218-0176

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Number of Cases

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

Number of Days

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

Injury and Illness Types

Total number of...
(M)

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

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Establishment Information

Your establishment 046501 BENEFITS ADMINISTRATION BRANCH

Street 333 S BEAUDRY AVE, 28TH FLOOR

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 33

Total hours worked by all employees last year 56,313.06

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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

Form approved OMB no. 1218-0176

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Number of Cases

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

Number of Days

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

Injury and Illness Types

Total number of...
(M)

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

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Establishment Information

Your establishment 047201 ELEARNING GRAPHIC DESIGN

Street 333 S BEAUDRY AVE, 18TH FL

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 26,938.28

Sign here

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

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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

Form approved OMB no. 1218-0176

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Number of Cases

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

Number of Days

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

Injury and Illness Types

Total number of...
(M)

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

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Establishment Information

Your establishment 047401 DEPUTY SUPT BUSINESS SVCS OPERATIONS

Street 333 S BEAUDRY AVE, 23RD FL

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 3

Total hours worked by all employees last year 5,168

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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

Form approved OMB no. 1218-0176

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Number of Cases

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

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
9	51
(K)	(L)

Injury and Illness Types

Total number of...
(M)

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

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Establishment Information

Your establishment 047501 RESTORATIVE JUSTICE

Street 333 S BEAUDRY AVE, 29TH FL

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 48,107.25

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
168	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

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

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

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Establishment Information

Your establishment 047801 CENTRAL FACIL MGT FA HQ

Street 333 S BEAUDRY AVE., 22ND FL

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 37

Total hours worked by all employees last year 74,772

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

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

Injury and Illness Types

Total number of...
(M)

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

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Establishment Information

Your establishment 047901 SCHOOL SERVICES - M O C3 AREA 19

Street 355 S GRAND AVE, 4TH FL

City LOS ANGELES State CA Zip 90071

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 3

Total hours worked by all employees last year 6,050

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
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Number of Cases

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

Number of Days

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

Injury and Illness Types

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

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Establishment Information

Your establishment 048001 CO-M O ENERGY UNIT

Street 333 S BEAUDRY AVE., 22ND FL

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 1

Total hours worked by all employees last year 88

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Year 20 2 4

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Number of Cases

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

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	127
(K)	(L)

Injury and Illness Types

Total number of...
(M)

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

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Establishment Information

Your establishment 048101 SCHOOL SERVICES - M O C3

Street 1240 SO. NAOMI AVE.

City LOS ANGELES State CA Zip 90021

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 14,767.7

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

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

Number of Days

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

Injury and Illness Types

Total number of...
(M)

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

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Establishment Information

Your establishment 048201 SCHOOL SERVICES - M O SOUTH 1

Street 6620 11TH AVE

City LOS ANGELES State CA Zip 90043

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 16,645.47

Sign here

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Company executive Title

( ) / /
Phone Date

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Number of Cases

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

Number of Days

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

Injury and Illness Types

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

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Establishment Information

Your establishment 048301 SCHOOL SERVICES - M O PUS

Street 5115 SOUTHERN AVE

City SOUTH GATE State CA Zip 90280

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 3

Total hours worked by all employees last year 5,506.5

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

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

Number of Days

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

Injury and Illness Types

Total number of...
(M)

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

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Establishment Information

Your establishment 048501 SCHOOL SERVICES - M O ATU

Street 355 S. GRAND AVE., IBM 4TH FL.

City LOS ANGELES State CA Zip 90071

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 11

Total hours worked by all employees last year 18,390.94

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Occupational Safety and Health Administration

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Number of Cases

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

Number of Days

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

Injury and Illness Types

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

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Establishment Information

Your establishment 048701 SCHOOL SERVICES - M O PUN

Street 21213 VANOWEN ST

City CANOGA PARK State CA Zip 91303

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 8,647.66

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
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Number of Cases

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

Number of Days

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

Injury and Illness Types

Total number of...
(M)

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

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Establishment Information

Your establishment 048801 SCHOOL SERVICES - M O N2

Street 8960 HERRICK AVE

City SUN VALLEY State CA Zip 91352

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 15,143

Sign here

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

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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

Number of Days

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

Injury and Illness Types

Total number of...
(M)

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

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Establishment Information

Your establishment 048901 SCHOOL SERVICES - M O C2

Street 4545 HUNTINGTON DR

City LOS ANGELES State CA Zip 90032

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 15,177.75

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

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

Injury and Illness Types

Total number of...
(M)

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

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

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Establishment Information

Your establishment 049001 SCHOOL SERVICES - M O C1

Street 1406 S HIGHLAND AVE

City LOS ANGELES State CA Zip 90019

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 7

Total hours worked by all employees last year 12,749.5

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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

Form approved OMB no. 1218-0176

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Number of Cases

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

Number of Days

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

Injury and Illness Types

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

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Establishment Information

Your establishment 049201 SCHOOL SERVICES - M O SOUTH 2

Street 17729 S FIGUEROA ST

City GARDENA State CA Zip 90248

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 15,660.83

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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

Form approved OMB no. 1218-0176

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Number of Cases

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

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
4	208
(K)	(L)

Injury and Illness Types

Total number of...
(M)

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

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Establishment Information

Your establishment 049301 SCHOOL SERVICES - M O C3 CSHOP

Street 1240 S NAOMI ST

City LOS ANGELES State CA Zip 90021

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 7

Total hours worked by all employees last year 11,084

Sign here

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

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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

Form approved OMB no. 1218-0176

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Number of Cases

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

Number of Days

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

Injury and Illness Types

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

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Establishment Information

Your establishment 049401 SCHOOL SERVICES - M O N1

Street 6651-B BALBOA BLVD

City LAKE BALBOA State CA Zip 91406

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 6

Total hours worked by all employees last year 9,871.5

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

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

Number of Days

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

Injury and Illness Types

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

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Establishment Information

Your establishment 049501 SCHOOL SERVICES - M O PU CENTRAL

Street 1500 EAST 14TH STREET

City LOS ANGELES State CA Zip 90021

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 7,655.29

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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

Form approved OMB no. 1218-0176

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Number of Cases

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

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
8	19
(K)	(L)

Injury and Illness Types

Total number of...
(M)

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

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Establishment Information

Your establishment 049901 ENVIRONMENTAL HLT SAFETY BR

Street 333 S. BEAUDRY AVE, 21ST FLOOR

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 49

Total hours worked by all employees last year 84,606.49

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

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

Number of Days

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

Injury and Illness Types

Total number of...
(M)

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

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Establishment Information

Your establishment 050801 SPACE PLANNING AND ALLOCATION

Street 333 S BEAUDRY AVE., 23RD FL

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 2

Total hours worked by all employees last year 3,105

Sign here

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

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

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

Number of Days

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

Injury and Illness Types

Total number of...
(M)

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

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Establishment Information

Your establishment 050901 CONTRACT ADMIN AND PROCUREMENT SERVICES

Street 8525 REX ROAD

City PICO RIVERA State CA Zip 90660

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 49

Total hours worked by all employees last year 85,167.94

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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

Form approved OMB no. 1218-0176

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Number of Cases

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

Number of Days

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

Injury and Illness Types

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

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Establishment Information

Your establishment 051001 SPACE PLANNING JOB COST NEW

Street 333 BEAUDRY AVE., SUITE 23-148

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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

Total hours worked by all employees last year 20,825.25

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

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

Number of Days

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

Injury and Illness Types

Total number of...
(M)

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

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Establishment Information

Your establishment 051801 OFFICE OF LEADERSHIP DEV PARTNERSHIPS

Street 333 S. BEAUDRY AVE 24TH FLOOR

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 4

Total hours worked by all employees last year 7,074.08

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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

Form approved OMB no. 1218-0176

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Number of Cases

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

Number of Days

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

Injury and Illness Types

Total number of...
(M)

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

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

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Establishment Information

Your establishment 051901 OFFICE OF SCH CULTURE, CLIMATE SAFETY

Street 333 S. BEAUDRY AVE 24TH FLOOR

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 40

Total hours worked by all employees last year 72,751.98

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

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

Injury and Illness Types

Total number of...
(M)

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

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Establishment Information

Your establishment 052101 ITD - DESIGN QUALITY ASSURANCE JC

Street 333 S. BEAUDRY AVE.

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 18

Total hours worked by all employees last year 32,142.25

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	6	0	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
447	31
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	8	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 052501 GENERAL STORES

Street 8525 REX ROAD

City PICO RIVERA State CA Zip 90660

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 72

Total hours worked by all employees last year 130,094.08

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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

Form approved OMB no. 1218-0176

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Number of Cases

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

Number of Days

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

Injury and Illness Types

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

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Establishment Information

Your establishment 053801 PROCUREMENT SERVICES DIV

Street 333 S. BEAUDRY AVE., 28TH FL

City LOS ANGELES State CA Zip 90017

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

Elementary and Secondary Schools

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

OR

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

6 1 1 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 8,026

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
5	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	1

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Establishment Information

Your establishment 054401 MATERIEL MANAGEMENT

Street 8525 REX ROAD

City PICO RIVERA State CA Zip 90660

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 3

Total hours worked by all employees last year 5,139.72

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 054801 INFORMATION TECHNOLOGY DIV

Street 333 S. BEAUDRY AVE., 10TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 1

Total hours worked by all employees last year 1,801

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 055001 OFF DEPUTY CNTR-ACTG

Street 333 S BEAUDRY AVE, 27TH FLOOR

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 1

Total hours worked by all employees last year 1,861

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 055101 OFF DEPUTY CONTROLLER-PAYROLL

Street 333 S BEAUDRY AVE, 27TH FLOOR

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 1

Total hours worked by all employees last year 1,705

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 055201 HR-OFC-DEP CHF HR OF

Street 333 S BEAUDRY AVE, 14TH FLOOR

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 20

Total hours worked by all employees last year 26,092.18

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 055401 STUDENT SUPPORT PROGRAM FISCAL SERVICES

Street 333 S. BEAUDRY AVE., 17TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 38,186.53

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 055601 SCC PAYROLL UNIT-FORCE ACCOUNT

Street 333 S. BEAUDRY AVE.

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 3

Total hours worked by all employees last year 4,839.66

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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 055701 SCC JOB COST ACCOUNTING SEC FA

Street 333 S BEAUDRY AVE, 27TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 17,548.5

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 055801 BOND OVERSIGHT COMMITTEE

Street 333 S BEAUDRY AVE 23RD FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 3,568

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 055901 ACCOUNTING CONTROLS BRANCH

Street 333 S BEAUDRY AVE, 26TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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

Total hours worked by all employees last year 20,884

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...	(M)		
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 056001 OFFICE OF BUSINESS MANAGER

Street 333 S. BEAUDRY AVE., 24TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 3,968.5

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...	(M)		
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 056201 DEVELOPER FEE PROG OFFICE

Street 333 S BEAUDRY AVE, 27TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 3,145.5

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 056501 ADLT FISCAL SVCS SEC

Street 333 S. BEAUDRY AVE., 18TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 7

Total hours worked by all employees last year 11,061.83

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 056601 CHILD DEV FISCAL SERVICES

Street 333 S BEAUDRY AVE 27TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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

Total hours worked by all employees last year 20,305.34

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 056701 OFFICE OF CHIEF BUSINESS OFFICER

Street 333 S. BEAUDRY AVE., 26TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 4

Total hours worked by all employees last year 6,177.4

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...	(M)		
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 056801 ACCOUNTING DISBURSEMENT DIV

Street 333 S. BEAUDRY AVE., 26TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 4

Total hours worked by all employees last year 7,078

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 056901 GENERAL ACCOUNTING REPORTING BRANCH

Street 333 S. BEAUDRY AVE., 26TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 27

Total hours worked by all employees last year 48,119.05

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 057001 OFC OF THE INSPECTOR GENERAL

Street 333 S. BEAUDRY AVE., 12TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 44

Total hours worked by all employees last year 75,580.01

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 057101 ACCOUNTS PAYABLE BRANCH

Street 333 S. BEAUDRY AVE., 27TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 29

Total hours worked by all employees last year 50,109.06

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	5	0	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
111	52
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	3	(6) All other illnesses	1

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Establishment Information

Your establishment 057401 PAYROLL ADMINISTRATION BRANCH

Street 333 S. BEAUDRY AVE., 27TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 62

Total hours worked by all employees last year 103,300.42

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 057801 ODA-STATE REPORTING SERVICES BRANCH

Street 333 S. BEAUDRY AVE., 16TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 25

Total hours worked by all employees last year 40,163.81

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 058101 HR-CRED SVCS UNIT

Street 333 S. BEAUDRY AVE., 15TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 20

Total hours worked by all employees last year 35,311.99

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 058501 HR-OFC OF THE CHIEF HR OFFICER

Street 333 S. BEAUDRY AVE., 14TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 36,653.02

Sign here

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Company executive Title

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Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 058701 HR-CERT ASMTS SUPPORT

Street 333 S. BEAUDRY AVE., 15TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 52

Total hours worked by all employees last year 87,254.02

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 059101 HR-CERT ADMIN SVCS SECT

Street 333 S. BEAUDRY AVE., 14TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 8

Total hours worked by all employees last year 13,830.93

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 059201 HR-CERT SUB UNIT

Street 333 S. BEAUDRY AVE., 15TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 14,810.06

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
9	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	1	(6) All other illnesses	0

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Establishment Information

Your establishment 059401 HR-EMPLOYEE SRVCS REL SECT

Street 333 S. BEAUDRY AVE., 14TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 14

Total hours worked by all employees last year 23,310.19

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 059601 HR-PERS RSCH ANALYSIS

Street 333 S. BEAUDRY AVE., 14TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 8,724.25

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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.

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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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 059801 HR-CERT RECRTMNT, SELECT

Street 333 S. BEAUDRY AVE., 15TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 19

Total hours worked by all employees last year 32,389.04

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 059901 HR-PERS SVCS RSCH BR

Street 333 S. BEAUDRY AVE., 14TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 3,413.5

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 060001 WORKFORCE MGMT CLSFD TRAINING

Street 333 S. BEAUDRY AVE. 16TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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

Total hours worked by all employees last year 20,408.5

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 060101 PC-EAST CLASSIFIED EMP OFFICE

Street 2114 MARENGO ST

City LOS ANGELES State CA Zip 90033

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 4

Total hours worked by all employees last year 6,105.15

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 060301 PC-SOUTH CLS EMP OFC

Street 333 S. BEAUDRY AVE.

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 1

Total hours worked by all employees last year 863.1

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 060401 PC-MIDCITIES CLS SMP

Street 944 W 77TH

City LOS ANGELES State CA Zip 90044

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 10,058.83

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 060501 PC-VAL CLS EMP OFC

Street 6505 ZELZAH AV B-1245

City RESEDA State CA Zip 91335

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 9,548.42

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 060601 CLASSIFIED EMP SERVICES

Street 333 S. BEAUDRY AVE., 12TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 61

Total hours worked by all employees last year 101,351.62

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

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0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 060701 TALENT ACQUISITION SELECTION

Street 333 S. BEAUDRY AVE. 16TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 69

Total hours worked by all employees last year 85,090.92

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 060901 HR-TCH SUP DEV

Street 333 S. BEAUDRY AVE., 15TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 1

Total hours worked by all employees last year 1,832

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 061201 HR-EARLY CHILDHOOD DEV UN

Street 333 S BEAUDRY AVE, 15TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 8,238.77

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 062501 FSD-CENTRAL OFFICE

Street 333 S BEAUDRY AVE., 23RD FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 10,515

Sign here

Knowingly falsifying this document may result in a fine.

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 062801 FACILITES FINANCE ACCTG

Street 333 S BEAUDRY AVE., 19TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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

Total hours worked by all employees last year 19,845.25

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 063501 CONSTRUCTION INSPECTION

Street 1200 S NAOMI AVE - 3RD FL

City LOS ANGELES State CA Zip 90021

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 25

Total hours worked by all employees last year 41,420.24

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 063537 CONSTRUCTION INSPECTION-SCHOOL BASE OPER

Street 333 S BEAUDRY AVE, 22ND FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 77

Total hours worked by all employees last year 139,714.71

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 063701 FAC LEGIS, GRANTS FUNDING

Street 333 S BEAUDRY AVE., 19TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 19

Total hours worked by all employees last year 32,591.75

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...	(M)		
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 063801 FAC-PROG PROJ CNTRLS

Street 333 S BEAUDRY AVE., 21ST FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 20

Total hours worked by all employees last year 33,610.25

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	1	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
186	134
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 064001 FAC MAINT OPER-CENTRAL OFF

Street 333 S BEAUDRY AVE., 22ND FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 57

Total hours worked by all employees last year 77,595.49

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 064037 M O CENTRAL OFFICE-SCHOOL BASE OPER

Street 333 S BEAUDRY AVE, 22ND FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 3,855.5

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 064601 PROJ EXECUTION-CO

Street 333 S BEAUDRY AVE, 19TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 4

Total hours worked by all employees last year 7,094.5

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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.

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 065001 REAL ESTATE

Street 333 S BEAUDRY AVE 23RD FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 11

Total hours worked by all employees last year 17,562.76

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 065101 COMMUNITY OUTREACH

Street 1055 W 7TH ST., 9TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 7

Total hours worked by all employees last year 12,699.42

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 065201 DESIGN DEPARTMENT

Street 333 S BEAUDRY AVE, 19TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 51

Total hours worked by all employees last year 89,737.01

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 065301 FACILITIES TECH SRVS

Street 333 S BEAUDRY AVE, 21ST FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 28,026.51

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 065401 MASTER PLANNING DEMOGRAPHICS

Street 333 S. BEAUDRY AVE. 23RD FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 17,137.06

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	1	1	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
13	35
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 065501 PROJECT EXECUTION

Street 333 S BEAUDRY AVE, 19TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 170

Total hours worked by all employees last year 292,607.5

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 065601 DISTRICT ADMINISTRATIVE OFFICE - BEAUDRY

Street 333 S. BEAUDRY AVE., 26TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 25

Total hours worked by all employees last year 47,097.17

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 067301 LEASING SPACE UTILILIZATION

Street 333 SO BEAUDRY AVE, 23RD FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 8

Total hours worked by all employees last year 12,266.27

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 067501 PROG SUPP SVCS-CO

Street 333 S BEAUDRY AVE, 21ST FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 14,662.52

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 069001 SCC FSD PROJ MGT REGION 6 FA

Street 5115 SOUTHERN AVE, BLDG B

City SOUTH GATE State CA Zip 90280

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 4

Total hours worked by all employees last year 7,531.25

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 070901 PROJ EX-SOUTH REGION

Street 333 S BEAUDRY AVE 19TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 3

Total hours worked by all employees last year 5,272

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 071101 HR-PEER ASSISTANCE REVIEW

Street 333 S BEAUDRY AVE., 14TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 44

Total hours worked by all employees last year 28,006.25

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 071201 HR-MANAGEMENT SERVICES SECTION

Street 333 S. BEAUDRY AVE., 14TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 7

Total hours worked by all employees last year 10,725

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	1	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	99
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 071601 HR-STAFF RELATIONS-DIVISIONAL SVCS

Street 333 S. BEAUDRY AVE., 14TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 30

Total hours worked by all employees last year 51,553.14

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 071901 TREASURY OTHER ACCOUNTING SERVICES BR

Street 333 S. BEAUDRY AVE., 26TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 13

Total hours worked by all employees last year 20,806.68

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 072101 TREASURY

Street 333 S BEAUDRY AVE, 26TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 3

Total hours worked by all employees last year 5,100.02

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 072201 HR-ADULT CAREER EDUCATION UNIT

Street 333 S BEAUDRY AVE, 15TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 4

Total hours worked by all employees last year 5,785

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 072901 SMALL BUSINESS OUTREACH

Street 333 S. BEAUDRY AVE.

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 3

Total hours worked by all employees last year 4,556.75

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 073001 FSD PERS SRVS UNIT

Street 333 S BEAUDRY AVE, 21ST FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 4

Total hours worked by all employees last year 6,787.04

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 073101 ASSET MANAGEMENT-CO

Street 333 S BEAUDRY AVE, 23RD FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 50

Total hours worked by all employees last year 84,313

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
180	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 076301 ITD-CSIB JOB COST

Street 2155 N SOTO ST

City LOS ANGELES State CA Zip 90032

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 46

Total hours worked by all employees last year 88,428.25

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 078201 ITD-CAP PRJ PMO JCST

Street 333 S BEAUDRY AVE 10TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 15,551

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 078501 ITD-ENT REPT INTEGR

Street 333 S BEAUDRY AVE, 10TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 18

Total hours worked by all employees last year 31,180.8

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 078701 ITD-CSRU

Street 2155 NORTH SOTO STREET

City LOS ANGELES State CA Zip 90032

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 41

Total hours worked by all employees last year 78,210.12

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 078801 ITD-PMO CSIU

Street 2155 N SOTO ST

City LOS ANGELES State CA Zip 90032

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 1

Total hours worked by all employees last year 1,784

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 078901 ITD-DATA CENTER OPS

Street 333 S. BEAUDRY AVE., 9TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 35

Total hours worked by all employees last year 63,043.97

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 079001 ITD-SAP

Street 333 S BEAUDRY AVE, 11TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 49

Total hours worked by all employees last year 86,508.25

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 079301 ITD-ENTPLANSERVICES

Street 333 S. BEAUDRY AVE., 10TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 8,592.25

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 079401 ITD-MISIS

Street 333 S. BEAUDRY AVE., 10TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 41

Total hours worked by all employees last year 67,517.6

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 079501 ITD-CUSTOMER SUPPORT

Street 2155 N. SOTO STREET

City LOS ANGELES State CA Zip 90032

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 156

Total hours worked by all employees last year 254,812.84

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	1	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	121
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 079601 ITD- SADE

Street 333 S. BEAUDRY AVE., 10TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 25,510.36

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	1	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
5	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	2	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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 080301 APOLO DL ASIANPACIFIC DUALLG

Street 333 S. BEAUDRY AVE., 25TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 8

Total hours worked by all employees last year 12,321.5

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 080401 MIGRANT ED

Street 333 S. BEAUDRY AVE., 25TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 8,265.5

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 081001 PE-TEACHER-ITINERANT

Street 333 S. BEAUDRY AVE. 25TH FLOOR

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 17,751.08

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	3	0	11
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
29	162
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	14	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 082001 PSYCHOLOGICAL SVCS-ITINERANT

Street 333 S. BEAUDRY AVE., 17TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 624

Total hours worked by all employees last year 963,566.64

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	9	2	15
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
715	124
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	25	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	1	(6) All other illnesses	0

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Establishment Information

Your establishment 082101 DIST NURSING SVCS-ITINERANT

Street 121 N. BEAUDRY AVE.

City LOS ANGELES State CA Zip 90012

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 800

Total hours worked by all employees last year 1,084,029.22

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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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
177	56
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 082201 ARTS INSTR PROG - ITINERANT

Street 333 S. BEAUDRY AVE. 25TH FLOOR

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 227

Total hours worked by all employees last year 256,648.09

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	2	3	18
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
25	491
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	23	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 082301 STU HLTH-PUPILSV ATT-ITINERANT

Street 121 N BEAUDRY AVE

City LOS ANGELES State CA Zip 90012

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 829

Total hours worked by all employees last year 1,265,910.06

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	14	2	10
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
631	748
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	26	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 082401 MENTAL HLTH SVCS-ITINERANT

Street 333 S. BEAUDRY AVE. 29TH FLOOR

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 717

Total hours worked by all employees last year 1,078,423.47

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 083101 CAFETERIA FISCAL SUP

Street 333 S BEAUDRY AVE, 28TH FLOOR

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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

Total hours worked by all employees last year 20,981.58

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 083501 ITD-PROJ MGMT OFF

Street 333 S. BEAUDRY AVE., 10TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 3,428.25

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
3	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	1	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 083801 ITD - IT SECURITY

Street 333 SOUTH BEAUDRY AVENUE 10TH FLOOR

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 24

Total hours worked by all employees last year 41,415.42

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 084501 HR-CERT LONG TERM ASMT

Street 333 S BEAUDRY AVE, 14TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 8,302.45

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 085401 FINANCIAL PLANNING AND ANALYSIS

Street 333 S. BEAUDRY AVE. 26TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 2,680

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 085501 ITD - IT PARTNERSHIPS SPECIAL PROJECTS

Street 333 SOUTH BEAUDRY AVENUE

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 13

Total hours worked by all employees last year 21,612.25

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 085601 COVID FISCAL UNIT

Street 333 S. BEAUDRY AVE. 26TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 8

Total hours worked by all employees last year 14,913.75

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 085701 EMPLOYEE SUPPORT LABOR RELATIONS

Street 333 S. BEAUDRY AVE. 14TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 1,797.25

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 085801 STRATEGIC DATA EVALUATION BRANCH

Street 333 S. BEAUDRY AVE. 24TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 20

Total hours worked by all employees last year 22,964.58

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 085901 BLACK STUDENT ACHIEVEMENT

Street 333 S. BEAUDRY AVE. 24TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 28

Total hours worked by all employees last year 49,689.5

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

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Number of Cases

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0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 086001 OFFICE OF EMERGENCY MANAGEMENT

Street 333 S. BEAUDRY 23RD FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 7

Total hours worked by all employees last year 10,655.09

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

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0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 088901 HR-BEG. TCHR GRWTH DEV

Street 333 S.BEAUDRY AVE., 14TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 29

Total hours worked by all employees last year 43,425.21

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 089001 HR-DIST INTERN

Street 333 S.BEAUDRY AVE., 14TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 202

Total hours worked by all employees last year 103,896.5

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 089101 HR-NBC TCHRS UNIT

Street 333 S.BEAUDRY AVE., 14TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 13

Total hours worked by all employees last year 18,797

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 089301 ITD FISCAL SUPPORT SERVICES

Street 333 S. BEAUDRY AVE 9TH FLOOR

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 9,693.5

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 094201 OFF OF CHIEF ACADEMIC OFFICER

Street 333 S BEAUDRY AVE, 25TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 15,540.79

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...	(M)		
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 094501 DEPUTY SUPERINTENDENT, INSTRUCTION

Street 333 S BEAUDRY AVE 24TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 4

Total hours worked by all employees last year 7,200

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
9	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	2	(6) All other illnesses	0

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Establishment Information

Your establishment 095101 ACCESS, EQUITY, ACCELERATION

Street 333 S. BEAUDRY AVE., 25TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 16,429.9

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 095201 PERSONALIZED LEARNING SYSTEM

Street 333 S BEAUDRY AVE 9TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 13

Total hours worked by all employees last year 22,266.06

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 095301 ITD-COS ITINERANTS

Street 2155 N SOTO ST.

City LOS ANGELES State CA Zip 90032

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 290

Total hours worked by all employees last year 531,601.36

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 095401 OFFICE OF VIRTUAL ACADEMY

Street 333 S. BEAUDRY AVE 24TH FLOOR

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 13

Total hours worked by all employees last year 22,471

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 095601 OFFICE OF THE MEDICAL DIRECTOR

Street 333 S BEAUDRY AVE., 18TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 7

Total hours worked by all employees last year 11,658.5

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 096301 LD WEST COS ITINERANT

Street 11380 W GRAHAM PL

City LOS ANGELES State CA Zip 90064

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 1

Total hours worked by all employees last year 304

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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.

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 096901 OFF OF CURR, INSTRUC SCHL SUPP

Street 333 S BEAUDRY AVE, 25TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 4

Total hours worked by all employees last year 7,549

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 097201 SEC COUNSELORS-OPTION SCHLS

Street 333 S. BEAUDRY AVE. 11TH FLOOR

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 11,948.16

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 098101 S.E.P.A. CENTER

Street 1339 ANGELINA ST

City LOS ANGELES State CA Zip 90026

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 7,259.08

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 098601 GIFTED TALENTED PROGRAMS

Street 333 S. BEAUDRY AVE., 25TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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

Total hours worked by all employees last year 15,169.09

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 098701 CONSERVATORY FINE ARTS-CSULA

Street 333 S. BEAUDRY AVE., 16TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 32

Total hours worked by all employees last year 4,741.42

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
109	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	2	(6) All other illnesses	0

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Establishment Information

Your establishment 099501 MULTINGL MULTIC ED

Street 333 S. BEAUDRY AVE., 25TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 30

Total hours worked by all employees last year 48,570.36

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 100201 ITD-NETWORK MGMT

Street 333 S. BEAUDRY AVE., 10TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 26,434.5

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 100501 SP ED SERVICE CENTER - CENTRAL-ITINERANT

Street 333 S. BEAUDRY AVE., 17TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 14

Total hours worked by all employees last year 21,440.5

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	1	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	25
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 100537 SPED ADMINISTRATION SERVICES-SCHOOL ADM

Street 333 S BEAUDRY AVE, 17TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 39

Total hours worked by all employees last year 46,841.47

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 101701 SP ED-EARLY ED PROG

Street 333 S. BEAUDRY AVE., 17TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 55,725.25

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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 102601 COMPLIANCE UNIT,DIVOF SPEC ED

Street 333 S. BEAUDRY AVE., 17TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 26,238.8

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 104101 OFFICE OF CHIEF OF SPEC ED,EQUITY ACCESS

Street 333 S. BEAUDRY AVE 24TH FLOOR

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 3

Total hours worked by all employees last year 5,626.85

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 104801 STRATEGIC ENROLLMENT PROG PLANNING OFF

Street 333 S BEAUDRY AVE, 14TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 11

Total hours worked by all employees last year 18,790.67

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 107001 AD OC ED-CEN OF INST

Street 333 S. BEAUDRY AVE., 18TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 38

Total hours worked by all employees last year 62,710.02

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 107501 HSE TEST CENTER

Street 1646 S. OLIVE ST

City LOS ANGELES State CA Zip 90015

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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

Total hours worked by all employees last year 9,622.51

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 108401 STU HLTH-PUPIL SVCS ATT-ITINERANT-BSAP

Street 333 S BEAUDRY AVE 29TH FLR

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

Employment Information *(If you don't have these figures, see the Worksheet on back of this page to continue)*

Annual average number of employees

Total hours worked by all employees last year

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
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Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 108501 MENTAL HLTH SVCS-ITINERANT-BSAP

Street 6651 BALBOA BLVD

City LAKE BALBOA State CA Zip 91406

Industry description (*e.g., Manufacture of motor truck trailers*)

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

Employment Information *(If you don't have these figures, see the Worksheet on back of this page to continue)*

Annual average number of employees

Total hours worked by all employees last year

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 109601 STRATEGIC PLANNING

Street 333 S. BEAUDRY AVE, 17TH FL 18TH FLOOR

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 8

Total hours worked by all employees last year 12,724.5

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	1	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	94
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 109701 SPECIAL ED SERVICE CNTR, OPER

Street 333 S BEAUDRY AVE., 17TH FLR

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 36

Total hours worked by all employees last year 56,455.02

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 109737 SPED SERVICES CENTRAL, OPER-SCHOOL ADMIN

Street 333 S BEAUDRY AVE, 18TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 39

Total hours worked by all employees last year 45,680.19

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 111301 INTEG LIB TXTBK SVCS

Street 333 S BEAUDRY AVE 29TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 14

Total hours worked by all employees last year 23,843

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 111501 EDL BRDCSTING SV TSA

Street 1061 TEMPLE ST

City LOS ANGELES State CA Zip 90012

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 36,424.02

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...	(M)		
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 112001 CAREER DEV BRANCH-CO

Street 333 S BEAUDRY AVE, 25TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 8

Total hours worked by all employees last year 13,280.05

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

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0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...	(M)		
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 112201 INTERSCHOLASTIC ATHLETICS PROGRAM

Street 333 S. BEAUDRY, B-216

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 9,032.5

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 113301 HR-REGION EAST CERTIFICATED EMPLOYMENT

Street 333 S. BEAUDRY AVE., 15TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

Employment Information *(If you don't have these figures, see the Worksheet on back of this page to continue)*

Annual average number of employees

Total hours worked by all employees last year

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 113401 HR-REGION NORTH CERTIFICATED EMPLOYMENT

Street 333 S. BEAUDRY AVE., 15TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

Employment Information *(If you don't have these figures, see the Worksheet on back of this page to continue)*

Annual average number of employees

Total hours worked by all employees last year

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 113501 HR-REGION SOUTH CERTIFICATED EMPLOYMENT

Street 333 S. BEAUDRY AVE., 15TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

Employment Information *(If you don't have these figures, see the Worksheet on back of this page to continue)*

Annual average number of employees

Total hours worked by all employees last year

Sign here

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Company executive Title

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Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 113601 HR-REGION WEST CERTIFICATED EMPLOYMENT

Street 333 S. BEAUDRY AVE., 15TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

Employment Information *(If you don't have these figures, see the Worksheet on back of this page to continue)*

Annual average number of employees

Total hours worked by all employees last year

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

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0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 120901 MENT HLTH CTR-VAL BR

Street 6651 BALBOA BLVD

City LAKE BALBOA State CA Zip 91406

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 3

Total hours worked by all employees last year 3,423.6

Sign here

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Company executive Title

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Summary of Work-Related Injuries and Illnesses

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(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 122201 SAN PEDRO SCI CNTR

Street 2201 BARRYWOOD

City SAN PEDRO State CA Zip 90731

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 1

Total hours worked by all employees last year 797

Sign here

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Company executive Title

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Phone Date

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Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

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0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 123401 PUPIL SERVICES ATTENDANCE

Street 730 E. 14TH ST.

City LOS ANGELES State CA Zip 90021

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 20

Total hours worked by all employees last year 34,083.25

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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.

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 123437 PUPIL SVS ATTEND-SCH

Street 333 S. BEAUDRY AVE 29TH FLOOR

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 7,572.83

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 123901 PSYCHOLOGICAL SERVICES

Street 333 S. BEAUDRY AVE., 17TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 52

Total hours worked by all employees last year 82,797.75

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 123937 PSYCHOLOGICAL SERVICES-SCHOOL ADMINIST

Street 333 S BEAUDRY AVE, 17TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 40

Total hours worked by all employees last year 49,267.42

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 125301 NEGLECTD DELINQ CHILD PROJECT

Street 333 S BEAUDRY AVE., 29TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 30

Total hours worked by all employees last year 49,506.95

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	1	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	122
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 125337 NEGL DELINQCHILD-SCH

Street 333 S. BEAUDRY AVE 29TH FLOOR

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 31,036.33

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 125601 DIST NURSING SERV

Street 1430 S. SAN JULIAN ST., 1

City LOS ANGELES State CA Zip 90015

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 35

Total hours worked by all employees last year 47,838.16

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
13	63
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 125637 DIST NURSING-SCH OP

Street 121 N BEAUDRY AVE

City LOS ANGELES State CA Zip 90012

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 28

Total hours worked by all employees last year 32,292.12

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 126901 TELFAIR HEALTH CTR

Street 10911 TELFAIR

City PACOIMA State CA Zip 91331

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 36

Total hours worked by all employees last year 56,879

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	1	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
16	326
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	1

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Establishment Information

Your establishment 127201 STUDENT MEDICAL SERVICES

Street ROYBAL ANNEX 121 N. BEAUDRY AVE

City LOS ANGELES State CA Zip 90012

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 26,433.43

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	1

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Establishment Information

Your establishment 127401 MENTAL HLTH SVRS

Street 333 S BEAUDRY AVE 29TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 32

Total hours worked by all employees last year 54,099

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 127437 MHS-SCH BASED OP

Street 333 S. BEAUDRY AVE 29TH FLOOR

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 1

Total hours worked by all employees last year 565

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 127501 CMNTY PARTNERSHIPS MEDI-CAL

Street 333 S BEAUDRY AVE., 29TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 29

Total hours worked by all employees last year 45,759.5

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	20	0	10
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
1378	79
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	29	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	1
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 128101 TRANSPORTATION SVCS DIVISION

Street 115 N. BEAUDRY AVE

City LOS ANGELES State CA Zip 90012

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 363

Total hours worked by all employees last year 662,715.78

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	6	0	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
102	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	7	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	1	(6) All other illnesses	0

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Establishment Information

Your establishment 128501 TRANS SERVS DIV - REGION A

Street 18421 S HOOVER STREET

City GARDENA State CA Zip 90248

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 198

Total hours worked by all employees last year 351,307.25

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	12	0	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
733	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	14	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 128502 TRANS SERVS DIV - REGION B

Street 524 E. 15TH STREET

City LOS ANGELES State CA Zip 90015

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 211

Total hours worked by all employees last year 368,076.05

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	17	0	6
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
1233	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	22	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	1	(6) All other illnesses	0

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Establishment Information

Your establishment 128504 TRANS SERVS DIV - REGION D

Street 16200 ROSCOE BLVD

City VAN NUYS State CA Zip 91406

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 247

Total hours worked by all employees last year 454,235.9

Sign here

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Company executive Title

( ) / /
Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	4	0	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
288	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	6	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 128505 TRANS SERVS DIV - REGION E

Street 11247 SHERMAN WAY

City SUN VALLEY State CA Zip 91352

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 223

Total hours worked by all employees last year 397,282.71

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 128513 SCC TRANS ABS AREA 69

Street 115 N. BEAUDRY AVE

City LOS ANGELES State CA Zip 90012

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 16,189.83

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
180	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 128519 SCC TRANS ABS AREA 75

Street 115 N. BEAUDRY AVE

City LOS ANGELES State CA Zip 90012

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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

Total hours worked by all employees last year 20,900.89

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	46	1	4
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
2034	37
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	29	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	22	(6) All other illnesses	0

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Establishment Information

Your establishment 130001 SCC TRUCK OPER SECT JOB COST

Street 8525 REX ROAD

City PICO RIVERA State CA Zip 90660

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 168

Total hours worked by all employees last year 313,301.3

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	14	5	33
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
593	363
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	51	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	1

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Establishment Information

Your establishment 134101 SCHOOL POLICE SERVICES

Street 125 NORTH BEAUDRY AVE.

City LOS ANGELES State CA Zip 90012

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 330

Total hours worked by all employees last year 685,019.29

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	4	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
382	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	5	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 134701 FOODS WAREHOUSE

Street 8525 REX ROAD

City PICO RIVERA State CA Zip 90660

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 72

Total hours worked by all employees last year 126,855.64

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
187	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 139301 C3 MAINTENANCE SPEC SVCS

Street 1240 S NAOMI ST

City LOS ANGELES State CA Zip 90021

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 17,217.25

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	14	2	7
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
1136	60
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	21	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	2
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 139337 C3 MAINT SPECIALSVCS JC-SCHOOL BASE OPER

Street 1240 S NAOMI ST

City LOS ANGELES State CA Zip 90021

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 129

Total hours worked by all employees last year 241,048.17

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
15	5
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 141001 MAINTENANCE CENTRAL 1 FA

Street 1406 S HIGHLAND AVE

City LOS ANGELES State CA Zip 90019

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 14

Total hours worked by all employees last year 25,376

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	3	3	7
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
29	98
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	10	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	1
(3) Respiratory conditions	2	(6) All other illnesses	0

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Establishment Information

Your establishment 141037 C1 MAINTENANCE JC-SCHOOL BASE OPER

Street 1406 S HIGHLAND AVE

City LOS ANGELES State CA Zip 90019

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 73

Total hours worked by all employees last year 136,606

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	3	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
100	72
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 141137 MAINT OPER APPRENTICES JC SCHOOL BASED

Street 333 S. BEAUDY AVE

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 30

Total hours worked by all employees last year 56,744.75

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 141301 C3 OPERATIONS SPEC SVCS

Street 1354 NEWTON STREET

City LOS ANGELES State CA Zip 90021

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 4

Total hours worked by all employees last year 5,867

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	6	0	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
435	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	8	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	1
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 141337 C3 OPER SPECIAL SVCS JC-SCHOOL BASE OPER

Street 1240 S NAOMI ST

City LOS ANGELES State CA Zip 90021

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 59

Total hours worked by all employees last year 111,438.75

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 141401 OPERATIONS CENTRAL 1 FA

Street 1406 S HIGHLAND AVE

City LOS ANGELES State CA Zip 90019

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 4

Total hours worked by all employees last year 7,304.5

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	4	0	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
250	12
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	6	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 141437 C1 OPERATIONS JC-SCHOOL BASE OPER

Street 1406 S HIGHLAND AVE

City LOS ANGELES State CA Zip 90019

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 44

Total hours worked by all employees last year 84,296.15

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	1	1	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
9	180
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 141601 MAINTENANCE CENTRAL 2 FA

Street 4545 HUNTINGTON DR S

City LOS ANGELES State CA Zip 90032

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 11

Total hours worked by all employees last year 20,112.25

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	4	2	4
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
207	121
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	9	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	1	(6) All other illnesses	0

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Establishment Information

Your establishment 141637 C2 MAINTENANCE JC-SCHOOL BASE OPER

Street 4545 HUNTINGTON DR SOUTH

City LOS ANGELES State CA Zip 90032

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 99

Total hours worked by all employees last year 186,923.08

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
17	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 141801 OPERATIONS CENTRAL 2 FA

Street 4545 HUNTINGTON DR

City LOS ANGELES State CA Zip 90032

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 8

Total hours worked by all employees last year 14,319

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
48	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 141837 C2 OPERATIONS JC-SCHOOL BASE OPER

Street 4545 HUNTINGTON DR SOUTH

City LOS ANGELES State CA Zip 90032

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 50

Total hours worked by all employees last year 97,401.67

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 141901 PROJECTS UNIT NORTH - FA

Street 6651-B BALBOA BLVD.

City LAKE BALBOA State CA Zip 91303

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 10,392

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	3	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
215	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 141937 PROJECT UNITS NORTH JC-SCHOOL BASE

Street 6651-B BALBOA BLVD

City LAKE BALBOA State CA Zip 91406

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 45

Total hours worked by all employees last year 87,059.5

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
30	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 142001 OPERATIONS NORTH 2 FA

Street 8960 HERRICK AVE

City SUN VALLEY State CA Zip 91352

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 8

Total hours worked by all employees last year 13,595.15

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	3	1	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
51	14
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	5	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	1
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 142037 N2 OPERATIONS JC-SCHOOL BASE OPER

Street 8960 HERRICK AVE

City SUN VALLEY State CA Zip 91352

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 52

Total hours worked by all employees last year 97,425.31

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 142201 SCC PROJ EXEC GROUP FORCE ACCT

Street 611 JACKSON ST

City LOS ANGELES State CA Zip 90012

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 4

Total hours worked by all employees last year 7,103

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	3	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
178	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 142237 M O FOOD SERVICES JC-SCHOOL BASE

Street 611 JACKSON ST

City LOS ANGELES State CA Zip 90012

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 64

Total hours worked by all employees last year 123,377.83

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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.

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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 142301 FACILITIES ETU JC

Street 1240 S NAOMI ST., 2ND FL

City LOS ANGELES State CA Zip 90021

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 9,458.25

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 142337 FAC ENV TECH UNIT JC-SCHOOL BASE

Street 1240 S NAOMI ST 2ND FL

City LOS ANGELES State CA Zip 90021

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 36

Total hours worked by all employees last year 73,321.5

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
9	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 142401 S2 OPERATIONS JC - CENTRAL OFFICE

Street 17729 S FIGUEROA ST

City GARDENA State CA Zip 90248

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 16,473

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	6	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
364	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	7	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 142437 S2 OPERATIONS JC-SCHOOL BASE OPER

Street 17729 S FIGUEROA ST

City GARDENA State CA Zip 90248

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 59

Total hours worked by all employees last year 110,614.72

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
240	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 142501 S2 MAINTENANCE JC - CENTRAL OFFICE

Street 17729 S FIGUEROA ST

City GARDENA State CA Zip 90248

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 13

Total hours worked by all employees last year 21,537.5

Sign here

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Company executive Title

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Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	10	0	4
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
518	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	13	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	1
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 142537 S2 MAINTENANCE JC-SCHOOL BASE OPER

Street 17729 FIGUEROA ST

City GARDENA State CA Zip 90248

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 104

Total hours worked by all employees last year 194,389.5

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
94	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 142601 OPERATIONS NORTH 1 FA

Street 6651-B BALBOA BLVD

City LAKE BALBOA State CA Zip 91406

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 8

Total hours worked by all employees last year 14,304.5

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	3	0	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
90	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	1
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 142637 N1 OPERATIONS JC-SCHOOL BASE OPER

Street 6651-B BALBOA BLVD

City LAKE BALBOA State CA Zip 91406

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 64

Total hours worked by all employees last year 115,887.25

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 142701 MAINT C3 FA AREA 4

Street 3225 LACY ST

City LOS ANGELES State CA Zip 90032

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 14

Total hours worked by all employees last year 24,447.5

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	4	2	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
352	216
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	7	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	2
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 142737 C3 MAINTENANCE JC-SCHOOL BASE OPE

Street 1240 S NAOMI ST

City LOS ANGELES State CA Zip 90021

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 101

Total hours worked by all employees last year 193,400.7

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	1	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	180
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 142801 MAINTENANCE NORTH 2 FA

Street 8960 HERRICK AVE

City SUN VALLEY State CA Zip 91352

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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

Total hours worked by all employees last year 22,117

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	11	1	7
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
915	154
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	18	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	1	(6) All other illnesses	0

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Establishment Information

Your establishment 142837 N2 MAINTENANCE JC-SCHOOL BASE OPER

Street 8960 HERRICK AVE

City SUN VALLEY State CA Zip 91352

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 109

Total hours worked by all employees last year 202,705.94

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 142901 MAINTENANCE NORTH 1 FA

Street 6651-B BALBOA BLVD

City LAKE BALBOA State CA Zip 91406

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 19,215

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	15	0	9
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
680	120
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	20	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	4
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 142937 N1 MAINTENANCE JC-SCHOOL BASE OPER

Street 6651-B BALBOA BLVD

City LAKE BALBOA State CA Zip 91406

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 109

Total hours worked by all employees last year 210,749

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 14301 HR-CERT TMP ASMT NYR

Street 333 S. BEAUDRY AVE., 14TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 138

Total hours worked by all employees last year 161,435.73

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 143101 MAINTENANCE SOUTH 1 FA

Street 6620 11TH AVE

City LOS ANGELES State CA Zip 90043

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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

Total hours worked by all employees last year 21,540

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	9	2	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
587	299
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	13	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 143137 S1 MAINTENANCE JC-SCHOOL BASE OPER

Street 6620 11TH AVE

City LOS ANGELES State CA Zip 90043

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 125

Total hours worked by all employees last year 230,437.4

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 143301 PROJECTS UNIT SOUTH - FA

Street 6620 11TH AVE

City LOS ANGELES State CA Zip 90043

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 4

Total hours worked by all employees last year 7,412.5

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	13	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
653	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	14	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 143337 PROJECT UNITS SOUTH JC-SCHOOL BASE

Street 6620 11TH AVE BLDG C

City LOS ANGELES State CA Zip 90043

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 62

Total hours worked by all employees last year 118,679.75

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	2	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
200	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 143401 OPER C3 OP AREA 4

Street 1240 S. NAOMI ST

City LOS ANGELES State CA Zip 90021

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 16,885.2

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	3	0	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
181	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	5	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 143437 C3 OPERATIONS JC-SCHOOL BASE OPER

Street 1240 S NAOMI ST

City LOS ANGELES State CA Zip 90021

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 61

Total hours worked by all employees last year 113,962.5

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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.

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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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 143601 GRANADA HILLS SCI MAT CNTR

Street 10401 BALBOA BLVD

City GRANADA HILLS State CA Zip 91344

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 8

Total hours worked by all employees last year 12,917.75

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 144001 OPERATIONS SOUTH 1 FA

Street 6620 11TH AVE

City LOS ANGELES State CA Zip 90043

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 7

Total hours worked by all employees last year 11,469.75

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	6	0	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
387	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	7	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	1
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 144037 S1 OPERATIONS JC-SCHOOL BASE OPER

Street 6620 11TH AVE

City LOS ANGELES State CA Zip 90043

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 70

Total hours worked by all employees last year 124,013.65

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 144201 PSS SUPPORT - M O

Street 333 S BEAUDRY AVE., 22ND FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 27

Total hours worked by all employees last year 46,069.43

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...

	(M)		(M)
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 145301 SUSTAINABILTY INITIATIVE

Street 333 S BEAUDRY AVE 22ND FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 2,213.25

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 145501 M O-NORTH REGION

Street 333 S. BEAUDRY AVE. 22ND FLR

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 1

Total hours worked by all employees last year 1,826

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 145701 M O-SOUTH REGION

Street 333 S. BEAUDRY AVE. 22ND FLR

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 1

Total hours worked by all employees last year 1,744

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 145801 M O-EAST REGION

Street 333 S. BEAUDRY AVE. 22ND FLR

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 1

Total hours worked by all employees last year 1,264

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 146001 PROJECTS UNIT CENTRAL - FA

Street 1500 EAST 14TH STREET

City LOS ANGELES State CA Zip 90021

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 16,049.5

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	17	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
1045	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	17	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	1
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 146037 PROJECT UNITS CENTRAL JC-SCHOOL BASE

Street 1500 E 14TH ST

City LOS ANGELES State CA Zip 90021

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 80

Total hours worked by all employees last year 157,058.5

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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 146401 ENERGY MGT UNIT FA AREA 12

Street 333 S BEAUDRY AVE. 22ND FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 19

Total hours worked by all employees last year 30,825

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 146437 M O CO PROJ PROG JC-SCHOOL BASE OPER

Street 333 S BEAUDRY AVE. 22ND FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 19

Total hours worked by all employees last year 33,642.5

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 146601 ATU-LABORATORY FORCE ACCT

Street 1149 S SAN PEDRO ST

City LOS ANGELES State CA Zip 90015

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 1

Total hours worked by all employees last year 672

Sign here

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Company executive Title

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Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 146637 CONSTRUCTION INSPECT JC-SCHOOL BASE OPER

Street 333 S. BEAUDRY AVE., 22ND FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 10,573

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	3	0	7
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
39	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	8	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	2
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 147201 NEWMAN NUTRITION CENTER

Street 2310 CHARLOTTE ST

City LOS ANGELES State CA Zip 90033

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 58

Total hours worked by all employees last year 88,561.58

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
79	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 147501 FOOD SERVICES DIVISION

Street 333 S. BEAUDRY AVE., 28TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 73

Total hours worked by all employees last year 125,899.88

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 14801 SUMMER SCHOOL POOL

Street 333 S. BEAUDRY AVE

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 1,634

Total hours worked by all employees last year 989,882.72

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	1	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	13
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 148101 CLEAR CREEK OUTDOOR ED CENTER

Street 19635 ANGELES FOREST HIGHWAY

City LA CANADA State CA Zip 91011

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 11

Total hours worked by all employees last year 19,071

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 148201 BTB-POINT FERMIN OUTDOOR ED. CTR

Street 3200 ALMA STREET

City SAN PEDRO State CA Zip 90731

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 15,109.5

Sign here

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Company executive Title

( ) / /
Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 148301 FT MAC-MARINE ANIMAL CARE

Street 3601 S GAFFEY ST.

City SAN PEDRO State CA Zip 90731

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 1

Total hours worked by all employees last year 880

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 148601 ITD-ENTERPRISE APPLICATIONS

Street 333 S BEAUDRY AVE., 10TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 44

Total hours worked by all employees last year 78,860.65

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...	(M)		
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 148701 FOOD SERV MAINT. OPERATIONS

Street 8118 CAPISTRANO AVE

City WEST HILLS State CA Zip 91304

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 1

Total hours worked by all employees last year 776

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...	(M)		
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 148801 M O-WEST REGION

Street 333 S. BEAUDRY AVE. 22ND FLR

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 2,922.5

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 14901 SCC SUMMER SCHOOL POOL-JOB COST

Street 333 S. BEAUDRY AVE

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 119

Total hours worked by all employees last year 94,313.62

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 1501 BRD MEMB SUPP SERV

Street 333 S. BEAUDRY AVE., 24TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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

Total hours worked by all employees last year 19,935

Sign here

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Company executive Title

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Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 15101 BRD MEMBER-OFC NO 1

Street 333 S. BEAUDRY AVE., 24TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6,388

Sign here

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Company executive Title

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Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 15201 BRD MEMBER-OFC NO 2

Street 333 S. BEAUDRY AVE., 24TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 9,389.5

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 152601 BEYOND THE BELL BRANCH

Street 333 S. BEAUDRY AVE., 25TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 50

Total hours worked by all employees last year 40,175.36

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 152701 L A S BEST

Street 711 E. 14TH PLACE, BUNGALOW 1

City LOS ANGELES State CA Zip 90021

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 34

Total hours worked by all employees last year 59,406.99

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	10	1	14
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
254	131
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	25	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 152720 LAB-AFTER SCH ENRICH

Street 4201 FOUNTAIN AVE

City LOS ANGELES State CA Zip 90029

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 1,391

Total hours worked by all employees last year 1,124,391.75

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 152801 BTB-MIDDLE SCH UNIT

Street 611 JACKSON ST

City LOS ANGELES State CA Zip 90012

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2,434.74

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	2	1	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
28	100
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 152901 BTB-EL SCH UNIT

Street 2100 W 156TH ST

City GARDENA State CA Zip 90249

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 1,274.97

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
8	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 153001 BTB-STD AUX SRVS

Street 611 JACKSON ST

City LOS ANGELES State CA Zip 90012

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 44

Total hours worked by all employees last year 76,128.27

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...	(M)		
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 15301 BRD MEMBER-OFC NO 3

Street 333 S. BEAUDRY AVE., 24TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 4

Total hours worked by all employees last year 7,071

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 153101 BTB-OUTDOOR ENVRNMNTL ED

Street 5607 CAPISTRANO AVE RM 16

City WOODLAND HILLS State CA Zip 91367

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 3

Total hours worked by all employees last year 5,257.32

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 153301 CIVIC CTR PERMIT OPR

Street 333 S BEAUDRY AVE, B2-216

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 1

Total hours worked by all employees last year 6.5

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 153401 BTB-YOUTH DEV PRG UNIT

Street 5607 CAPISTRANO AVE

City WOODLAND HILLS State CA Zip 91367

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 3,084.05

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 153501 TITLE I, PRIVATE SCHS PROGRAM

Street 333 S BEAUDRY AVE, 16TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 13,031.25

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 15401 BRD MEMBER-OFC NO 4

Street 333 S. BEAUDRY AVE., 24TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 8,836

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 154301 BEYOND T BELL SES TU

Street 333 S BEAUDRY AVE, 29TH FLOOR

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 1

Total hours worked by all employees last year 1,764

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 15501 BRD MEMBER-OFC NO 5

Street 333 S. BEAUDRY AVE., 24TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 10,512

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 155501 EARLY CHILDHOOD EDUCATION DIV

Street 333 S. BEAUDRY AVE, 17TH FLOOR

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 31,879.29

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 15601 BRD MEMBER-OFC NO 6

Street 333 S. BEAUDRY AVE., 24TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 7,942

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 15701 BRD MEMBER-OFC NO 7

Street 333 S. BEAUDRY AVE., 24TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 9,402.75

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 158201 SCC REPROGRAPHIC SERVICES SECTION

Street 333 S BEAUDRY AVE, STE 2-131

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 10,860.31

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 159301 MAINTENANCE OPERATIONS EXECUTION

Street 1500 EAST 14TH ST.

City LOS ANGELES State CA Zip 90021

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 51

Total hours worked by all employees last year 87,118.42

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 16201 ADVANCED LEARNING OP

Street 333 S. BEAUDRY AVE., 25TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 3

Total hours worked by all employees last year 4,963.83

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 16301 GOVERNMENT AFFAIRS OFFICE

Street 333 S. BEAUDRY AVE., 24TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 10,094.58

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 165901 HYDE PARK SCHOOL MENTAL HEALTH CLINIC

Street 6519 S 8TH AVE BUNG 46

City LOS ANGELES State CA Zip 90043

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 1

Total hours worked by all employees last year 1,482.5

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 166001 RAMONA SCHOOL MENTAL HEALTH CLINIC

Street 231 S ALMA AVE RM 128

City LOS ANGELES State CA Zip 90063

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 1

Total hours worked by all employees last year 1,750

Sign here

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Company executive Title

( ) / /
Phone Date

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Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 16601 COLLEGE AND CAREER COUNSELING

Street 333 S. BEAUDRY AVE., 25TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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

Total hours worked by all employees last year 16,110.67

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 166101 ROYBAL LEARNING CENTER SATELLITE CLINIC

Street 1200 W COLTON ST

City LOS ANGELES State CA Zip 90026

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 3,107.17

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 166201 SAN PEDRO SCHOOL MENTAL HEALTH CLINIC

Street 704 W 8TH ST

City SAN PEDRO State CA Zip 90731

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 17

Total hours worked by all employees last year 24,071.8

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 166601 ELIZABETH WELLNESS CENTER

Street 7326 S WILCOX AVE

City CUDAHY State CA Zip 90201

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 3,021.5

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Year 20 2 4

U.S. Department of Labor
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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 167001 CARSON WELLNESS CENTER

Street 270 E 223RD ST

City CARSON State CA Zip 90745

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 3

Total hours worked by all employees last year 3,815.75

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...	(M)		
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 167201 BELMONT WELLNESS CENTER

Street 180 UNION PL

City LOS ANGELES State CA Zip 90026

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 3

Total hours worked by all employees last year 4,489.75

Sign here

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Company executive Title

( ) / /

Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 167801 LOCKED WELLNESS CENTER

Street 316 E 111TH ST

City LOS ANGELES State CA Zip 90061

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 1

Total hours worked by all employees last year 1,467.75

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	1	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	30
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 168001 GAGE WELLNESS CENTER

Street 2975 ZOE AVE

City HUNTINGTON PARK State CA Zip 90255

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 3

Total hours worked by all employees last year 4,107.5

Sign here

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Company executive Title

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Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	1	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
122	4
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	5	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 168501 WATERS EMP PREP CNTR

Street 10925 S CENTRAL AVE

City LOS ANGELES State CA Zip 90059

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 119

Total hours worked by all employees last year 137,046.91

Sign here

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Company executive Title

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Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
1	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 168601 VENICE SKL CNTR

Street 611 5TH AVE

City VENICE State CA Zip 90291

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 56

Total hours worked by all employees last year 68,936.48

Sign here

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Company executive Title

( ) / /

Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 17301 INTEGRATED DISABILITY MANAGEMENT BRANCH

Street 333 S BEAUDRY AVE, 28TH FLOOR

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 17

Total hours worked by all employees last year 26,747.32

Sign here

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Company executive Title

( ) / /

Phone Date

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Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 17401 RISK FINANCE AND INSURANCE BRANCH

Street 333 S BEAUDRY AVE, 28TH FLOOR

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 19

Total hours worked by all employees last year 32,587.67

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 18501 SP ED SERVICE CENTER-NORTHWEST-ITINERANT

Street 333 S. BEAUDRY AVE. 18TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 132

Total hours worked by all employees last year 196,432.87

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 18601 VISUAL SERVICES UNIT

Street 333 S BEAUDRY AVE 18TH FLOOR

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 57

Total hours worked by all employees last year 74,829.98

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	4	2	7
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
258	107
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	13	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 190801 LEICHMAN CAREER PREP TRANSIT CT

Street 19034 GAULT ST

City RESEDA State CA Zip 91335

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 70

Total hours worked by all employees last year 105,304.84

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	10	1	4
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
348	53
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	15	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 191001 J MILLER CAREER TRANSITION

Street 8218 VANALDEN AVE

City RESEDA State CA Zip 91335

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 84

Total hours worked by all employees last year 114,348.47

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 19101 SPEECH LANGUAGE UNIT

Street 333 S BEAUDRY AVE, 18TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 602

Total hours worked by all employees last year 857,608.43

Sign here

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Company executive Title

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Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	4	1	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
301	178
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	8	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 191401 WIDNEY HS

Street 2302 S GRAMERCY PL

City LOS ANGELES State CA Zip 90018

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 164,166.73

Sign here

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Company executive Title

( ) / /
Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 191701 RILEY HS-CYESIS

Street 1524 E 103RD ST

City LOS ANGELES State CA Zip 90002

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 9,927.18

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
24	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 191801 MC ALISTER HS-CYESIS

Street 611 S. CORONDOLET ST

City LOS ANGELES State CA Zip 90057

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 13

Total hours worked by all employees last year 14,366.92

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 19201 SP ED SERVICE CENTER-EAST-ITINERANT

Street 333 S. BEAUDRY AVE. 18TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 114

Total hours worked by all employees last year 168,498.21

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 192037 OCC PT UNIT- SCHOOL ADMINISTRATION

Street 333 S. BEAUDRY AVE 18TH FLOOR

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 1

Total hours worked by all employees last year 1,819

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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.

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	2	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
1	295
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 192201 RELATED SERVS DIS-CENT OFFICE

Street 333 S. BEAUDRY AVE., 16TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 32

Total hours worked by all employees last year 48,379.7

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
70	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 192337 ASSIST TECH AUGM-SCHOOL ADMINISTRATION

Street 333 S BEAUDRY AVE, 18TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 27

Total hours worked by all employees last year 39,624.75

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 19301 SP ED SERVICE CENTER-WEST-ITINERANT

Street 333 S. BEAUDRY AVE. 18TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 72

Total hours worked by all employees last year 103,229.25

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	0	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
106	11
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	5	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 194101 BANNEKER SP ED CTR

Street 14024 S SAN PEDRO ST

City LOS ANGELES State CA Zip 90061

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 77

Total hours worked by all employees last year 102,370.49

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
180	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 194401 CARLSON HSP SCH K-12

Street 10952 WHIPPLE ST

City HOLLYWOOD State CA Zip 91602

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 72

Total hours worked by all employees last year 89,750.48

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 194402 BERENECE CARLSON HOME SCHOOL

Street 10952 WHIPPLE ST

City NORTH HOLLYWOOD State CA Zip 91602

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 18

Total hours worked by all employees last year 20,313.84

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	3	1	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
84	91
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	7	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 194701 LOKRANTZ SP ED CTR

Street 19451 WYANDOTTE ST

City RESEDA State CA Zip 91335

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 41

Total hours worked by all employees last year 58,112.71

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	6	2	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
446	31
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	11	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 194801 LOWMAN SP ED CAREER TRANSITION CENTER

Street 12827 SATICOY ST

City N HOLLYWOOD State CA Zip 91605

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 66

Total hours worked by all employees last year 91,042.05

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	4	3	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
182	504
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	10	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 194901 MARLTON SCHOOL

Street 4000 SANTO TOMAS DR

City LOS ANGELES State CA Zip 90008

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 68

Total hours worked by all employees last year 89,678.82

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
80	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 195201 MCBRIDE SP ED CTR

Street 3960 CENTINELA AVE

City LOS ANGELES State CA Zip 90066

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 20

Total hours worked by all employees last year 28,746.11

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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.

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	3	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
61	88
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 195202 CTC - WEST

Street 7850 MELROSE AVE

City LOS ANGELES State CA Zip 90046

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 35

Total hours worked by all employees last year 45,915.08

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	3	3	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
18	229
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	6	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 195301 PEREZ SP ED CTR

Street 4540 MICHIGAN AVE

City LOS ANGELES State CA Zip 90022

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 122

Total hours worked by all employees last year 167,527.66

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
28	152
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 195501 SALVIN SP ED CTR

Street 1925 BUDLONG AVE

City LOS ANGELES State CA Zip 90007

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 47

Total hours worked by all employees last year 65,193.28

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	2	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
37	163
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	6	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 195701 ERNEST P WILLENBERG SPECIAL EDUCATI CENT

Street 308 WEYMOUTH AVE

City SAN PEDRO State CA Zip 90732

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 67

Total hours worked by all employees last year 95,385.54

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
14	45
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 198437 INCLUSION PROGRAM SCHOOL ADMINISTRATION

Street 333 S BEAUDRY AVE, 17TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 24,990.57

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 198601 CAREER TRANSITION PROGRAM

Street 333 S. BEAUDRY AVE., 17TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 384

Total hours worked by all employees last year 121,688.44

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 198637 CAREER TRANSITION PROG-SCHOOL ADMINIST

Street 333 S BEAUDRY AVE, 18TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 11

Total hours worked by all employees last year 11,724.5

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
5	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	1	(6) All other illnesses	0

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Establishment Information

Your establishment 198901 SP ED-INFANT PRE SCHOOL PROG

Street 333 S. BEAUDRY AVE., 17TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 206

Total hours worked by all employees last year 263,242.99

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 19901 ADMINISTRATIVE LEGAL SERVICES

Street 333 S. BEAUDRY AVE 20TH FLOOR

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 19

Total hours worked by all employees last year 33,453.87

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 199201 SP ED SPCH LANG ITINERANT INST

Street 333 S. BEAUDRY AVE., 17TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6,046

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 199237 SPED SPCH LANG ITIN SCHOOLADMINISTRATION

Street 333 S. BEAUDRY AVE 18TH FLOOR

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 1

Total hours worked by all employees last year 1,791

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	1	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
17	16
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 199401 SP ED-MULTIPLE

Street 333 S BEAUDRY AVE, 17TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 1

Total hours worked by all employees last year 1,348

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 199437 SPED-MULTIPLE SCHOOL ADMINISTRATION

Street 333 S BEAUDRY AVE, 17TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 42

Total hours worked by all employees last year 50,887.92

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 20001 EDUCATION LEGAL SERVICES

Street 333 S. BEAUDRY AVE 20TH FLOOR

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 26

Total hours worked by all employees last year 43,005.77

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 200101 GARDNER SPS

Street 7450 HAWTHORN AVE

City LOS ANGELES State CA Zip 90046

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 2,634

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
92	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 201401 ALBION ELEMENTARY

Street 322 S AVE 18

City LOS ANGELES State CA Zip 90031

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 33

Total hours worked by all employees last year 37,018.78

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 20201 WORLD LANGUAGES AND CULTURES

Street 333 S BEAUDRY AVE 25TH FLR

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 1

Total hours worked by all employees last year 1,536.5

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	1	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
31	211
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	1

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Establishment Information

Your establishment 202701 ALDAMA EL

Street 650 N AVE 50

City LOS ANGELES State CA Zip 90042

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 38

Total hours worked by all employees last year 43,694.29

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
64	122
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 202702 ALDAMA EL DL TWO-WAY IM SPANISH

Street 650 N AVE 50

City LOS ANGELES State CA Zip 90042

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 9,905.58

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	3	0	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
327	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	5	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 204101 ALEXANDRIA EL

Street 4211 OAKWOOD AVE

City LOS ANGELES State CA Zip 90004

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 56

Total hours worked by all employees last year 63,985.64

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	1	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	76
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 204102 ALEXANDRIA AVE. EL DL TWO-WAY IM SPANISH

Street 4211 OAKWOOD AVE

City LOS ANGELES State CA Zip 90004

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 7

Total hours worked by all employees last year 8,626

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 204201 HARVARD ELEMENTARY SCHOOL

Street 330 NORTH HARVARD BOULEVARD

City LOS ANGELES State CA Zip 90004

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 39

Total hours worked by all employees last year 44,457.4

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...	(M)		
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 204202 HARVARD EL DTS

Street 330 N HARVARD BLVD

City LOS ANGELES State CA Zip 90004

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 5,881

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 205601 MARTHA ESCUTIA PC CSPP

Street 6401 BEAR AVE

City BELL State CA Zip 90201

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 2,870.33

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 205701 STONER ELEM CSPP

Street 11735 BRADDOCK DRIVE- ROOM 2

City CULVER CITY State CA Zip 90230

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 2,803.58

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 205901 WISDOM ELEMENTARY CSPP

Street 1125 E 74TH ST

City LOS ANGELES State CA Zip 90001

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 2,134.43

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 206001 COLISEUM ST CSPP

Street 4400 COLISEUM ST

City LOS ANGELES State CA Zip 90016

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 2,785.25

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 206201 61ST ST EL CSPP

Street 6020 S FIGUEROA ST

City LOS ANGELES State CA Zip 90003

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 2,710.75

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 206401 LATONA AVENUE CAL STATE PRESCHOOL PROGRA

Street 4312 BERENICE AVE

City LOS ANGELES State CA Zip 90031

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 4

Total hours worked by all employees last year 4,646.08

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 206501 BUSHNELL WAY ELEM CAL STATE PRESCHOOL PR

Street 5507 BUSHNELL WAY

City LOS ANGELES State CA Zip 90042

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 2,392.5

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 206801 ALLESANDRO EL

Street 2210 RIVERSIDE DR

City LOS ANGELES State CA Zip 90039

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 35

Total hours worked by all employees last year 36,490.54

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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 206802 ALLESANDRO ES ENV SCIENCE MAGNET

Street 2210 RIVERSIDE DR

City LOS ANGELES State CA Zip 90039

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 8

Total hours worked by all employees last year 8,565.25

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 207001 ALLESANDRO SPS

Street 2210 RIVERSIDE DR.

City LOS ANGELES State CA Zip 90039

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 2,747.83

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 207301 HUGHES ELEMENTARY PKFLP

Street 4242 CLARA STREET

City CUDAHY State CA Zip 90201

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 2,818

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 207401 DORRIS PLACE EL SPS

Street 2225 DORRIS PLACE

City LOS ANGELES State CA Zip 90031

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 2,836

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 207601 JONES PRIMARY CENTER SPS

Street 1017 W 7TH STREET

City LOS ANGELES State CA Zip 90037

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 4

Total hours worked by all employees last year 5,390.05

Sign here

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Company executive Title

( ) / /
Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 207701 WEST VALLEY EEC CLOSED

Street 6200 WINNETKA AVE

City WOODLAND HILLS State CA Zip 91367

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 1

Total hours worked by all employees last year 1,505

Sign here

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Company executive Title

( ) / /
Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 20801 OCISS-GEAR UP UNIT

Street 333 S. BEAUDRY AVE., 11TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 47,178.71

Sign here

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Company executive Title

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Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	1	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
36	138
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 208201 ALTA LOMA EL

Street 1745 VINEYARD AVE

City LOS ANGELES State CA Zip 90019

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 53

Total hours worked by all employees last year 60,182.06

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
8	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 208202 ALTA LOMA ELEMENTARY DUAL LANGUAGE SPANI

Street 1745 VINEYARD AVE

City LOS ANGELES State CA Zip 90019

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 8

Total hours worked by all employees last year 9,612.42

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Year 20 2 4

U.S. Department of Labor
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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 208901 AMBLER EL

Street 319 E SHERMAN DR

City CARSON State CA Zip 90746

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 51

Total hours worked by all employees last year 60,607.62

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 208902 AMBLER G HA MAG

Street 319 E SHERMAN DR

City CARSON State CA Zip 90746

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 5,584

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 208903 AMBLER AVENUE ELEMENTARY DUAL LANGUAGE S

Street 319 E SHERMAN DR

City CARSON State CA Zip 90746

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 5,024.57

Sign here

Knowingly falsifying this document may result in a fine.

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 20901 STU HLTH HUMAN SVS

Street 333 S BEAUDRY AVE, 29TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 19

Total hours worked by all employees last year 31,491.75

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 209301 SATICOY ELEMENTARY SPS

Street 7850 ETHEL AVENUE

City NORTH HOLLYWOOD State CA Zip 91605

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 2,813

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	2	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
189	68
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	2

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Establishment Information

Your establishment 209601 AMESTOY EL

Street 1048 W 149TH ST

City GARDENA State CA Zip 90247

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 57

Total hours worked by all employees last year 69,609.36

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 209602 AMESTOY TRILINGUAL MG

Street 1048 W 149TH ST

City GARDENA State CA Zip 90247

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 7

Total hours worked by all employees last year 7,559

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 209603 AMESTOY EL DL TWO-WAY IM JAPANESE

Street 1048 W 149TH ST

City GARDENA State CA Zip 90247

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 2,318

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 209801 AMESTOY STATE PRESCHOOL

Street 1048 W 149TH ST

City GARDENA State CA Zip 90247

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 2,780

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 210101 PLUMMER ELEMENTARY CAL STATE PRESCHOOL P

Street 9340 NOBLE AVE

City NORTH HILLS State CA Zip 91343

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 2,876.5

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	4
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	1

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Establishment Information

Your establishment 211001 ANATOLA EL

Street 7364 ANATOLA AVE

City LAKE BALBOA State CA Zip 91406

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 49

Total hours worked by all employees last year 53,684.71

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 211701 ANDASOL EL

Street 10126 ENCINO AVE

City NORTHRIDGE State CA Zip 91325

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 63

Total hours worked by all employees last year 65,887.61

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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.

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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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 211901 ANDASOL EL SPS

Street 10126 ENCINO AVE

City NORTHRIDGE State CA Zip 91325

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 2,892

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	1	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
87	127
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 212301 ANGELES MESA EL

Street 2611 W 52ND ST

City LOS ANGELES State CA Zip 90043

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 47

Total hours worked by all employees last year 53,027.87

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 212302 ANGELES MESA ELEMENTARY DREAMS MAGNET

Street 2611 W 52ND ST

City LOS ANGELES State CA Zip 90043

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 5,895

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	1	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	52
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 213701 ANN EL

Street 126 E BLOOM ST

City LOS ANGELES State CA Zip 90012

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 23

Total hours worked by all employees last year 26,737.48

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
236	59
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 214601 ANNALEE EL

Street 19410 S ANNALEE AVE

City CARSON State CA Zip 90746

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 30

Total hours worked by all employees last year 35,495.38

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 214602 ANNALEE AVENUE ELEMENTARY STEAM MAGNET

Street 19410 S ANNALEE AVE

City CARSON State CA Zip 90746

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 4

Total hours worked by all employees last year 4,215.75

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	3	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
135	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 215101 ANNANDALE EL

Street 6125 POPPY PEAK DR

City LOS ANGELES State CA Zip 90042

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 26

Total hours worked by all employees last year 32,376.78

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 216401 APPERSON EL

Street 10233 WOODWARD AVE

City SUNLAND State CA Zip 91040

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 43

Total hours worked by all employees last year 48,714.49

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 216601 UNION EL SCHOOL CSPP

Street 150 S. BURLINGTON AVENUE

City LOS ANGELES State CA Zip 90057

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 2,832.25

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 216701 FULLBRIGHT EL CSPP

Street 6940 FULLBRIGHT AVE RM 2

City WINNETKA State CA Zip 91606

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 2,663.67

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	1	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	56
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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 216901 BEACHY ELEM SCHOOL CSPP

Street 9757 BEACHY AVENUE

City ARLETA State CA Zip 91331

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 2,815.34

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 21701 HEALTH EDUCATION PROGRAMS

Street 333 S BEAUDRY AVE., 29TH FLR

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 8

Total hours worked by all employees last year 13,430.5

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 217201 HADDON ELEM SCHOOL CSPP

Street 10115 HADDON AVENUE

City PACOIMA State CA Zip 91331

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 2,754

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 217401 HART CSPP

Street 21040 HART ST

City CANOGA PARK State CA Zip 91303

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 4

Total hours worked by all employees last year 5,753.75

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...	(M)
(1) Injuries	0
(2) Skin disorders	0
(3) Respiratory conditions	0
(4) Poisonings	0
(5) Hearing Loss	0
(6) All other illnesses	0

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Establishment Information

Your establishment 217501 HAZELTINE ELEM SCHOOL CSPP

Street 7150 HAZELTINE AVE

City VAN NUYS State CA Zip 91405

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 2,848

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 217701 MAGNOLIA CSPP

Street 1626 S ORCHARD AVE

City LOS ANGELES State CA Zip 90006

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 4

Total hours worked by all employees last year 5,788

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	1	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	28
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 217801 ARAGON EL

Street 1118 ARAGON AVE

City LOS ANGELES State CA Zip 90065

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 41

Total hours worked by all employees last year 45,973.45

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...	(M)		
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 217901 O MELVENY ELEM SCHOOL CSPP

Street 728 WOODWORTH STREET

City SAN FERNANDO State CA Zip 91340

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 2,317

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 218001 PRIMARY ACADEMY CSPP

Street 9075 WILLIS AVE

City PANORAMA CITY State CA Zip 91402

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 2,895

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 21801 HEALTHY START

Street 333 S. BEAUDRY AVE., 29TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 167

Total hours worked by all employees last year 250,462.41

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 218101 PARKS CSPP

Street 8855 NOBLE AVE

City NORTH HILLS State CA Zip 91343

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 2,640.63

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 218201 SAN MIGUEL ELEM SCHOOL CSPP

Street 9801 SAN MIGUEL AVENUE

City SOUTH GATE State CA Zip 90280

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 2,581.5

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
6	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 218401 STANFORD CSPP

Street 3020 KANSAS AVE

City SOUTH GATE State CA Zip 90280

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 4

Total hours worked by all employees last year 5,063.55

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 218801 VALERIO ELEM SCHOOL CSPP

Street 15035 VALERIO STREET

City VAN NUYS State CA Zip 91405

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 2,758

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
14	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 218901 WALNUT PARK PKFLP

Street 2642 OLIVE ST

City HUNTINGTON PARK State CA Zip 90255

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 4

Total hours worked by all employees last year 4,532.5

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 21901 A-G INTERVENTION OFFICE

Street 333 S. BEAUDRY AVE 29TH FLOOR

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 20

Total hours worked by all employees last year 35,738.75

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	1	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
190	109
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	6	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 219201 ARLINGTON HTS EL

Street 1717 SEVENTH AVE

City LOS ANGELES State CA Zip 90019

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 48

Total hours worked by all employees last year 52,289.37

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 219202 ARLINGTON HTS DTS

Street 1717 7TH AVE.

City LOS ANGELES State CA Zip 90019

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6,205

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 219301 LIMERICK CSPP

Street 8530 LIMERICK AVE

City CANOGA PARK State CA Zip 91306

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 4

Total hours worked by all employees last year 5,605.5

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 219401 STRATHERN EL CSPP

Street 7939 ST CLAIRE AVE

City NORTH HOLLYWOOD State CA Zip 91605

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 2,753.5

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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 219501 KITTRIDGE EL CSPP

Street 13619 KITTRIDGE ST

City VAN NUYS State CA Zip 91401

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 2,588.87

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 219601 WASHINGTON PC CSPP

Street 860 W. 112TH ST

City LOS ANGELES State CA Zip 90044

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 2,776

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 220001 PANORAMA CITY CSPP

Street 8600 KESTER AVE

City PANORAMA CITY State CA Zip 91402

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 3

Total hours worked by all employees last year 4,044

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
31	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 220401 BARTON HILL CSPP

Street 423 N PACIFIC AVE

City SAN PEDRO State CA Zip 90731

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 2,880.5

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	1	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	35
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 220501 ARMINTA EL

Street 11530 STRATHERN ST

City N HOLLYWOOD State CA Zip 91605

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 52

Total hours worked by all employees last year 60,920.21

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 220601 BROAD AVE CSPP

Street 24815 BROAD AVE

City WILMINGTON State CA Zip 90744

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 2,831.25

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 220901 WEST ATHENS CSPP

Street 1110 W 119TH ST

City LOS ANGELES State CA Zip 90044

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 4

Total hours worked by all employees last year 5,404.19

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 221201 186TH ST CSPP

Street 1581 W 186TH ST

City GARDENA State CA Zip 90248

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 2,807

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	1	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	165
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 221801 MIDDLETON PRIMARY CTR CSPP

Street 2410 ZOE AVE

City HUNTINGTON PARK State CA Zip 90255

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 3

Total hours worked by all employees last year 3,232.5

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	3	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
22	262
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 221901 ASCOT EL

Street 1447 E 45TH ST

City LOS ANGELES State CA Zip 90011

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 74

Total hours worked by all employees last year 93,649.08

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 222201 HARMONY EL CSPP

Street 899 E 42ND PL

City LOS ANGELES State CA Zip 90011

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 2,931

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 222401 LEXINGTON CSPP

Street 4564 W LEXINGTON AVE

City LOS ANGELES State CA Zip 90029

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 2,801

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 222501 NORMANDIE AVE EL SCH CSPP

Street 4505 S. RAYMOND AVE

City LOS ANGELES State CA Zip 90037

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 1

Total hours worked by all employees last year 543

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 223101 107TH ST EL CSPP

Street 147 E 107TH ST

City LOS ANGELES State CA Zip 90003

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 2,422.92

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 223201 99TH ST CSPP

Street 9900 S WADSWORTH AVE

City LOS ANGELES State CA Zip 90002

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 2,882.56

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 223301 ATWATER EL

Street 3271 SILVER LAKE BLVD

City LOS ANGELES State CA Zip 90039

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 37

Total hours worked by all employees last year 43,540.56

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 223302 ATWATER AVENUE ELEMENTARY DUAL LANGUAGE

Street 3271 SILVER LAKE BLVD

City LOS ANGELES State CA Zip 90039

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 7

Total hours worked by all employees last year 8,548.5

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 223501 GAULT CSPP

Street 17000 GAULT ST

City LAKE BALBOA, State CA Zip 91406

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 2,790.83

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 224001 KORENSTEIN EL CSPP

Street 7650 BEN AVE

City NORTH HOLLYWOOD State CA Zip 90210

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 2,901

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 224101 TOLUCA LAKE EL CSPP

Street 4840 CAHUENGA BLVD

City NORTH HOLLYWOOD State CA Zip 91601

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 2,682.75

Sign here

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Company executive Title

( ) / /

Phone Date

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Summary of Work-Related Injuries and Illnesses

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
14	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 224201 VISTA DEL VALLE DL ACA CSPP

Street 12441 BROMONT AVE., RM 113

City SAN FERNANDO State CA Zip 91340

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 1

Total hours worked by all employees last year 1,988.75

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 224301 CARDENAS EL CSPP

Street 6900 N CALHOUN AVE., RM 8

City VAN NUYS State CA Zip 91405

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 1

Total hours worked by all employees last year 2,088.58

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 224401 BRADDOCK CSPP

Street 4711 INGLEWOOD BLVD RM 2

City CULVER CITY. State CA Zip 90230

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 2,387.45

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	4	0	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
290	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	6	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 224701 AVALON GARDENS ELEMENTARY

Street 13940 S SAN PEDRO ST

City LOS ANGELES State CA Zip 90061

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 32

Total hours worked by all employees last year 40,285.33

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 224801 MOSK CSPP

Street 7335 LUBAO AVE RM 1

City CANOGA PARK State CA Zip 91306

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 4

Total hours worked by all employees last year 5,271.75

Sign here

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Company executive Title

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Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
3	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 225001 ACAD FOR ENRCH SCI MAG

Street 6170 LOCKHURST DRIVE

City WOODLAND HILLS State CA Zip 91367

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 38

Total hours worked by all employees last year 42,353.65

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 22601 STUDENT TESTING BRANCH

Street 333 S BEAUDRY AVE., 16TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 19

Total hours worked by all employees last year 29,958.64

Sign here

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Company executive Title

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Phone Date

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Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
1	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 226901 BALBOA G HA MAG

Street 17020 LABRADOR ST

City NORTHRIDGE State CA Zip 91325

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 56

Total hours worked by all employees last year 58,416.5

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 22701 STD RECORDS DATA MGMT

Street 333 S BEAUDRY AVE., 16TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 24,813.25

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	2	0	4
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
296	64
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	6	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 227401 BALDWIN HILLS EL

Street 5421 RODEO RD

City LOS ANGELES State CA Zip 90016

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 44

Total hours worked by all employees last year 50,105.52

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 227402 BALDWIN HILLS G HA MAG

Street 5421 RODEO RD

City LOS ANGELES State CA Zip 90016

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 8

Total hours worked by all employees last year 8,389.95

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
143	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 228801 BANDINI STREET ELEMENTARY

Street 425 N BANDINI ST

City SAN PEDRO State CA Zip 90731

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 34

Total hours worked by all employees last year 37,996.23

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 228802 BANDINI ST EL DL TWO-WAY IM SPANISH

Street 425 NORTH BANDINI STREET

City SAN PEDRO State CA Zip 90731

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 4

Total hours worked by all employees last year 4,077

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
73	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 230101 DA LA TORRE EL

Street 500 N ISLAND AVE

City WILMINGTON State CA Zip 90744

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 70

Total hours worked by all employees last year 84,599.97

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 230102 GEORGE DE LA TORRE JR ELEMENTARY STEAM M

Street 500 N ISLAND AVE

City WILMINGTON State CA Zip 90744

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6,091.07

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 230201 MICHELLE OBAMA ELEMENTARY SCHOOL

Street 8150 CEDROS AVE

City PANORAMA CITY State CA Zip 91402

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 69

Total hours worked by all employees last year 78,613.26

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
180	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 230301 PORTER RANCH COMMUNITY SCHOOL

Street 12450 MASON AVENUE

City PORTER RANCH State CA Zip 91326

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 97

Total hours worked by all employees last year 113,093.25

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 230302 PORTER RANCH SCH DLC

Street 12450 MASON AVENUE

City PORTER RANCH State CA Zip 91326

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 6,817.1

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
3	129
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 230601 PLAYA VISTA ELEM SCH

Street 333 S. BEAUDRY AVE.

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 44

Total hours worked by all employees last year 51,764.88

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	1	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	63
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 230701 CRES 20 MED HEA SCI MAGNET

Street 3600 W COUNCIL ST

City LOS ANGELES State CA Zip 90004

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 51

Total hours worked by all employees last year 62,235.93

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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U.S. Department of Labor
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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
42	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 230801 RIDE ELEMENTARY SCHOOL: A SMART ACADEMY

Street 333 S. BEAUDRY AVE.

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 47

Total hours worked by all employees last year 56,661.07

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	1	1	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
20	176
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 230901 WILLOW ELEM

Street 2777 WILLOW PL

City SOUTH GATE State CA Zip 90280

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 47

Total hours worked by all employees last year 53,538.34

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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.

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 230902 WILLOW EL DLC SP

Street 2777 WILLOW PL.

City SOUTH GATE State CA Zip 90280

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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

Total hours worked by all employees last year 13,881.5

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	3	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
57	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 231101 POINDEXTER LAMOTTE ES

Street 4410 ORCHARD AVE

City LOS ANGELES State CA Zip 90037

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 55

Total hours worked by all employees last year 66,491.91

Sign here

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Company executive Title

( ) / /
Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	1	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
1	108
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 231201 LAWSON ACAD A M S

Street 929 W. 69TH ST

City LOS ANGELES State CA Zip 90044

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 62

Total hours worked by all employees last year 74,238.96

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	4	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
28	291
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	9	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 231301 DR L H MOORE MTH S T

Street 333 S. BEAUDRY AVE.

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 54

Total hours worked by all employees last year 63,655.64

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	6	1	5
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
219	294
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	12	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 231501 BARTON HILL EL

Street 423 N PACIFIC AVE

City SAN PEDRO State CA Zip 90731

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 47

Total hours worked by all employees last year 53,854.03

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 231502 BARTON HILL ELEMENTARY MARITIME STEAM MA

Street 423 N PACIFIC AVE

City SAN PEDRO State CA Zip 90731

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 7

Total hours worked by all employees last year 7,551.25

Sign here

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Company executive Title

( ) / /

Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 231701 DE LA TORRE EL LAUP

Street 500 N ISLAND AVE

City WILMINGTON State CA Zip 90744

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 2,903.16

Sign here

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Company executive Title

( ) / /
Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 23201 CURR INSTR, EL

Street 333 S BEAUDRY AVE, 25TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 17

Total hours worked by all employees last year 29,407.25

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...	(M)		
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 232101 OSCEOLA ELEM SCHOOL-CSPP

Street 14940 OSCEOLA ST

City SYLMAR State CA Zip 91342

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 4

Total hours worked by all employees last year 5,850

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 232301 BASSETT EL

Street 15756 BASSETT ST

City LAKE BALBOA State CA Zip 91406

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 87,344.62

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
78	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	2

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Establishment Information

Your establishment 232302 BASSETT ES MEDIA ARTS TECHNOLOGY MAGNET

Street 15756 BASSETT ST

City LAKE BALBOA State CA Zip 91406

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 7

Total hours worked by all employees last year 7,317.16

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 232303 BASSETT EL DL TWO-WAY IM SPANISH

Street 15756 BASSETT ST

City LAKE BALBOA State CA Zip 91406

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 3

Total hours worked by all employees last year 3,852.5

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	2	1	4
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
81	28
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	7	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 232901 BEACHY EL

Street 9757 BEACHY AVE

City ARLETA State CA Zip 91331

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 57

Total hours worked by all employees last year 65,980.64

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 23301 CURR INSTR, SEC

Street 333 S BEAUDRY AVE, 25TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 18

Total hours worked by all employees last year 31,266.8

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 233501 BECKFORD CHTR ENR ST

Street 19130 TULSA ST

City NORTHRIDGE State CA Zip 91326

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 53

Total hours worked by all employees last year 60,266.87

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	1	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	94
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 234201 BEETHOVEN EL

Street 3711 BEETHOVEN ST

City LOS ANGELES State CA Zip 90066

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 39

Total hours worked by all employees last year 43,751.54

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 23501 AD OC ED-CEN OFC

Street 333 S. BEAUDRY AVE., 18TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 9,056.5

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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U.S. Department of Labor
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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
4	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 236901 AMBASSADOR SC FOR GLOBAL ED

Street 3201 W 8TH STREET

City LOS ANGELES State CA Zip 90005

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 38

Total hours worked by all employees last year 44,800.98

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 236902 RFK AMBSDR GBL DL SP

Street 3201 W 8TH STREET

City LOS ANGELES State CA Zip 90005

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 7

Total hours worked by all employees last year 7,234.5

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 236903 RFK AMBSDR GBL DL KO

Street 3201 W 8TH STREET

City LOS ANGELES State CA Zip 90005

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 5,581.33

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	1	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
4	1
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 237201 ELLEN OCHOA LEARNING CENTER

Street 5027 LIVE OAK ST

City CUDAHY State CA Zip 90201

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 124

Total hours worked by all employees last year 145,370.42

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 237202 OCHOA LC DLC SP

Street 5027 LIVE OAK STREET

City CUDAHY State CA Zip 90201

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 19,187.1

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	8
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	7	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	1

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Establishment Information

Your establishment 237501 HUGHES EL

Street 4242 CLARA ST

City CUDAHY State CA Zip 90201

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 58

Total hours worked by all employees last year 68,506.8

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 237502 HUGHES EL MATH SCI MAG

Street 4242 CLARA ST

City CUDAHY State CA Zip 90201

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 7

Total hours worked by all employees last year 7,120

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	2	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
209	194
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	6	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 237801 NUEVA VISTA EL

Street 4412 RANDOLPH ST

City BELL State CA Zip 90201

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 69

Total hours worked by all employees last year 82,107.21

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 237802 NUEVA VISTA P V MAG

Street 4412 RANDOLPH ST

City BELL State CA Zip 90201

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 5,577.67

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 238101 MAYWOOD ELEMENTARY SCHOOL

Street 5200 CUDAHY AVE

City MAYWOOD State CA Zip 90270

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 47

Total hours worked by all employees last year 50,790.86

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 238102 MAYWOOD ES COMPUTER SCIENCE MAGNET

Street 5200 CUDAHY AVENUE

City MAYWOOD State CA Zip 90270

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 7

Total hours worked by all employees last year 7,192.61

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 238301 ESPERANZA EL

Street 680 LITTLE ST

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 72

Total hours worked by all employees last year 83,581.05

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	5	5	5
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
119	681
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	15	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 238401 POLITI EL

Street 2481 W 11TH ST

City LOS ANGELES State CA Zip 90006

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 86

Total hours worked by all employees last year 101,633.32

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 238501 GRATTS LA FOR YS

Street 309 LUCAS AVE

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 37

Total hours worked by all employees last year 48,665.33

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...	(M)		
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 238502 GRATTS LA FOR YS DLC

Street 309 LUCAS AVE

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 4

Total hours worked by all employees last year 4,898.94

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	1	1	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
180	103
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 238601 DEL OLMO EL

Street 100 N NEW HAMPSHIRE AVE

City LOS ANGELES State CA Zip 90004

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 63

Total hours worked by all employees last year 74,886.12

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 239101 HUNTINGTON PARK ELEM SCHOOL

Street 6055 CORONA AVE

City HUNTINGTON PARK State CA Zip 90255

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 35

Total hours worked by all employees last year 41,393.46

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 239102 HUNTINGTON PARK ELEMENTARY DUAL LANGUAGE

Street 6055 CORONA AVE

City HUNTINGTON PARK State CA Zip 90255

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 7,148.75

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 239201 OLYMPIC PRIMARY CENTER

Street 950 S ALBANY ST

City LOS ANGELES State CA Zip 90015

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 35

Total hours worked by all employees last year 39,699.39

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	0	4
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
27	4
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	6	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 239301 LAKE STREET PRIMARY SCHOOL

Street 135 N LAKE ST

City LOS ANGELES State CA Zip 90026

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 37

Total hours worked by all employees last year 41,306.95

Sign here

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Company executive Title

( ) / /
Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 239401 HUNTINGTON PK NW ES 7 LAUP

Street 6055 CORONA AVE

City HUNTINGTON PARK State CA Zip 90255

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 3,021

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 239501 E OCHOA LEARNING CTR PKFLP

Street 5027 LIVE OAK STREET

City CUDAHY State CA Zip 90201

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 4

Total hours worked by all employees last year 5,327.78

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	1	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
54	114
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 239701 BELVEDERE EL

Street 3724 E FIRST ST

City LOS ANGELES State CA Zip 90063

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 83

Total hours worked by all employees last year 96,049.07

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 239801 ANNALEE AVENUE CAL STATE PRESCHOOL PROGR

Street 19410 S ANNALEE AVE

City CARSON State CA Zip 90746

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 2,801

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
176	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 240101 SUNNY BRAE AVE CSPP

Street 20620 ARMINTA ST

City WINNETKA State CA Zip 91306

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 2,517.5

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 24101 REGION NORTH

Street 6621 BALBOA BLVD

City VAN NUYS State CA Zip 91406

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 61

Total hours worked by all employees last year 102,961.77

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 24201 REGION WEST

Street 11380 W. GRAHAM PL

City LOS ANGELES State CA Zip 90064

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 32

Total hours worked by all employees last year 54,790.9

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 24301 SUPERINTENDENT

Street 2151 SOT ST

City LOS ANGELES State CA Zip 90032

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 56

Total hours worked by all employees last year 92,674.97

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	3	1	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
160	48
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	6	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 243801 BERTRAND EL

Street 7021 BERTRAND AVE

City RESEDA State CA Zip 91335

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 52

Total hours worked by all employees last year 58,922.42

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 24401 SUPERINTENDENT

Street 1208 MAGNOLIA AVE

City GARDENA State CA Zip 90247

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 47

Total hours worked by all employees last year 79,365.95

Sign here

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Company executive Title

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Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 246501 VAN NESS AVENUE ELEMENTARY CSPP

Street 501 N. VAN NESS AVE.

City LOS ANGELES State CA Zip 90004

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 2,652

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	0	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
114	178
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 247001 BLYTHE EL

Street 18730 BLYTHE ST

City RESEDA State CA Zip 91335

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 56

Total hours worked by all employees last year 66,461.69

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	2	1	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
184	135
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 247301 BONITA EL

Street 21929 BONITA ST

City CARSON State CA Zip 90745

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 50

Total hours worked by all employees last year 56,782.17

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	1	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
1	147
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 247901 BRADDOCK DRIVE EL

Street 4711 INGLEWOOD BLVD

City CULVER CITY State CA Zip 90230

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 43

Total hours worked by all employees last year 46,057.36

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 247902 BRADDOCK ES G HG HI ABLTY

Street 4711 INGLEWOOD BLVD

City CULVER CITY State CA Zip 90230

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 7

Total hours worked by all employees last year 6,508.16

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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.

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	1	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
7	16
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 247903 BRADDOCK DR EL DL MA

Street 4711 INGLEWOOD BLVD

City CULVER CITY State CA Zip 90230

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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

Total hours worked by all employees last year 13,001

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 248601 BRAINARD EL

Street 11407 BRAINARD AVE

City LAKEVIEW TERRACE State CA Zip 91342

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 33

Total hours worked by all employees last year 39,455.39

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
41	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	1

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Establishment Information

Your establishment 249301 BREED EL

Street 2226 E THIRD ST

City LOS ANGELES State CA Zip 90033

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 51

Total hours worked by all employees last year 58,178.43

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 2501 SUPERINTENDENT S OFC

Street 333 S. BEAUDRY AVE., 24TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 11

Total hours worked by all employees last year 19,243

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	1	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
1	32
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 250701 BRENTWOOD SCI MAG

Street 740 GRETNA GREEN WAY

City LOS ANGELES State CA Zip 90049

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 40

Total hours worked by all employees last year 46,863.95

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 25201 FED STATE EDUC PROGRAMS BR

Street 333 S BEAUDRY AVE, 16TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 25

Total hours worked by all employees last year 41,142.43

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
2	57
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 252101 BRIDGE STREET ELEMENTARY

Street 605 N BOYLE AVE

City LOS ANGELES State CA Zip 90033

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 43

Total hours worked by all employees last year 51,090.76

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	1	2	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
8	193
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 252701 BROAD AVE EL

Street 24815 BROAD AVE

City WILMINGTON State CA Zip 90744

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 65

Total hours worked by all employees last year 73,360.72

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 252702 BROAD AVE ELEMENTARY DUAL LANG SPANISH

Street 24815 BROAD AVE

City WILMINGTON State CA Zip 90744

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6,467.75

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	1	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	110
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 253001 BROADACRES EL

Street 19424 S BROADACRES AVE

City CARSON State CA Zip 90746

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 30

Total hours worked by all employees last year 37,253.75

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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.

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 253002 BROADACRES AV ES VISUAL PERF ARTS MAGNET

Street 19424 S BROADACRES AVE

City CARSON State CA Zip 90746

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 4

Total hours worked by all employees last year 4,204

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
85	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 253401 BROADWAY EL

Street 1015 LINCOLN BLVD

City VENICE State CA Zip 90291

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 19

Total hours worked by all employees last year 22,980.05

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 253402 BROADWAY EL DLC SP

Street 1015 LINCOLN BLVD

City VENICE State CA Zip 90291

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 8

Total hours worked by all employees last year 9,136.32

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 253403 BROADWAY EL DLC MA

Street 1015 LINCOLN BLVD

City VENICE State CA Zip 90291

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 17,596.29

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	2	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	109
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 254201 CHARLES WHITE ELEM SCHOOL

Street 2401 WILSHIRE BLVD

City LOS ANGELES State CA Zip 90057

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 36

Total hours worked by all employees last year 40,413.23

Sign here

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Company executive Title

( ) / /
Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 254202 WHITE ELEMENTARY VISUAL ARTS MAGNET

Street 2401 WILSHIRE BLVD

City LOS ANGELES State CA Zip 90057

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 6,903.74

Sign here

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Company executive Title

( ) / /

Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 254301 LAFAYETTE PARK PRIMARY CTR

Street 310 S. LA FAYETTE PARK PL

City LOS ANGELES State CA Zip 90057

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 25

Total hours worked by all employees last year 29,311.95

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
2	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 254401 MACARTHUR PARK ES-VISUAL PA

Street 2300 W 7TH ST

City LOS ANGELES State CA Zip 90057

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 41

Total hours worked by all employees last year 47,093.61

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 254402 MACARTHUR PK VAPA DL

Street 2300 W. 7TH ST

City LOS ANGELES State CA Zip 90028

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 7

Total hours worked by all employees last year 7,836.27

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	0	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
23	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	1	(6) All other illnesses	0

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Establishment Information

Your establishment 254801 BROCKTON AVENUE ELEMENTARY

Street 1309 ARMACOST AVE

City LOS ANGELES State CA Zip 90025

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 33

Total hours worked by all employees last year 38,806.91

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 256201 BROOKLYN AVENUE ELEMENTARY

Street 6728 BELLINGHAM AVE.

City NO. HOLLYWOOD State CA Zip 91606

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 60

Total hours worked by all employees last year 68,498.37

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 25701 PARENT COMM STUD SVS

Street 1360 W TEMPLE ST. ROOM 104

City LOS ANGELES State CA Zip 90026

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 19

Total hours worked by all employees last year 32,594.43

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 25801 ARTS INSTR PROGRAM

Street 333 S BEAUDRY AVE., 18TH FLL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 17

Total hours worked by all employees last year 28,296.55

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	3	6
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
4	172
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	11	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 258901 BRYSON EL

Street 4470 MISSOURI AVE

City SOUTH GATE State CA Zip 90280

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 67

Total hours worked by all employees last year 73,806.92

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 258902 BRYSON EL MATH SCI TECH

Street 4470 MISSOURI AVE

City SOUTH GATE State CA Zip 90280

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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

Total hours worked by all employees last year 14,530.53

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 25901 INTERGROUP RELATIONS OFFICE

Street 333 S. BEAUDRY AVE., 16TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 1

Total hours worked by all employees last year 357.5

Sign here

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Company executive Title

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Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 26001 HR-PARAEDU CAREER LADDER

Street 333 S. BEAUDRY AVE., 15TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 16,138.79

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 260301 BUCHANAN EL

Street 5024 BUCHANAN ST

City LOS ANGELES State CA Zip 90042

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 42

Total hours worked by all employees last year 40,584.08

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 260302 BUCHANAN MTH SCI MAG

Street 5024 BUCHANAN ST

City LOS ANGELES State CA Zip 90042

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 7

Total hours worked by all employees last year 7,290.33

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 260303 BUCHANAN EL DL TWO-WAY IM SPANISH

Street 5024 BUCHANAN ST

City LOS ANGELES State CA Zip 90042

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 3

Total hours worked by all employees last year 2,918.74

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	1	0	4
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
9	171
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	5	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 261601 BUDLONG EL

Street 5940 S BUDLONG AVE

City LOS ANGELES State CA Zip 90044

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 78

Total hours worked by all employees last year 94,151.19

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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.

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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
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 261901 WILSHIRE PARK ELEM SCHOOL

Street 4063 INGRAHAM ST

City LOS ANGELES State CA Zip 90005

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 42

Total hours worked by all employees last year 48,740.21

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 261902 WILSHIRE PARK EL DL WORLD LANG IM KOREAN

Street 4063 INGRAHAM ST

City LOS ANGELES State CA Zip 90005

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 2,348.05

Sign here

Knowingly falsifying this document may result in a fine.

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
143	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 263001 BURBANK EL

Street 12215 ALBERS ST

City N HOLLYWOOD State CA Zip 91607

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 43

Total hours worked by all employees last year 45,147.57

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 263002 BURBANK G HG HA GLOBAL LEARNING MAGNET

Street 12215 ALBERS ST

City NORTH HOLLYWOOD State CA Zip 91607

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 4,954.5

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 263101 BURBANK STATE PRESCHOOL

Street 12215 ALBERS ST

City NO HOLLYWOOD State CA Zip 91607

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 3

Total hours worked by all employees last year 3,568.75

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 264401 SATURN EL

Street 5360 SATURN ST

City LOS ANGELES State CA Zip 90019

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 47

Total hours worked by all employees last year 55,674.68

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	1

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Establishment Information

Your establishment 264402 SATURN AM MAG

Street 5360 SATURN ST

City LOS ANGELES State CA Zip 90019

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 7

Total hours worked by all employees last year 7,110.84

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	1	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
153	109
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	5	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 265801 BURTON EL

Street 8141 CALHOUN AVE

City PANORAMA CITY State CA Zip 91402

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 51

Total hours worked by all employees last year 61,494.69

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
29	11
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 267101 BUSHNELL WAY EL

Street 5507 BUSHNELL WAY

City LOS ANGELES State CA Zip 90042

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 29

Total hours worked by all employees last year 35,855.51

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 267102 BUSHNELL WAY DTS

Street 5507 BUSHNELL WAY

City LOS ANGELES State CA Zip 90042

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 3

Total hours worked by all employees last year 3,424.58

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 268001 ELEMENTARY CDS

Street 10001 N JUMILLLA AVE

City CHATSWORTH State CA Zip 91311

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 3

Total hours worked by all employees last year 3,541.27

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	1	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	31
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 268501 CABRILLO AVENUE ELEMENTARY

Street 732 S CABRILLO AVE

City SAN PEDRO State CA Zip 90731

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 44

Total hours worked by all employees last year 50,020.92

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 268502 CABRILLO STEAM MAG

Street 732 S CABRILLO AVE

City SAN PEDRO State CA Zip 90731

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 7

Total hours worked by all employees last year 7,064.25

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	1	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
82	39
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	5	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 269901 CAHUENGA EL

Street 220 S HOBART BLVD

City LOS ANGELES State CA Zip 90004

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 33

Total hours worked by all employees last year 40,453.03

Sign here

Knowingly falsifying this document may result in a fine.

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 269902 CAHUENGA EL DL ONE-WAY IM SPANISH

Street 220 S HOBART BLVD

City LOS ANGELES State CA Zip 90004

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 6,783.4

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 269903 CAHUENGA EL DL TWO-WAY IM KOREAN

Street 220 S HOBART BLVD

City LOS ANGELES State CA Zip 90004

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6,175.4

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
26	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 270101 CHARLES H. KIM ES

Street 225 S OXFORD AVE

City LOS ANGELES State CA Zip 90004

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 44

Total hours worked by all employees last year 52,082.59

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 270102 KIM EL DLC SP

Street 225 S OXFORD AVE

City LOS ANGELES State CA Zip 90004

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 7,364

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 270103 KIM EL DLC KO

Street 225 S OXFORD AVE

City LOS ANGELES State CA Zip 90004

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 7,057

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Year 20 2 4

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
0	0	1	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	32
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 270401 CALABASH CHARTER ACADEMY

Street 23055 EUGENE ST

City WOODLAND HILLS State CA Zip 91364

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 40

Total hours worked by all employees last year 44,980.69

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	6
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	6	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 270601 CALAHAN COMM CHTR

Street 18722 KNAPP ST

City NORTHRIDGE State CA Zip 91324

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 66

Total hours worked by all employees last year 74,537.44

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	1	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
9	66
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 271201 CALVERT CHTR FOR ES

Street 19850 DELANO ST

City WOODLAND HILLS State CA Zip 91367

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 49

Total hours worked by all employees last year 53,240.39

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 271301 CALVERT STATE PRESCHOOL

Street 19850 DELANO STREET

City WOODLAND HILLS State CA Zip 91367

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 2,986

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	1	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
11	5
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 272601 CAMELLIA EL

Street 7451 CAMELLIA AVE

City N HOLLYWOOD State CA Zip 91605

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 64

Total hours worked by all employees last year 72,531.36

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 272602 CAMELLIA EL DTS

Street 7451 CAMELLIA AVE

City N HOLLYWOOD State CA Zip 91605

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6,126.37

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
4	176
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 274001 CANFIELD EL

Street 9233 AIRDROME ST

City LOS ANGELES State CA Zip 90035

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 38

Total hours worked by all employees last year 42,991.63

Sign here

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Company executive Title

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Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
56	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 274101 COMMUNITY MAGNET CHARTER SC

Street 11301 BELLAGIO ROAD

City LOS ANGELES State CA Zip 90049

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 58

Total hours worked by all employees last year 53,416.55

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	3	3	9
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
18	288
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	15	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 275301 CANOGA PARK EL

Street 7438 TOPANGA CANYON BLVD

City CANOGA PARK State CA Zip 91303

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 84,709.84

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
70	96
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 276701 CANTARA EL

Street 17950 CANTARA ST

City RESEDA State CA Zip 91335

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 48

Total hours worked by all employees last year 54,335.2

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 276702 CANTARA VAPA MAG

Street 17950 CANTARA ST

City RESEDA State CA Zip 91335

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 4

Total hours worked by all employees last year 4,318.35

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
19	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 278101 CANTERBURY EL

Street 13670 MONTAGUE ST

City ARLETA State CA Zip 91331

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 68

Total hours worked by all employees last year 77,679.69

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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.

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 278102 CANTERBURY G HA MAG

Street 13670 MONTAGUE ST

City PACOIMA State CA Zip 91331

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 11

Total hours worked by all employees last year 12,787.73

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 279501 CANYON EL

Street 421 ENTRADA DR

City SANTA MONICA State CA Zip 90402

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 45

Total hours worked by all employees last year 42,343.46

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	2	2	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
16	307
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	5	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 280201 CAPISTRANO AVENUE ELEMENTARY

Street 8118 CAPISTRANO AVE

City WEST HILLS State CA Zip 91304

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 53

Total hours worked by all employees last year 60,371.52

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	3	1	5
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
126	177
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	8	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	1

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Establishment Information

Your establishment 281501 CAROLDALE LRNG COMM

Street 22424 CAROLDALE AVE

City CARSON State CA Zip 90745

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 73

Total hours worked by all employees last year 85,794.33

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 282201 CARPENTER COMM CHTR

Street 3909 CARPENTER AVE

City STUDIO CITY State CA Zip 91604

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 68

Total hours worked by all employees last year 78,732.54

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 283601 CARSON EL

Street 161 E CARSON ST

City CARSON State CA Zip 90745

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 59

Total hours worked by all employees last year 68,937.7

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 28401 OFFICE OF DATA ACCOUNTABILITY

Street 333 S. BEAUDRY AVE., 16TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 17

Total hours worked by all employees last year 17,333.83

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 284901 CARTHAY ES OF ENV STUDY M

Street 6351 W OLYMPIC BLVD

City LOS ANGELES State CA Zip 90048

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 37,522.69

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 28501 ODA-RESEARCH AND REPORTING BRANCH

Street 333 S. BEAUDRY AVE.

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 14

Total hours worked by all employees last year 24,442.75

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	2	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
17	144
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	6	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 286301 CASTELAR STREET ELEMENTARY

Street 840 YALE ST

City LOS ANGELES State CA Zip 90012

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 52

Total hours worked by all employees last year 60,157.1

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 286302 CASTELAR ST EL DL MA

Street 840 YALE ST

City LOS ANGELES State CA Zip 90012

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 11

Total hours worked by all employees last year 12,915.12

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	1	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
86	36
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 287701 CASTLE HTS EL

Street 9755 CATTARAUGUS AVE

City LOS ANGELES State CA Zip 90034

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 38

Total hours worked by all employees last year 44,985.41

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
95	85
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 287702 CASTLE HTS ELEM DUAL LANGUAGE SPANISH

Street 9755 CATTARAUGUS AVE

City LOS ANGELES State CA Zip 90034

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6,232.25

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
5	97
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 288101 CASTLEBAY LANE CHTR

Street 19010 CASTLEBAY LN

City NORTHRIDGE State CA Zip 91326

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 56

Total hours worked by all employees last year 63,827.75

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 289001 CATSKILL EL

Street 23536 CATSKILL AVE

City CARSON State CA Zip 90745

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 56

Total hours worked by all employees last year 64,431.5

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 289002 CATSKILL AVENUE ELEMENTARY DUAL LANGUAGE

Street 23536 CATSKILL AVE

City CARSON State CA Zip 90745

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6,708.75

Sign here

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Company executive Title

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Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	5	3	4
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
80	379
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	12	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 293901 CARSON-GORE ACA OF ENV STDS

Street 3200 W. WASHINGTON BLVD

City LOS ANGELES State CA Zip 90018

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 47

Total hours worked by all employees last year 55,782.37

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 293902 CARSON-GORE DTS

Street 3200 W. WASHINGTON BLVD

City LOS ANGELES State CA Zip 90018

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 4

Total hours worked by all employees last year 5,108.24

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	1	4
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
57	122
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	6	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 294201 ESTRELLA ELEMENTARY SCHOOL

Street 120 E 57TH ST

City LOS ANGELES State CA Zip 90011

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 52

Total hours worked by all employees last year 59,865.37

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
12	168
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 294301 QUINCY JONES ELEMENTARY SCH

Street 900 E 33RD ST

City LOS ANGELES State CA Zip 90011

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 35

Total hours worked by all employees last year 41,769.13

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	1	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
5	83
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 294401 DOLORES HUERTA ELEM SCHOOL

Street 260 E 31ST ST

City LOS ANGELES State CA Zip 90011

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 50

Total hours worked by all employees last year 56,607.88

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	4	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
35	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	5	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 294501 CENTURY PK EL

Street 10935 S SPINNING AVE

City INGLEWOOD State CA Zip 90303

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 49

Total hours worked by all employees last year 56,921.41

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	3	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	327
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 295901 CHANDLER LEARNING ACAD

Street 14030 WEDDINGTON ST

City VAN NUYS State CA Zip 91401

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 55

Total hours worked by all employees last year 64,835.89

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	1	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
2	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 298601 CHAPMAN EL

Street 1947 MARINE AVE

City GARDENA State CA Zip 90249

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 41

Total hours worked by all employees last year 45,640.17

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 298602 CHAPMAN ELEMENTARY DUAL LANGUAGE MANDARI

Street 1947 MARINE AVE

City GARDENA State CA Zip 90249

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 6,907.38

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 29901 HR-CLASSIFIED GROWTH AND DEV T UNIT

Street 333 S. BEAUDRY AVE 12TH FLOOR

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 1

Total hours worked by all employees last year 1,713

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 30001 HR-PROF LEARNING

Street 333 S. BEAUDRY AVE., 14TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 26,600.5

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 3001 BOARD SECRETARIAT

Street 333 S. BEAUDRY AVE., 24TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 9,710.75

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	3	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
92	210
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	6	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 300201 CHARNOCK ROAD EL

Street 11133 CHARNOCK RD

City LOS ANGELES State CA Zip 90034

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 51

Total hours worked by all employees last year 56,794.79

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 30101 HR-EDUCATOR DEV T SUPPORT

Street 333 S. BEAUDRY AVE., 14TH FL.

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 16,399.75

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	2	1	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
6	35
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	5	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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 301401 CHASE EL

Street 14041 CHASE ST

City PANORAMA CITY State CA Zip 91402

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 71

Total hours worked by all employees last year 80,677.64

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 302701 CHATSWORTH PARK ELEMENTARY

Street 22005 DEVONSHIRE ST

City CHATSWORTH State CA Zip 91311

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 47

Total hours worked by all employees last year 52,363.83

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...	(M)		
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 304101 CHEREMOYA EL

Street 6017 FRANKLIN AVE

City LOS ANGELES State CA Zip 90028

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 29

Total hours worked by all employees last year 33,892.4

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 304201 CHEREMOYA SPS

Street 6017 FRANKLIN AVE

City LOS ANGELES State CA Zip 90028

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 2,420

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	3	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
265	15
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 306801 CIENEGA EL

Street 5611 S ORANGE DR

City LOS ANGELES State CA Zip 90016

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 47

Total hours worked by all employees last year 55,757.29

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 306802 CIENEGA ELEMENTARY DUAL LANGUAGE SPANISH

Street 2611 S ORANGE DR

City LOS ANGELES State CA Zip 90019

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 4,961.59

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
4	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 308201 CIMARRON EL

Street 11559 CIMARRON AVE

City HAWTHORNE State CA Zip 90250

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 50

Total hours worked by all employees last year 58,943.02

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	1	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	34
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 308202 CIMARRON AVENUE ELEMENTARY STEAM MAGNET

Street 11559 CIMARRON AVE

City HAWTHORNE State CA Zip 90250

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 5,236.67

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 309601 CITY TERRACE EL

Street 4350 CITY TERRACE DR

City LOS ANGELES State CA Zip 90063

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 42

Total hours worked by all employees last year 38,977.5

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 309602 CITY TERRACE DLC MA

Street 4350 CITY TERRACE DR

City LOS ANGELES State CA Zip 90063

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 8

Total hours worked by all employees last year 8,884.5

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 311001 CLIFFORD EL

Street 2150 DUANE ST

City LOS ANGELES State CA Zip 90039

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 24

Total hours worked by all employees last year 27,672.49

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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.

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	1	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
184	16
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 312301 CLOVER EL

Street 11020 CLOVER AVE

City LOS ANGELES State CA Zip 90034

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 56

Total hours worked by all employees last year 51,863.85

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
5	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 313701 COHASSET STREET ELEMENTARY

Street 15810 SATICOY ST

City LOS ANGELES State CA Zip 91406

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 62

Total hours worked by all employees last year 70,013.96

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 313702 COHASSET ST EL DL SP

Street 15810 SATICOY ST

City LAKE BALBOA State CA Zip 91406

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 7,505.5

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	3	0	4
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
496	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	7	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 315101 COLDWATER CYN EL

Street 6850 COLDWATER CANYON AVE

City N HOLLYWOOD State CA Zip 91605

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 84

Total hours worked by all employees last year 89,051.08

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	1	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	27
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 315102 COLDWATER CYN DTS

Street 6850 COLDWATER CANYON AVE

City N HOLLYWOOD State CA Zip 91605

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 7

Total hours worked by all employees last year 8,199.33

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 316401 COLFAX CHARTER EL

Street 11724 ADDISON ST

City N HOLLYWOOD State CA Zip 91607

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 68

Total hours worked by all employees last year 77,484.43

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	1	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
52	187
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	5	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 317801 COLISEUM EL

Street 4400 COLISEUM ST

City LOS ANGELES State CA Zip 90016

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 51

Total hours worked by all employees last year 60,363.9

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	1	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
70	137
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	5	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 319201 COMMONWEALTH EL

Street 215 S COMMONWEALTH AVE

City LOS ANGELES State CA Zip 90004

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 66

Total hours worked by all employees last year 76,596.8

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 319202 COMMONWEALTH AVENUE ELEM GIFTED ARTS TEC

Street 215 S COMMONWEALTH AVE

City LOS ANGELES State CA Zip 90004

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 5,066.83

Sign here

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Company executive Title

( ) / /

Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 32001 STU INVOLVEMENT EMP DV

Street 1360 W TEMPLE ST

City LOS ANGELES State CA Zip 90026

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 3,198.91

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	1	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	180
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 320501 COMPTON EL

Street 1515 E 104TH ST

City LOS ANGELES State CA Zip 90002

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 48

Total hours worked by all employees last year 59,477.82

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
19	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 321001 MADISON ELEMENTARY SCHOOL

Street 9820 MADISON AVE

City SOUTH GATE State CA Zip 90280

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 54

Total hours worked by all employees last year 60,235.98

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 321002 MADISON EL DLC SP

Street 9820 MADISON AVE

City SOUTH GATE State CA Zip 90280

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 10,867.93

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
52	7
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 321701 SIERRA PARK PRE-KINDER FAMILY LITERACY P

Street 1646 S OLIVE ST

City LOS ANGELES State CA Zip 90015

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 2,688.37

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	1	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
35	145
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 321801 CORONA EL PKFLP

Street 3825 BELL AVE

City BELL State CA Zip 90201

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 1,923.1

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
94	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 321901 CORONA EL

Street 3825 BELL AVE

City BELL State CA Zip 90201

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 66

Total hours worked by all employees last year 79,283.96

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 322001 MARTHA ESCUTIA PC

Street 6401 BEAR AVE

City BELL State CA Zip 90201

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 38

Total hours worked by all employees last year 43,467.09

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 32201 LINKED LRNING UNIT L

Street 333 S. BEAUDRY AVE.

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 49

Total hours worked by all employees last year 81,383.95

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 32301 SELPA ADMINISTRATIVE UNIT

Street 333 SO BEAUDRY AVE 17TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 30

Total hours worked by all employees last year 48,331.01

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	2	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
77	176
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	5	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 324701 PLASENCIA EL

Street 1321 CORTEZ ST

City LOS ANGELES State CA Zip 90026

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 51

Total hours worked by all employees last year 59,644.42

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 324702 PLASENCIA ES STEAM MAGNET

Street 1321 CORTEZ ST

City LOS ANGELES State CA Zip 90026

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 11

Total hours worked by all employees last year 13,661.64

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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.

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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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 32501 LAUSD SELPA CHARTER OPER PROG

Street 4201 FOUNTAIN AVE.

City LOS ANGELES State CA Zip 90029

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 16,189.15

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
118	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 326001 COWAN EL

Street 7615 COWAN AVE

City LOS ANGELES State CA Zip 90045

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 32

Total hours worked by all employees last year 34,613.03

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 326002 COWAN ES G HA INT HUM MAG

Street 7615 COWAN AVE

City LOS ANGELES State CA Zip 90045

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 7

Total hours worked by all employees last year 6,946.75

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 326003 COWAN AVENUE ELEMENTARY DUAL LANGUAGE SP

Street 7615 COWAN AVE

City LOS ANGELES State CA Zip 90045

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 7,627.87

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 32701 HR-MY PROFESSIONAL LRN NET

Street 333 S. BEAUDRY AVE., 14TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 10,417.34

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 32801 ZONE OF CHOICE

Street 333 S. BEAUDRY AVE. 20TH FLR

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 3,775.59

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	2	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
106	157
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	1

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Establishment Information

Your establishment 328801 CRESCENT HTS ES L A S J MAG

Street 1661 S CRESCENT HTS BLVD

City LOS ANGELES State CA Zip 90035

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 32

Total hours worked by all employees last year 39,845.55

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 330201 CRESTWOOD ST EL

Street 1946 W CRESTWOOD ST

City RANCHO PALOS VERDES State CA Zip 90275

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 43

Total hours worked by all employees last year 46,700.49

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	3	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
33	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 331101 WESTSIDE GLBL AWR MG

Street 104 ANCHORAGE ST

City MARINA DEL REY State CA Zip 90292

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 35

Total hours worked by all employees last year 42,168.83

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 331501 CHRISTOPHER DENA EL

Street 1314 DACOTAH ST

City LOS ANGELES State CA Zip 90023

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 54

Total hours worked by all employees last year 61,951.98

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	1	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	35
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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 332901 DAHLIA HTS EL

Street 5063 FLORISTAN AVE

City LOS ANGELES State CA Zip 90041

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 43

Total hours worked by all employees last year 47,813.81

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 333501 DANUBE EL

Street 11220 DANUBE AVE

City GRANADA HILLS State CA Zip 91344

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 46

Total hours worked by all employees last year 49,143.19

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...

	(M)		(M)
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 334001 DARBY AVE CHARTER

Street 10818 DARBY AVE

City NORTHRIDGE State CA Zip 91326

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 43

Total hours worked by all employees last year 46,506.61

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 335601 DAYTON HEIGHTS EL

Street 607 N WESTMORELAND AVE

City LOS ANGELES State CA Zip 90004

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 28

Total hours worked by all employees last year 33,459.81

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 335602 DAYTON HEIGHTS ELEMENTARY URBAN ENV SCIE

Street 607 N WESTMORELAND AVE

City LOS ANGELES State CA Zip 90004

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 6,117.75

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
3	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 337701 DEARBORN EL CHTR ACAD

Street 9240 WISH AVE

City NORTHRIDGE State CA Zip 91325

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 62

Total hours worked by all employees last year 64,534.01

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 338401 DEL AMO EL

Street 21228 WATER ST

City CARSON State CA Zip 90745

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 45

Total hours worked by all employees last year 50,118.02

Sign here

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Company executive Title

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Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
156	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 339701 DELEVAN DRIVE EL

Street 4168 W AVE 42

City LOS ANGELES State CA Zip 90065

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 51

Total hours worked by all employees last year 59,303.33

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	1	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	89
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 342501 DENKER EL

Street 1620 W 162ND ST

City GARDENA State CA Zip 90247

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 69

Total hours worked by all employees last year 78,339.54

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 342502 DENKER AVE EL DLC KO

Street 1620 W 162ND ST

City GARDENA State CA Zip 90247

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 8

Total hours worked by all employees last year 9,531.25

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 342601 CARMEN LOMAS GARZA PC

Street 2705 E HOSTETTER ST

City LOS ANGELES State CA Zip 90022

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 28

Total hours worked by all employees last year 31,882.23

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	1	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	22
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 343801 DIXIE CYN COMM CHTR

Street 4220 DIXIE CANYON AVE

City SHERMAN OAKS State CA Zip 91423

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 65

Total hours worked by all employees last year 70,013.48

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 345201 DOLORES EL

Street 22526 DOLORES ST

City CARSON State CA Zip 90745

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 55

Total hours worked by all employees last year 59,638.12

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	1	1	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
4	110
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	1

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Establishment Information

Your establishment 346601 DOMINGUEZ EL

Street 21250 SANTA FE AVE

City CARSON State CA Zip 90810

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 43

Total hours worked by all employees last year 46,752

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 346602 DOMINGUEZ ELEMENTARY DUAL LANGUAGE SPANI

Street 21250 SANTA FE AVE

City CARSON State CA Zip 90810

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 7,428.75

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	3	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
188	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 347901 DORRIS PLACE EL

Street 2225 DORRIS PL

City LOS ANGELES State CA Zip 90031

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 33

Total hours worked by all employees last year 37,837.19

Sign here

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Company executive Title

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Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	3	0	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
188	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	5	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 349301 DYER EL

Street 14500 DYER ST

City SYLMAR State CA Zip 91342

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 67

Total hours worked by all employees last year 79,727.98

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	0	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
40	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	1

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Establishment Information

Your establishment 350001 MIDCITY S PRESCOTT SCH

Street 3150 W ADAMS BLVD

City LOS ANGELES State CA Zip 90018

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 30

Total hours worked by all employees last year 32,988.51

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 3501 PERS CMSN STAFF

Street 333 S. BEAUDRY AVE., 12TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 26

Total hours worked by all employees last year 41,893.77

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	5	1	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
110	354
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	8	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 350701 EAGLE ROCK EL

Street 2057 FAIR PARK AVE

City LOS ANGELES State CA Zip 90041

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 70

Total hours worked by all employees last year 80,541.47

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 350702 EAGLE ROCK HG EL MAG

Street 2057 FAIR PARK AVE

City LOS ANGELES State CA Zip 90041

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 3

Total hours worked by all employees last year 3,196

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 350703 EAGLE ROCK G HA EL MAG

Street 2057 FAIR PARK AVE

City LOS ANGELES State CA Zip 90041

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 6,198.75

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	4	2	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
357	84
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	7	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 352101 EASTMAN EL

Street 4112 E OLYMPIC BL

City LOS ANGELES State CA Zip 90023

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 57

Total hours worked by all employees last year 61,720.82

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 352102 EASTMAN AVE EL DL SP

Street 4112 E OLYMPIC BLVD

City LOS ANGELES State CA Zip 90023

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 18,774.62

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	1	4
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
127	43
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	5	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	1

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Establishment Information

Your establishment 354101 EL DORADO EL

Street 12749 EL DORADO AVE

City SYLMAR State CA Zip 91342

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 65

Total hours worked by all employees last year 71,905.67

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 354501 EL ORO WAY CHTR EN STUD

Street 12230 EL ORO WAY

City GRANADA HILLS State CA Zip 91344

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 44

Total hours worked by all employees last year 48,302.25

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	4	4	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
268	338
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	11	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 354801 ELIZABETH LEARNING CTR

Street 4811 ELIZABETH ST

City CUDAHY State CA Zip 90201

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 150

Total hours worked by all employees last year 182,392.98

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 354805 ELIZABETH LC DUAL LANGUAGE ARABIC

Street 4811 ELIZABETH STREET

City CUDAHY State CA Zip 90201

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 2,806.83

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	1	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	23
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 356201 EL SERENO EL

Street 3838 ROSEMEAD AVE

City LOS ANGELES State CA Zip 90032

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 39

Total hours worked by all employees last year 41,746.83

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	1	1	4
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
13	48
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	6	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 357401 MAURICE SENDAK ES

Street 11414 W TIARA ST

City N HOLLYWOOD State CA Zip 91601

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 56

Total hours worked by all employees last year 58,740.39

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 357402 MAURICE SENDAK ELEMENTARY ARTS COMM TECH

Street 11414 W TIARA ST

City NORTH HOLLYWOOD State CA Zip 91601

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 7

Total hours worked by all employees last year 7,834.11

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 357501 ELYSIAN HEIGHTS EL

Street 1562 BAXTER ST

City LOS ANGELES State CA Zip 90026

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 42

Total hours worked by all employees last year 50,014.91

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	2	5
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
66	48
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	8	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 357601 ROSA PARKS LEARNING CENTER

Street 8855 NOBLE AVE

City NORTH HILLS State CA Zip 91343

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 70

Total hours worked by all employees last year 85,944.83

Sign here

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Company executive Title

( ) / /
Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	2	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
90	144
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	5	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 357701 BELLINGHAM PRIMARY CENTER

Street 6728 BELLINGHAM AVENUE

City NORTH HOLLYWOOD State CA Zip 91606

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 54

Total hours worked by all employees last year 63,448.25

Sign here

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Company executive Title

( ) / /

Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	2	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	277
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 358901 EMELITA ACADEMY CHTR

Street 17931 HATTERAS ST

City ENCINO State CA Zip 91316

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 37

Total hours worked by all employees last year 41,536.92

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 3601 CHANDA SMITH CONSENT DECREE

Street 333 S. BEAUDRY AVE., 16TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 18

Total hours worked by all employees last year 31,825.27

Sign here

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Company executive Title

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Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	1	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	128
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 361001 ENADIA TECH ENR CHTR

Street 22944 ENADIA WAY

City WEST HILLS State CA Zip 91307

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 30

Total hours worked by all employees last year 35,386.34

Sign here

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Company executive Title

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Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	5	2	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
252	97
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	9	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	1

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Establishment Information

Your establishment 361601 ENCINO CHARTER EL

Street 16941 ADDISON ST

City ENCINO State CA Zip 91316

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 50

Total hours worked by all employees last year 53,712.29

Sign here

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Company executive Title

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Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	3	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
2	248
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	6	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 363001 ERWIN ELEMENTARY

Street 13400 ERWIN ST

City VAN NUYS State CA Zip 91401

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 77

Total hours worked by all employees last year 93,752.43

Sign here

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Company executive Title

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Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	4	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
183	91
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	8	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 364001 ESHELMAN EL

Street 25902 ESHELMAN AVE

City LOMITA State CA Zip 90717

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 46

Total hours worked by all employees last year 53,617.74

Sign here

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Company executive Title

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Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	3	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	137
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 367101 EUCLID EL

Street 806 EUCLID AVE

City LOS ANGELES State CA Zip 90023

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 54

Total hours worked by all employees last year 65,022.87

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...	(M)		
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 367102 EUCLID G HA BIL MAG

Street 806 EUCLID AVE

City LOS ANGELES State CA Zip 90023

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 7

Total hours worked by all employees last year 7,808.5

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
5	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 367103 EUCLID AVE EL DLC SP

Street 806 EUCLID AVE

City LOS ANGELES State CA Zip 90023

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 12,839.5

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 368501 SHERIDAN ST CSPP

Street 416 N CORNWELL ST

City LOS ANGELES State CA Zip 90033

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 1

Total hours worked by all employees last year 2,098.42

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	4	1	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
275	76
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	8	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 369901 EVERGREEN EL

Street 2730 GANAHL ST

City LOS ANGELES State CA Zip 90033

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 63

Total hours worked by all employees last year 72,274.86

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 3701 OFFICE OF GENERAL COUNSEL

Street 333 S. BEAUDRY AVE., 24TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 25,026.89

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	4	1	5
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
222	8
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	10	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 371201 FAIR EL

Street 6501 FAIR AVE

City N HOLLYWOOD State CA Zip 91606

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 68

Total hours worked by all employees last year 78,772.29

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 372601 FAIRBURN AVENUE ELEMENTARY

Street 1403 FAIRBURN AVE

City LOS ANGELES State CA Zip 90024

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 43

Total hours worked by all employees last year 46,126.26

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
7	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 374001 FARMDALE EL

Street 2660 RUTH SWIGGETT DRIVE

City LOS ANGELES State CA Zip 90032

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 40

Total hours worked by all employees last year 46,588.26

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 374002 FARMDALE EL DLC SP

Street 2660 RUTH SWIGGETT DRIVE

City LOS ANGELES State CA Zip 90032

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 7,759.38

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	1	4
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
71	242
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	6	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 375301 FERNANGELES EL

Street 12001 ART ST

City SUN VALLEY State CA Zip 91352

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 63

Total hours worked by all employees last year 73,143.81

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 375302 FERNANGELES EL DL SP

Street 12001 ART ST

City SUN VALLEY State CA Zip 91352

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 7

Total hours worked by all employees last year 7,920.25

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...

	(M)		(M)
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 375401 FERNANGELES SPS

Street 12001 ART ST

City SUN VALLEY State CA Zip 91352

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 2,726

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	1

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Establishment Information

Your establishment 376701 15TH ST EL

Street 1527 S MESA ST

City SAN PEDRO State CA Zip 90731

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 47

Total hours worked by all employees last year 54,442.45

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	1	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
34	15
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	5	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 378101 54TH ST EL

Street 5501 S EILEEN AVE

City LOS ANGELES State CA Zip 90043

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 48

Total hours worked by all employees last year 55,196.2

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
62	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 379501 59TH ST EL

Street 5939 SECOND AVE

City LOS ANGELES State CA Zip 90043

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 46

Total hours worked by all employees last year 55,650.41

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	5	3	7
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
115	281
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	13	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	2

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Establishment Information

Your establishment 380801 52ND ST EL

Street 816 W 51ST ST

City LOS ANGELES State CA Zip 90037

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 93

Total hours worked by all employees last year 108,357.03

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	1	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	29
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 382201 FIGUEROA EL

Street 510 W 111TH ST

City LOS ANGELES State CA Zip 90044

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 59

Total hours worked by all employees last year 73,777.5

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	0	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
141	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	1

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Establishment Information

Your establishment 382901 BROADOUS EL

Street 12561 FILMORE ST

City PACOIMA State CA Zip 91331

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 64

Total hours worked by all employees last year 72,837.85

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 382902 BROADOUS MATH SC MAG

Street 12561 FILMORE ST

City PACOIMA State CA Zip 91331

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 4

Total hours worked by all employees last year 3,942.92

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
180	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 383601 1ST ST EL

Street 2820 E FIRST ST

City LOS ANGELES State CA Zip 90033

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 49

Total hours worked by all employees last year 58,583.36

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 383701 1ST ST STATE PRESC

Street 2820 E 1ST ST

City LOS ANGELES State CA Zip 90033

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 2,671

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	2	2	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
20	51
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	5	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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 384901 FISHBURN EL

Street 5701 FISHBURN AVE

City MAYWOOD State CA Zip 90270

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 60

Total hours worked by all employees last year 69,004.67

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...	(M)		
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 384902 FISHBURN AVENUE ELEMENTARY DUAL LANGUAGE

Street 5701 FISHBURN AVE

City MAYWOOD State CA Zip 90270

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 10,872.5

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 387701 FLETCHER DR EL

Street 3350 FLETCHER DR

City LOS ANGELES State CA Zip 90065

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 26

Total hours worked by all employees last year 28,012.51

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	2	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	157
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 387702 FLETCHER STEAM MAG

Street 3350 FLETCHER DR

City LOS ANGELES State CA Zip 90065

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 6,256.93

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	1	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
43	159
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	6	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 389001 FLORENCE EL

Street 7211 BELL AVE

City LOS ANGELES State CA Zip 90001

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 64

Total hours worked by all employees last year 70,374.08

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Company executive Title

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Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 389002 FLORENCE EL DLC SP

Street 7211 BELL AVE

City LOS ANGELES State CA Zip 90001

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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

Total hours worked by all employees last year 14,181.58

Sign here

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Company executive Title

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Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 3901 TRANSLATIONS UNIT

Street 333 S BEAUDRY AVE, 21ST FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 27,389.17

Sign here

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Company executive Title

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Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 391801 FORD BLVD EL

Street 1112 S FORD BLVD

City LOS ANGELES State CA Zip 90022

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 85

Total hours worked by all employees last year 103,043.65

Sign here

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Company executive Title

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Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 391802 FORD BLVD EL DLC SP

Street 1112 S FORD BLVD

City LOS ANGELES State CA Zip 90022

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 18,320

Sign here

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Company executive Title

( ) / /
Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	1	4
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
180	40
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	6	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 393201 49TH ST EL

Street 750 E 49TH ST

City LOS ANGELES State CA Zip 90011

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 74

Total hours worked by all employees last year 86,208.08

Sign here

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Company executive Title

( ) / /
Phone Date

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Summary of Work-Related Injuries and Illnesses

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
92	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 395901 42ND ST EL

Street 4231 FOURTH AVE

City LOS ANGELES State CA Zip 90008

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 44

Total hours worked by all employees last year 54,168.39

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...	(M)		
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 395902 42ND ST EL DWS

Street 4231 4TH AVE

City LOS ANGELES State CA Zip 90008

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 4

Total hours worked by all employees last year 4,424.5

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	3	1	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
74	107
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 397301 4TH ST EL

Street 420 S AMALIA AVE

City LOS ANGELES State CA Zip 90022

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 40

Total hours worked by all employees last year 47,182.16

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 397302 4TH STREET EL DL TWO-WAY IM SPANISH

Street 420 S AMALIA AVE

City LOS ANGELES State CA Zip 90022

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 3

Total hours worked by all employees last year 3,815.58

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	1	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
43	221
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 397401 4TH STREET PRIMARY CENTER

Street 469 AMALIA AVE

City LOS ANGELES State CA Zip 90022

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 35

Total hours worked by all employees last year 39,267.68

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 397402 4TH ST PC DL TWO-WAY IM SPANISH

Street 469 AMALIA AVENUE

City LOS ANGELES State CA Zip 90022

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 2,275.36

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 398601 FRANKLIN EL

Street 1910 N COMMONWEALTH AVE

City LOS ANGELES State CA Zip 90027

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 40

Total hours worked by all employees last year 44,021.91

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 4001 COMMUNICATIONS OFFICE

Street 333 S. BEAUDRY AVE., 1ST FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 4

Total hours worked by all employees last year 6,417.5

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	5	7
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
92	347
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	13	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 401401 FRIES EL

Street 1301 FRIES AVE

City WILMINGTON State CA Zip 90744

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 54

Total hours worked by all employees last year 62,065.69

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 402001 DANNY J BAKEWELL SR PC

Street 8261 S BARING CROSS ST

City LOS ANGELES State CA Zip 90044

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 34

Total hours worked by all employees last year 37,289.35

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
59	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 402701 FULLBRIGHT EL

Street 6940 FULLBRIGHT AVE

City CANOGA PARK State CA Zip 91306

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 45

Total hours worked by all employees last year 42,817.27

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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 402702 FULLBRIGHT EL DTS

Street 6940 FULLBRIGHT AVE

City WINNETKA State CA Zip 91306

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 5,777.93

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	2	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	139
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 404101 GARDENA EL

Street 647 W GARDENA BLVD

City GARDENA State CA Zip 90247

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 40

Total hours worked by all employees last year 45,808.97

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 404102 GARDENA EL DLC SP

Street 647 W GARDENA BLVD

City GARDENA State CA Zip 90247

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 6,528.63

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	1

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Establishment Information

Your establishment 405501 GARDEN GROVE EL

Street 18141 VALERIO ST

City RESEDA State CA Zip 91335

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 43

Total hours worked by all employees last year 50,115.12

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
82	126
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 406801 GARDNER EL

Street 7450 HAWTHORN AVE

City LOS ANGELES State CA Zip 90046

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 43

Total hours worked by all employees last year 47,896.9

Sign here

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Company executive Title

( ) / /
Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 406802 GARDNER ST ES ARTS INTEGRATION MAGNET

Street 7450 HAWTHORN AV

City LOS ANGELES State CA Zip 90046

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 7

Total hours worked by all employees last year 7,793.1

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	1	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
135	201
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 408201 GARVANZA EL

Street 317 N AVE 62

City LOS ANGELES State CA Zip 90042

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 44

Total hours worked by all employees last year 48,181.7

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	1	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	84
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 409601 GATES EL

Street 3333 MANITOU AVE

City LOS ANGELES State CA Zip 90031

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 50

Total hours worked by all employees last year 58,305.61

Sign here

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Company executive Title

( ) / /
Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 409602 GATES ST EL DLC SP

Street 3333 MANITOU AVE

City LOS ANGELES State CA Zip 90031

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 8

Total hours worked by all employees last year 9,330.27

Sign here

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Company executive Title

( ) / /
Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 409603 GATES ST EL DL TWO-WAY IM MANDARIN

Street 3333 MANITOU AVENUE

City LOS ANGELES State CA Zip 90031

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 2,307.67

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
22	59
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 409701 GATES ST STATE PRESCHOOL

Street 3333 MANITOU AVE

City LOS ANGELES State CA Zip 90031

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 2,776.17

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
22	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 411001 GAULT EL

Street 17000 GAULT ST

City LAKE BALBOA State CA Zip 91406

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 38

Total hours worked by all employees last year 45,072.8

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	1	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	12
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 411701 GERMAIN EL

Street 20730 GERMAIN ST

City CHATSWORTH State CA Zip 91311

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 78

Total hours worked by all employees last year 82,283.41

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
72	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 412301 GLASSELL PARK EL

Street 2211 W AVE 30

City LOS ANGELES State CA Zip 90065

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 36

Total hours worked by all employees last year 43,236.08

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	1	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
34	148
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	1

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Establishment Information

Your establishment 413001 GLEDHILL EL

Street 16030 GLEDHILL ST

City NORTH HILLS State CA Zip 91343

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 52

Total hours worked by all employees last year 55,839.06

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 413002 GLEDHILL MATH SCI MAG

Street 16030 GLEDHILL ST

City NORTH HILLS State CA Zip 91343

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 9,897.98

Sign here

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Company executive Title

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Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 413701 GLEN ALTA EL

Street 3410 SIERRA ST

City LOS ANGELES State CA Zip 90031

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 27

Total hours worked by all employees last year 30,017.59

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	1	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	63
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 416401 GLENFELIZ BLVD EL

Street 3955 GLENFELIZ BLVD

City LOS ANGELES State CA Zip 90039

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 36

Total hours worked by all employees last year 38,989.97

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
5	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 419201 GLENWOOD EL

Street 8001 LEDGE AVE

City SUN VALLEY State CA Zip 91352

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 43

Total hours worked by all employees last year 49,980.07

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 4201 HR-OFFICE OF STAFF RELATIONS

Street 333 S. BEAUDRY AVE., 14TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 35,916.96

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	4	3	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
182	323
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	9	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	1

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 421901 GRAHAM EL

Street 8407 S FIR AVE

City LOS ANGELES State CA Zip 90001

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 79

Total hours worked by all employees last year 77,093.89

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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.

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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
0	1	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
1	164
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 421902 GRAHAM ELEMENTARY DUAL LANGUAGE SPANISH

Street 8407 S FIR AVE

City LOS ANGELES State CA Zip 90001

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 10,667.35

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
12	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 423301 GRANADA COMMUNITY CH

Street 17170 TRIBUNE ST

City GRANADA HILLS State CA Zip 91344

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 56

Total hours worked by all employees last year 64,186.51

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 423401 GRANADA STATE PRESCHOOL

Street 17170 TRIBUNE ST

City GRANADA HILLS State CA Zip 91344

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 2,631.33

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	2	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
204	103
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	5	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 424701 GRAND VIEW EL

Street 3951 GRAND VIEW BLVD

City LOS ANGELES State CA Zip 90066

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 42

Total hours worked by all employees last year 48,673.07

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 424702 GRAND VIEW EL DUAL LANGUAGE SPANISH

Street 3951 GRAND VIEW BLVD

City LOS ANGELES State CA Zip 90066

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 18

Total hours worked by all employees last year 21,936.5

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	1	4	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
7	237
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	7	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 426001 GRANT ELEMENTARY

Street 1530 NORTH WILTON PLACE

City LOS ANGELES State CA Zip 90028

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 57

Total hours worked by all employees last year 66,171.81

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 426002 GRANT ST EL DTR

Street 1530 N WILTON PL

City LOS ANGELES State CA Zip 90028

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 1,995

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 427401 GRAPE EL

Street 1940 E 111TH ST

City LOS ANGELES State CA Zip 90059

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 48

Total hours worked by all employees last year 62,016.01

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
11	55
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 429501 GRIDLEY EL

Street 1907 EIGHTH ST

City SAN FERNANDO State CA Zip 91340

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 77

Total hours worked by all employees last year 88,595.06

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 429502 GRIDLEY ST EL DLC SP

Street 1907 EIGHTH ST

City SAN FERNANDO State CA Zip 91340

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 5,321.91

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 43001 MAIL UNIT

Street 8525 REX ROAD

City PICO RIVERA State CA Zip 90660

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 16,040.2

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	3	2	7
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
54	86
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	11	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	1

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Establishment Information

Your establishment 430101 GRIFFIN EL

Street 2025 GRIFFIN AVE

City LOS ANGELES State CA Zip 90031

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 50

Total hours worked by all employees last year 56,255.71

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 43101 CHARTER SCH FISCAL BUS SRVC

Street 333 S. BEAUDRY AVE., 26TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 8,600

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 431501 GULF EL

Street 828 W L ST

City WILMINGTON State CA Zip 90744

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 63

Total hours worked by all employees last year 74,167.46

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 431502 GULF AVENUE ELEMENTARY STEAM MAGNET

Street 828 W L ST

City WILMINGTON State CA Zip 90744

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 7

Total hours worked by all employees last year 7,194.34

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 43201 FIN SYSTEMS POS MGMT

Street 333 S. BEAUDRY AVE., 26TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 8,798.5

Sign here

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Company executive Title

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Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	1	(6) All other illnesses	0

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Establishment Information

Your establishment 432201 ARROYO SECO MUSEUM SCIENCE

Street 4805 SYCAMORE AVE TR

City LOS ANGELES State CA Zip 90042

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 48

Total hours worked by all employees last year 56,830.25

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	3	1	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
186	23
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	7	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 432901 HADDON EL

Street 10115 HADDON AVE

City PACOIMA State CA Zip 91331

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 78

Total hours worked by all employees last year 94,195.72

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 432902 HADDON AV ES STEAM MAGNET

Street 10115 HADDON AVE

City PACOIMA State CA Zip 91331

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 10,970.61

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	2	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
31	63
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	6	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 434201 HALLDALE EL

Street 21514 HALLDALE AVE

City TORRANCE State CA Zip 90501

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 64

Total hours worked by all employees last year 72,000.55

Sign here

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Company executive Title

( ) / /
Phone Date

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Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	2	4
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	215
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	6	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 434901 HAMLIN CHTR ACAD

Street 22627 HAMLIN ST

City CANOGA PARK State CA Zip 91307

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 58

Total hours worked by all employees last year 64,520.49

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 43501 BUDGET SERVICES BRANCH

Street 333 S. BEAUDRY AVE., 26TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 8

Total hours worked by all employees last year 14,736.18

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	1	9
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	1
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	9	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	1	(6) All other illnesses	0

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Establishment Information

Your establishment 435601 WILLIAM R ANTON ES

Street 831 N BONNIE BEACH PL

City LOS ANGELES State CA Zip 90063

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 65

Total hours worked by all employees last year 75,973.19

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 435602 ANTON EL DTS

Street 831 N BONNIE BEACH PL

City LOS ANGELES State CA Zip 90019

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6,553.42

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 43701 FACILITIES PROCUREMENT PMT SVS

Street 333 S BEAUDRY AVE., 21ST FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 20

Total hours worked by all employees last year 33,358.88

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 43901 OFFICE OF THE BUDGET DIRECTOR

Street 333 S. BEAUDRY AVE., 26TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 3

Total hours worked by all employees last year 5,479.28

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	3	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	153
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 439701 HANCOCK PARK EL

Street 408 S FAIRFAX AVE

City LOS ANGELES State CA Zip 90036

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 51

Total hours worked by all employees last year 58,785.53

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 44001 ATTENDANCE AND ENROLLMENT

Street 333 S. BEAUDRY AVE., 26TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 4

Total hours worked by all employees last year 7,622.75

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 4401 ITD-IT SUPP SERVICES

Street 333 S BEAUDRY AVE, 10TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 43

Total hours worked by all employees last year 72,865.54

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 44101 STUDENT BODY FINANCE SECTION

Street 333 S. BEAUDRY AVE., 26TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 17,622.25

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 44201 INSTRUCTIONAL PROGRAM FISCAL SUPPORT

Street 333 S. BEAUDRY AVE., 26TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 8

Total hours worked by all employees last year 13,624.3

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	2	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	65
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 442501 HARBOR CITY EL

Street 1508 W 254TH ST

City HARBOR CITY State CA Zip 90710

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 54

Total hours worked by all employees last year 63,275.68

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	1	4
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
8	54
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	7	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 443101 HARDING EL

Street 13060 HARDING ST

City SYLMAR State CA Zip 91342

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 54

Total hours worked by all employees last year 60,712.16

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
180	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 443801 HARRISON EL

Street 3529 CITY TERRACE DR

City LOS ANGELES State CA Zip 90063

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 49

Total hours worked by all employees last year 60,395.11

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 443802 HARRISON EL DTS

Street 3529 CITY TERRACE DR

City LOS ANGELES State CA Zip 90063

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 7,114.32

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 44401 SCHOOL FISCAL SERVICES

Street 333 S. BEAUDRY AVE.,

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 47

Total hours worked by all employees last year 80,388.34

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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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	4
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
3	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	5	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 444501 HART ST EL

Street 21040 HART ST

City CANOGA PARK State CA Zip 91303

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 94

Total hours worked by all employees last year 112,951.08

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	1	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	78
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 445201 HASKELL STEAM MAGNET

Street 15850 TULSA ST

City GRANADA HILLS State CA Zip 91344

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 66

Total hours worked by all employees last year 76,948.83

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	1	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
14	114
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 446601 HAWAIIAN EL

Street 540 HAWAIIAN AVE

City WILMINGTON State CA Zip 90744

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 63

Total hours worked by all employees last year 71,318.64

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 446602 HAWAIIAN AVENUE ELEMENTARY STEAM MAGNET

Street 540 HAWAIIAN AVE

City WILMINGTON State CA Zip 90744

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 6,012.25

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 44701 FAC CONTRACT-CENTRAL OFF

Street 333 S BEAUDRY AVE 28TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 19

Total hours worked by all employees last year 31,261.88

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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.

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 447301 HAYNES CHTR EN STUD

Street 6624 LOCKHURST DRIVE

City WEST HILLS State CA Zip 91307

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 42

Total hours worked by all employees last year 50,164.07

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 44801 FSD-LABOR COMPLIANCE

Street 333 S BEAUDRY AVE., 19TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 19

Total hours worked by all employees last year 31,244.58

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 44901 FCS-CONSTRUCTION CONTRACTS

Street 1545 WILSHIRE BOULEVARD

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 41

Total hours worked by all employees last year 70,064.2

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	1	6
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	180
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	6	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	1

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Establishment Information

Your establishment 449301 HAZELTINE EL

Street 7150 HAZELTINE AVE

City VAN NUYS State CA Zip 91405

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 60

Total hours worked by all employees last year 72,505.77

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 449302 HAZELTINE AVENUE ELEMENTARY DUAL LANGUAG

Street 7150 HAZELTINE AVE

City VAN NUYS State CA Zip 91405

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 11,434.95

Sign here

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Company executive Title

( ) / /
Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
2	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	1

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Establishment Information

Your establishment 450701 HELIOTROPE EL

Street 5911 WOODLAWN AVE

City MAYWOOD State CA Zip 90270

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 67

Total hours worked by all employees last year 80,732.68

Sign here

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Company executive Title

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Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	0	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
71	49
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 451501 HERRICK EL

Street 13350 HERRICK AVE

City SYLMAR State CA Zip 91342

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 67

Total hours worked by all employees last year 75,551.23

Sign here

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Company executive Title

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Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 452101 HESBY OAKS LEAD CHTR

Street 15530 HESBY ST

City ENCINO State CA Zip 91436

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 42

Total hours worked by all employees last year 49,147.42

Sign here

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Company executive Title

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Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	2	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	114
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 452801 HILLCREST EL

Street 4041 HILLCREST DR

City LOS ANGELES State CA Zip 90008

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 68

Total hours worked by all employees last year 84,141.36

Sign here

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Company executive Title

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Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 452802 HILLCREST CES MUS MAG

Street 4041 HILLCREST DR

City LOS ANGELES State CA Zip 90008

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 7

Total hours worked by all employees last year 8,161.81

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 452803 HILLCREST EL DLC SP

Street 4041 HILLCREST DR

City LOS ANGELES State CA Zip 90008

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 6,520.84

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 453401 HILLSIDE EL

Street 120 E AVE 35

City LOS ANGELES State CA Zip 90031

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 29

Total hours worked by all employees last year 36,682.81

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
8	29
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 454801 HOBART BLVD EL

Street 980 S HOBART BLVD

City LOS ANGELES State CA Zip 90006

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 53

Total hours worked by all employees last year 61,215.62

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 454802 HOBART BLVD EL DL TWO-WAY IM SPANISH

Street 980 S HOBART BLVD

City LOS ANGELES State CA Zip 90006

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 5,285

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 456201 HOLMES EL

Street 5108 HOLMES AVE

City LOS ANGELES State CA Zip 90058

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 32

Total hours worked by all employees last year 37,871.59

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	0	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
8	140
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 457501 HOOPER EL

Street 1225 E 52ND ST

City LOS ANGELES State CA Zip 90011

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 84

Total hours worked by all employees last year 97,015.93

Sign here

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Company executive Title

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Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 457502 HOOPER AVENUE ELEMENTARY DUAL LANGUAGE S

Street 1225 E 52ND ST

City LOS ANGELES State CA Zip 90011

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 11,676.58

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	1	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
57	139
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 457601 HOOPER AVENUE PC

Street 1280 E 52ND ST

City LOS ANGELES State CA Zip 90011

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 33

Total hours worked by all employees last year 34,799.59

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 457602 HOOPER PC DTS

Street 1280 E 52ND ST

City LOS ANGELES State CA Zip 90011

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 3

Total hours worked by all employees last year 2,831

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
4	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 458901 HOOVER EL

Street 2726 FRANCIS AVE

City LOS ANGELES State CA Zip 90005

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 71

Total hours worked by all employees last year 81,645.77

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 4601 LABOR EMPLOYEE SRVS

Street 333 S. BEAUDRY AVE., 20TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 14

Total hours worked by all employees last year 24,453.03

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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.

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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
0	1	0	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
10	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 460301 HUBBARD EL

Street 13325 HUBBARD ST

City SYLMAR State CA Zip 91342

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 60

Total hours worked by all employees last year 72,759.44

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 460302 HUBBARD STEAM MAG

Street 13325 HUBBARD ST

City SYLMAR State CA Zip 91342

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 7

Total hours worked by all employees last year 7,497.46

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	2	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	59
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 461601 HUMPHREYS EL

Street 500 S HUMPHREYS AVE

City LOS ANGELES State CA Zip 90022

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 40

Total hours worked by all employees last year 43,860.48

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 461602 HUMPHREYS MATH SCI MAG

Street 500 S HUMPHREYS AVE

City LOS ANGELES State CA Zip 90022

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 6,387.71

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 461603 HUMPHREYS EL DUAL LANGUAGE SPANISH

Street 500 S HUMPHREYS AVE

City LOS ANGELES State CA Zip 90022

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 7,006.41

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 46201 OFFICE OF COVID RESPONSE

Street 333 S BEAUDRY AVE 18TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 18

Total hours worked by all employees last year 30,381.32

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	3	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
182	206
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	8	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 463001 HUNTINGTON DR EL

Street 4435 N HUNTINGTON DR

City LOS ANGELES State CA Zip 90032

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 56

Total hours worked by all employees last year 63,257.98

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 463002 HUNTINGTON DR EL DLC

Street 4435 HUNTINGTON DR N

City LOS ANGELES State CA Zip 90032

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6,144

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	3	0	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
197	34
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	6	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 464001 WALNUT PARK EL

Street 2642 E OLIVE ST

City HUNTINGTON PARK State CA Zip 90255

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 72

Total hours worked by all employees last year 84,298.53

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
15	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 464002 WALNUT PARK ELEMENTARY DUAL LANGUAGE SPA

Street 2642 E OLIVE ST

City HUNTINGTON PARK State CA Zip 90255

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 6,726.5

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	1	0	9
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
19	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	10	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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 464101 SAN ANTONIO EL

Street 6222 STATE ST

City HUNTINGTON PARK State CA Zip 90255

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 61

Total hours worked by all employees last year 67,646.02

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 464102 SAN ANTONIO M SC MAG

Street 6222 STATE ST

City HUNTINGTON PARK State CA Zip 90255

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 7

Total hours worked by all employees last year 7,484.8

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	2	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
7	103
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	6	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 464201 PACIFIC BOULEVARD SCHOOL

Street 2660 E 57TH ST

City HUNTINGTON PARK State CA Zip 90255

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 68

Total hours worked by all employees last year 83,246.49

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 464202 PACIFIC BLVD EL DL TWO-WAY IM SPANISH

Street 5714 PACIFIC BLVD.

City HUNTINGTON PARK State CA Zip 90255

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 4

Total hours worked by all employees last year 5,052.61

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 46501 BENEFITS ADMINISTRATION BRANCH

Street 333 S BEAUDRY AVE, 28TH FLOOR

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 33

Total hours worked by all employees last year 56,313.06

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	4	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
4	291
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	7	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 465801 YES ACADEMY

Street 3140 HYDE PARK BLVD

City LOS ANGELES State CA Zip 90043

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 67

Total hours worked by all employees last year 83,532.55

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 467101 IVANHOE EL

Street 2828 HERKIMER ST

City LOS ANGELES State CA Zip 90039

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 35

Total hours worked by all employees last year 42,708.15

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 468001 RICARDO LIZARRAGA ES

Street 401 E 40TH PL

City LOS ANGELES State CA Zip 90011

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 67

Total hours worked by all employees last year 79,917.3

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 468002 LIZARRAGA EL DL TWO-WAY IM SPANISH

Street 401 E 40TH PL

City LOS ANGELES State CA Zip 90011

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6,484.83

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Year 20 2 4

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
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
46	89
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 468101 HARMONY ELEMENTARY SCHOOL

Street 899 E 42ND PLACE

City LOS ANGELES State CA Zip 90011

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 63

Total hours worked by all employees last year 75,872.3

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 468102 HARMONY EL DL TWO-WAY IM SPANISH

Street 899 E 42ND PLACE

City LOS ANGELES State CA Zip 90011

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 7,273.53

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 468501 AURORA ELEMENTARY SCHOOL

Street 1050 E 52ND PL

City LOS ANGELES State CA Zip 90011

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 44

Total hours worked by all employees last year 54,999.89

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 468502 AURORA EL DTS

Street 1050 E 52ND PL

City LOS ANGELES State CA Zip 90011

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 4

Total hours worked by all employees last year 4,984

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 468601 OHN MARSHALL SENIOR HIGH GIFTED MAGNET

Street 3601 S MAPLE AVENUE

City LOS ANGELES State CA Zip 90011

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 4

Total hours worked by all employees last year 5,655.75

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
4	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 469201 JUSTICE ST ACAD CHTR

Street 23350 JUSTICE ST

City CANOGA PARK State CA Zip 91304

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 49

Total hours worked by all employees last year 49,720.51

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	2	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
1	134
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	5	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 469601 KENNEDY EL

Street 4010 E RAMBOZ DR

City LOS ANGELES State CA Zip 90063

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 40

Total hours worked by all employees last year 45,290.72

Sign here

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Company executive Title

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Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	1	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	180
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 469901 KENTER CANYON ELEM CHTR

Street 645 N KENTER AVE

City LOS ANGELES State CA Zip 90049

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 44

Total hours worked by all employees last year 46,801.26

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	5
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
87	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	6	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 471201 KENTWOOD EL

Street 8401 EMERSON AVE

City LOS ANGELES State CA Zip 90045

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 33

Total hours worked by all employees last year 38,588.28

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	3	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
323	14
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 472601 KESTER EL

Street 5353 KESTER AVE

City VAN NUYS State CA Zip 91411

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 68

Total hours worked by all employees last year 76,366.73

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 472602 KESTER G HA MAG

Street 5353 KESTER AVE

City VAN NUYS State CA Zip 91411

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 10,750.75

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
180	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 476001 KITTRIDGE EL

Street 13619 KITTRIDGE ST

City VAN NUYS State CA Zip 91401

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 65

Total hours worked by all employees last year 70,013.8

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 476002 KITTRIDGE EL DUAL LANGUAGE SPANISH

Street 13619 KITTRIDGE ST

City VAN NUYS State CA Zip 91401

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 5,977.78

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 476003 KITTRIDGE STREET ELEMENTARY DUAL LANGUAG

Street 13619 KITTRIDGE ST

City VAN NUYS State CA Zip 91401

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 6,604.17

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	3	1	4
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
203	127
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	8	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 476201 KNOLLWOOD PREP ACAD

Street 11822 GERALD AE

City GRANADA HILLS State CA Zip 91344

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 53

Total hours worked by all employees last year 63,056.45

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 476301 KNOLLWOOD ST PRESCHOOL

Street 11822 GERALD AVE.

City GRANADA HILLS State CA Zip 91344

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 2,768.42

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
14	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 476401 LANAI EL

Street 4241 LANAI RD

City ENCINO State CA Zip 91436

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 58

Total hours worked by all employees last year 63,153.44

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	3	3	4
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
17	418
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	10	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 476701 LANE EL

Street 1500 CESAR CHAVEZ

City MONTEREY PARK State CA Zip 91754

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 44

Total hours worked by all employees last year 50,526.42

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	7	2	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
171	436
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	6	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	4	(6) All other illnesses	0

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Establishment Information

Your establishment 477501 LANGDON AVENUE ELEMENTARY

Street 8817 LANGDON AVE

City NORTH HILLS State CA Zip 91343

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 74

Total hours worked by all employees last year 86,002.96

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	1	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	7
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 477601 PRMRY ACDMY FOR SUCCESS SC

Street 9075 WILLIS AVE

City PANORAMA CITY State CA Zip 91402

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 44

Total hours worked by all employees last year 47,970.18

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 47801 CENTRAL FACIL MGT FA HQ

Street 333 S BEAUDRY AVE., 22ND FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 37

Total hours worked by all employees last year 74,772

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	4	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
214	188
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 478101 LANKERSHIM EL

Street 5250 BAKMAN AVE

City N HOLLYWOOD State CA Zip 91601

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 50

Total hours worked by all employees last year 61,134.31

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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.

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
33	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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 478601 LA SALLE EL

Street 8715 LA SALLE AVE

City LOS ANGELES State CA Zip 90047

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 42

Total hours worked by all employees last year 49,613.9

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 478602 LA SALLE AVENUE ELEMENTARY DUAL LANGUAGE

Street 8715 LA SALLE AVE

City LOS ANGELES State CA Zip 90047

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 7,119.41

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	3	3	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
202	310
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	9	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 479001 LASSEN EL

Street 15017 SUPERIOR ST

City NORTH HILLS State CA Zip 91343

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 60

Total hours worked by all employees last year 67,333.98

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 479002 LASSEN EL DTS

Street 15017 SUPERIOR ST

City NORTH HILLS State CA Zip 91343

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 5,442.15

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 47901 SCHOOL SERVICES - M O C3 AREA 19

Street 355 S GRAND AVE, 4TH FL

City LOS ANGELES State CA Zip 90071

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8211

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

611110

Employment Information *(If you don't have these figures, see the Worksheet on back of this page to continue)*

Annual average number of employees 3

Total hours worked by all employees last year 6,050

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	3	1	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
182	115
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	1

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Establishment Information

Your establishment 479101 LASSEN STATE PRESCHOOL

Street 15017 SUPERIOR ST

City NORTH HILLS State CA Zip 91343

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 3

Total hours worked by all employees last year 4,468.85

Sign here

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Company executive Title

( ) / /
Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
28	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 479501 LATONA EL

Street 4312 BERENICE AVE

City LOS ANGELES State CA Zip 90031

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 25

Total hours worked by all employees last year 27,885.78

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 479502 LATONA AVENUE ELEMENTARY DUAL LANGUAGE C

Street 4312 BERENICE AVE

City LOS ANGELES State CA Zip 90031

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 4

Total hours worked by all employees last year 4,722.13

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 48001 CO-M O ENERGY UNIT

Street 333 S BEAUDRY AVE., 22ND FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 1

Total hours worked by all employees last year 88

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	1	1	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
1	95
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	5	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 480801 LAUREL CINEMATIC ARTS CREATIVE TECH MAG

Street 925 N HAYWORTH AVE

City LOS ANGELES State CA Zip 90046

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 37

Total hours worked by all employees last year 45,048.65

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 48101 SCHOOL SERVICES - M O C3

Street 1240 SO. NAOMI AVE.

City LOS ANGELES State CA Zip 90021

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 14,767.7

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 48201 SCHOOL SERVICES - M O SOUTH 1

Street 6620 11TH AVE

City LOS ANGELES State CA Zip 90043

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 16,645.47

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	2	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
97	91
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 482901 LEAPWOOD EL

Street 19302 LEAPWOOD AVE

City CARSON State CA Zip 90746

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 37

Total hours worked by all employees last year 44,548

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 48301 SCHOOL SERVICES - M O PUS

Street 5115 SOUTHERN AVE

City SOUTH GATE State CA Zip 90280

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 3

Total hours worked by all employees last year 5,506.5

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	1	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
14	78
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 483601 LELAND STREET ELEMENTARY

Street 2120 S LELAND ST

City SAN PEDRO State CA Zip 90731

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 49

Total hours worked by all employees last year 55,451.52

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 483602 LELAND GA MAG

Street 2120 S LELAND ST

City SAN PEDRO State CA Zip 90731

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 6,308.87

Sign here

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Company executive Title

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Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 484901 LEMAY EL

Street 17520 VANOWEN ST

City LAKE BALBOA State CA Zip 91406

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 50

Total hours worked by all employees last year 58,283.45

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 48501 SCHOOL SERVICES - M O ATU

Street 355 S. GRAND AVE., IBM 4TH FL.

City LOS ANGELES State CA Zip 90071

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 11

Total hours worked by all employees last year 18,390.94

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	1	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	98
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 486301 LIBERTY EL

Street 2728 LIBERTY BLVD

City SOUTH GATE State CA Zip 90280

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 62

Total hours worked by all employees last year 75,310.43

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	1	10
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
12	85
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	12	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 487001 LIGGETT EL

Street 9373 MOONBEAM AVE

City PANORAMA CITY State CA Zip 91402

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 73

Total hours worked by all employees last year 87,132.05

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 48701 SCHOOL SERVICES - M O PUN

Street 21213 VANOWEN ST

City CANOGA PARK State CA Zip 91303

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 8,647.66

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 487701 LILLIAN EL

Street 5909 LILLIAN ST

City LOS ANGELES State CA Zip 90001

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 41

Total hours worked by all employees last year 46,079.23

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 48801 SCHOOL SERVICES - M O N2

Street 8960 HERRICK AVE

City SUN VALLEY State CA Zip 91352

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 15,143

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	1	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	19
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 488101 LIMERICK EL

Street 8530 LIMERICK AVE

City CANOGA PARK State CA Zip 91306

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 80

Total hours worked by all employees last year 98,027.5

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 488102 LIMERICK AV EL DUAL LANGUAGE SPANISH

Street 8530 LIMERICK AVE

City WINNETKA State CA Zip 91306

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 7,082.25

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
5	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 488701 LOCKHURST DR CHTR EL

Street 6170 LOCKHURST DR

City WOODLAND HILLS State CA Zip 91367

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 57

Total hours worked by all employees last year 61,534.51

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
1	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 489001 LOCKWOOD EL

Street 4345 LOCKWOOD AVE

City LOS ANGELES State CA Zip 90029

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 50

Total hours worked by all employees last year 61,580.39

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 48901 SCHOOL SERVICES - M O C2

Street 4545 HUNTINGTON DR

City LOS ANGELES State CA Zip 90032

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 15,177.75

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 49001 SCHOOL SERVICES - M O C1

Street 1406 S HIGHLAND AVE

City LOS ANGELES State CA Zip 90019

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 7

Total hours worked by all employees last year 12,749.5

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 4901 STUDENT SAFETY IT

Street 333 S. BEAUDRY AVE., 15TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 17

Total hours worked by all employees last year 26,560.75

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	1	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
180	57
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 490401 LOGAN ACADEMY OF GLOBAL ECOLOGY

Street 12226 S. WESTERN AVE.

City LOS ANGELES State CA Zip 90047

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 51

Total hours worked by all employees last year 60,422.41

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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.

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
60	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 490402 LOGAN ACAD GLOBL ECOL TWO-WAY IM SPANISH

Street 1711 W MONTANA ST

City LOS ANGELES State CA Zip 90026

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 7,576.48

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
2	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 491801 LOMA VISTA EL

Street 3629 E 58TH ST

City MAYWOOD State CA Zip 90270

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 58

Total hours worked by all employees last year 70,818.67

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 491802 LOMA VISTA EL DTS

Street 3629 E 58TH ST

City MAYWOOD State CA Zip 90270

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 4

Total hours worked by all employees last year 4,594.5

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 49201 SCHOOL SERVICES - M O SOUTH 2

Street 17729 S FIGUEROA ST

City GARDENA State CA Zip 90248

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 15,660.83

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...	(M)		
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 49301 SCHOOL SERVICES - M O C3 CSHOP

Street 1240 S NAOMI ST

City LOS ANGELES State CA Zip 90021

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 7

Total hours worked by all employees last year 11,084

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Company executive Title

( ) / /

Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
5	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 493201 LOMITA MATH SCI MAG

Street 2211 W 247TH ST

City LOMITA State CA Zip 90717

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 72

Total hours worked by all employees last year 84,546.62

Sign here

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Company executive Title

( ) / /
Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 49401 SCHOOL SERVICES - M O N1

Street 6651-B BALBOA BLVD

City LAKE BALBOA State CA Zip 91406

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 9,871.5

Sign here

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Company executive Title

( ) / /

Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
38	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 494501 LORENA EL

Street 1015 S LORENA ST

City LOS ANGELES State CA Zip 90023

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 58

Total hours worked by all employees last year 68,459.18

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 494502 LORENA ST EL DTS

Street 1015 S LORENA ST

City LOS ANGELES State CA Zip 90023

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 10,433.35

Sign here

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Company executive Title

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Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 49501 SCHOOL SERVICES - M O PU CENTRAL

Street 1500 EAST 14TH STREET

City LOS ANGELES State CA Zip 90021

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 7,655.29

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
127	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 495901 LORETO EL

Street 3408 ARROYO SECO AVE

City LOS ANGELES State CA Zip 90065

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 37

Total hours worked by all employees last year 39,064.56

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 495902 LORETO ST EL DLC SP

Street 3408 ARROYO SECO AVE

City LOS ANGELES State CA Zip 90065

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 6,578.5

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 497301 LORNE EL

Street 17440 LORNE ST

City NORTHRIDGE State CA Zip 91325

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 32

Total hours worked by all employees last year 37,397.45

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 497302 LORNE MATH SCI MAG

Street 17440 LORNE ST

City NORTHRIDGE State CA Zip 91325

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 14

Total hours worked by all employees last year 16,605.25

Sign here

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Company executive Title

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Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	1	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	37
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 498001 PIO PICO MS

Street 1512 S ARLINGTON AVE

City LOS ANGELES State CA Zip 90019

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 42

Total hours worked by all employees last year 55,720.66

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	5	0	4
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
224	53
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	9	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 498201 LOS ANGELES EL

Street 1211 S HOBART BLVD

City LOS ANGELES State CA Zip 90006

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 62

Total hours worked by all employees last year 74,476.18

Sign here

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Company executive Title

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Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 498301 MARIPOSA-NABI PRIMARY CTR

Street 987 S MARIPOSA AVE

City LOS ANGELES State CA Zip 90006

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 33

Total hours worked by all employees last year 36,514.74

Sign here

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Company executive Title

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Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
96	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 498601 LOS FELIZ EL

Street 1740 N NEW HAMPSHIRE AVE

City LOS ANGELES State CA Zip 90027

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 41

Total hours worked by all employees last year 49,708.38

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 49901 ENVIRONMENTAL HLT SAFETY BR

Street 333 S. BEAUDRY AVE, 21ST FLOOR

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 49

Total hours worked by all employees last year 84,606.49

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	2	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
180	127
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 501401 LOYOLA VILL ES MAG

Street 8821 VILLANOVA AVE

City LOS ANGELES State CA Zip 90045

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 34,322.6

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 501601 SARA COUGHLIN ELEM SCHOOL

Street 11035 BORDEN AVENUE

City PACOIMA State CA Zip 91331

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 57

Total hours worked by all employees last year 62,602.84

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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.

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 501801 COUGHLIN ELEMENTARY STATE PRESCHOOL

Street 11035 BORDEN AVENUE

City PACOIMA State CA Zip 91331

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 3

Total hours worked by all employees last year 4,812

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 505501 MAGNOLIA EL

Street 1626 S ORCHARD AVE

City LOS ANGELES State CA Zip 90006

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 65

Total hours worked by all employees last year 76,159.82

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
43	25
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 505502 MAGNOLIA AV EL ONE TWO-WAY IM SPANISH

Street 1626 S ORCHARD AVE

City LOS ANGELES State CA Zip 90006

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 8

Total hours worked by all employees last year 9,530.1

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 506801 MAIN ST EL

Street 129 E 53RD ST

City LOS ANGELES State CA Zip 90011

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 74

Total hours worked by all employees last year 93,446.36

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 506802 MAIN ST EL DL TWO-WAY IM SPANISH

Street 129 E 53RD ST

City LOS ANGELES State CA Zip 90011

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 13

Total hours worked by all employees last year 15,735.91

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 50801 SPACE PLANNING AND ALLOCATION

Street 333 S BEAUDRY AVE., 23RD FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 3,105

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	1	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
231	102
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 508201 MALABAR EL

Street 3200 E MALABAR ST

City LOS ANGELES State CA Zip 90063

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 60

Total hours worked by all employees last year 68,857.18

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 50901 CONTRACT ADMIN AND PROCUREMENT SERVICES

Street 8525 REX ROAD

City PICO RIVERA State CA Zip 90660

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 49

Total hours worked by all employees last year 85,167.94

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	4	0	5
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
135	31
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	8	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	1

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Establishment Information

Your establishment 509601 MANCHESTER EL

Street 661 W 87TH ST

City LOS ANGELES State CA Zip 90044

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 60

Total hours worked by all employees last year 70,263.14

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 509602 MANCHESTER AVENUE ELEMENTARY COMM BROADC

Street 661 W 87TH ST

City LOS ANGELES State CA Zip 90044

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 3

Total hours worked by all employees last year 3,474.1

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 51001 SPACE PLANNING JOB COST NEW

Street 333 BEAUDRY AVE., SUITE 23-148

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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

Total hours worked by all employees last year 20,825.25

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 5101 INSTRUCTIONAL TECH

Street 333 S. BEAUDRY AVE., 25TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 19

Total hours worked by all employees last year 33,450.79

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	1	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
182	139
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 511001 MANHATTAN EL

Street 1850 W 96TH ST

City LOS ANGELES State CA Zip 90047

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 64

Total hours worked by all employees last year 77,968.78

Sign here

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Company executive Title

( ) / /
Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	2	5
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
121	114
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	9	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 511101 DR T ALEXANDER JR SCI CS

Street 3737 S. FIGUEROA STREET

City LOS ANGELES State CA Zip 90007

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 54

Total hours worked by all employees last year 60,625.73

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 511102 ALEXANDER SCI CTR DL TWO-WAY IM SPANISH

Street 3737 S. FIGUEROA STREET

City LOS ANGELES State CA Zip 90007

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 11,938.2

Sign here

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Company executive Title

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Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
64	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 511201 DR JAMES EDWARD JONES PC DG

Street 1017 W 47TH STREET

City LOS ANGELES State CA Zip 90037

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 28

Total hours worked by all employees last year 32,644.99

Sign here

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Company executive Title

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Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
96	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 511301 JOHN W MACK ELEM SCHOOL

Street 3020 S CATALINA ST

City LOS ANGELES State CA Zip 90007

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 45

Total hours worked by all employees last year 56,542.51

Sign here

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Company executive Title

( ) / /
Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 511302 MACK EL DLC SP

Street 3020 S CATALINA ST

City LOS ANGELES State CA Zip 90007

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6,807.38

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	1	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	28
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 513701 MARIANNA EL

Street 4215 E GLEASON ST

City LOS ANGELES State CA Zip 90063

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 40

Total hours worked by all employees last year 46,492.79

Sign here

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Company executive Title

( ) / /
Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 513702 MARIANNA EL DTS

Street 4215 E GLEASON ST

City LOS ANGELES State CA Zip 90063

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 5,869.38

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
10	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 515301 ORCHARD ACAD 2B

Street 6411 ORCHARD AVE

City BELL State CA Zip 90201

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 45

Total hours worked by all employees last year 53,643.53

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	4
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 515401 ORCHARD ACAD 2C

Street 6411 ORCHARD AVE

City BELL State CA Zip 90201

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 43

Total hours worked by all employees last year 53,332.3

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 516401 MARQUEZ CHARTER

Street 16821 MARQUEZ AVE

City PACIFIC PALISADES State CA Zip 90272

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 48

Total hours worked by all employees last year 46,104.26

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 517001 LEXINGTON AVENUE PC

Street 4564 W LEXINGTON AVE

City LOS ANGELES State CA Zip 90029

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 28

Total hours worked by all employees last year 34,482.47

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
7	173
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 517301 NAVA LA BUS TECH SCH

Street 1420 E ADAMS BLVD

City LOS ANGELES State CA Zip 90011

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 74

Total hours worked by all employees last year 87,660.68

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 517801 MARVIN ELEMENTARY

Street 2411 MARVIN AVE

City LOS ANGELES State CA Zip 90016

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 51

Total hours worked by all employees last year 61,920.14

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
3	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 517802 MARVIN DUAL LANG MAG

Street 2411 MARVIN AVE

City LOS ANGELES State CA Zip 90016

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 10,810.5

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 51801 OFFICE OF LEADERSHIP DEV PARTNERSHIPS

Street 333 S. BEAUDRY AVE 24TH FLOOR

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 4

Total hours worked by all employees last year 7,074.08

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 518639 WALNUT PARK MS CAMPUS

Street 7500 MARBRISA AVE

City WALNUT PARK State CA Zip 90255

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 9,369.92

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 51901 OFFICE OF SCH CULTURE, CLIMATE SAFETY

Street 333 S. BEAUDRY AVE 24TH FLOOR

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 40

Total hours worked by all employees last year 72,751.98

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	2	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
196	38
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 519201 MAR VISTA EL

Street 3330 GRANVILLE AVE

City LOS ANGELES State CA Zip 90066

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 57

Total hours worked by all employees last year 60,820.02

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 519301 WALNUT PARK MS STEM

Street 333 S. BEAUDRY AVE.

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 33

Total hours worked by all employees last year 39,290.76

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 519801 MAYALL ST ACADEMY OF ARTS TECHNOLOGY

Street 16701 MAYALL ST

City NORTH HILLS State CA Zip 91343

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 62

Total hours worked by all employees last year 66,951.79

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 5201 STDT INTGR TRVLG PRG

Street 333 S. BEAUDRY AVE., 25TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 16,949

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
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Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	0	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
11	44
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 520501 MAYBERRY EL

Street 2414 MAYBERRY ST

City LOS ANGELES State CA Zip 90026

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 38

Total hours worked by all employees last year 44,596.38

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 520502 MAYBERRY ST EL DL SP

Street 2414 MAYBERRY ST

City LOS ANGELES State CA Zip 90026

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 3

Total hours worked by all employees last year 3,297.46

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 52101 ITD - DESIGN QUALITY ASSURANCE JC

Street 333 S. BEAUDRY AVE.

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 18

Total hours worked by all employees last year 32,142.25

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 521239 HOLLENBECK MIDDLE SCHOOL

Street 2510 E 6TH ST

City LOS ANGELES State CA Zip 90023

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 8,380.83

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	3	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
82	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 521901 MELROSE ES M S T

Street 731 N DETROIT ST

City LOS ANGELES State CA Zip 90046

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 38

Total hours worked by all employees last year 42,614.05

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	1	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
52	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 523301 MELVIN AVENUE ELEMENTARY

Street 7700 MELVIN AVE

City RESEDA State CA Zip 91335

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 48

Total hours worked by all employees last year 50,893.4

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 523302 MELVIN AVENUE ELEMENTARY HUMANITIES LEAD

Street 7700 MELVIN AVE

City RESEDA State CA Zip 91335

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 7

Total hours worked by all employees last year 7,312.5

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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 524001 KATHERINE JOHNSON STEM ACADEMY

Street 8701 PARKHILL DR

City LOS ANGELES State CA Zip 90045

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 18,396.36

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	3	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
28	8
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 524701 MENLO EL

Street 4156 MENLO AVE

City LOS ANGELES State CA Zip 90037

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 52

Total hours worked by all employees last year 58,855.96

Sign here

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Company executive Title

( ) / /

Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 524702 MENLO AVE. EL TWO-WAY IM SPANISH

Street 4156 MENLO AVE

City LOS ANGELES State CA Zip 90037

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 2,890

Sign here

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Company executive Title

( ) / /

Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 524703 MENLO ES STEM MAGNET

Street 4156 MENLO AVE

City LOS ANGELES State CA Zip 90037

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 10,814.5

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 52501 GENERAL STORES

Street 8525 REX ROAD

City PICO RIVERA State CA Zip 90660

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 72

Total hours worked by all employees last year 130,094.08

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Company executive Title

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Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 528801 MICHELTORENA EL

Street 1511 MICHELTORENA ST

City LOS ANGELES State CA Zip 90026

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 25

Total hours worked by all employees last year 30,167.2

Sign here

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Company executive Title

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Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
5	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 528802 MICHELTORENA DL TWO-WAY IM SPANISH

Street 1511 MICHELTORENA ST

City LOS ANGELES State CA Zip 90026

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 17,647.58

Sign here

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Company executive Title

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Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
39	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 530101 MIDDLETON EL

Street 6537 MALABAR ST

City HUNTINGTON PARK State CA Zip 90255

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 73

Total hours worked by all employees last year 87,995.75

Sign here

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Company executive Title

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Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	1	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	20
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 530201 MIDDLETON PRIMARY CENTER

Street 2410 ZOE AVE

City HUNTINGTON PARK State CA Zip 90255

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 35,224.77

Sign here

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Company executive Title

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Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	0	4
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
9	175
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	6	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 531501 MILES EL

Street 6720 MILES AVE

City HUNTINGTON PARK State CA Zip 90255

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 88

Total hours worked by all employees last year 97,228.25

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 531502 MILES MATH SCI BIL MAG

Street 6720 MILES AVE

City HUNTINGTON PARK State CA Zip 90255

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 7,296.81

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
5	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	1	(6) All other illnesses	0

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Establishment Information

Your establishment 531503 MILES AVE EL DLC SP

Street 6720 MILES AVE

City HUNTINGTON PARK State CA Zip 90255

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 12,169.29

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	4	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
95	93
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	5	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 532101 MILLER EL

Street 830 W 77TH ST

City LOS ANGELES State CA Zip 90044

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 69

Total hours worked by all employees last year 86,222

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	3	4	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
6	270
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	8	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 532901 MIRAMONTE EL

Street 1400 E 68TH ST

City LOS ANGELES State CA Zip 90001

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 84

Total hours worked by all employees last year 104,585.27

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
1	38
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 532902 MIRAMONTE EL DLC SP

Street 1400 E 68TH ST

City LOS ANGELES State CA Zip 90001

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 11

Total hours worked by all employees last year 13,550.84

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	3	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
33	273
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	6	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 534201 MONLUX EL

Street 6051 BELLAIRE AVE

City N HOLLYWOOD State CA Zip 91606

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 62

Total hours worked by all employees last year 72,316.55

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 534202 MONLUX MATH SCI MAG

Street 6051 BELLAIRE AVE

City N HOLLYWOOD State CA Zip 91606

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 11,826.2

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 53801 PROCUREMENT SERVICES DIV

Street 333 S. BEAUDRY AVE., 28TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 8,026

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 538401 MONTE VISTA EL

Street 5423 MONTE VISTA ST

City LOS ANGELES State CA Zip 90042

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 35

Total hours worked by all employees last year 37,801.24

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 538402 MONTE VISTA ST ES FILM COMM MAGNET

Street 5423 MONTE VISTA ST

City LOS ANGELES State CA Zip 90042

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 7,348.5

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	2	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
1	389
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 538501 RICHARD RIORDAN PRIMARY CTR

Street 5531 MONTE VISTA ST

City LOS ANGELES State CA Zip 90042

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 28

Total hours worked by all employees last year 32,130.12

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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.

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 538502 RIORDAN PC DL TWO-WAY IM FRENCH

Street 5531 MONTE VISTA ST

City LOS ANGELES State CA Zip 90042

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 5,514

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	1	4
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	7
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	1

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Establishment Information

Your establishment 539701 MORNINGSIDE EL

Street 576 N MACLAY AVE

City SAN FERNANDO State CA Zip 91340

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 58

Total hours worked by all employees last year 64,954.62

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 5401 INDEPEND ANALYSIS UNIT

Street 333 S. BEAUDRY AVE., 24TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 3

Total hours worked by all employees last year 4,721

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
48	2
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 540401 MOUNTAIN VIEW EL

Street 6410 OLCOTT ST

City TUJUNGA State CA Zip 91042

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 42

Total hours worked by all employees last year 44,147.18

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 540402 MOUNTAIN VIEW EL DLC

Street 6410 OLCOTT ST

City TUJUNGA State CA Zip 91042

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 13

Total hours worked by all employees last year 14,435.64

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
32	27
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 541101 MT WASHINGTON EL

Street 3981 SAN RAFAEL AVE

City LOS ANGELES State CA Zip 90065

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 37

Total hours worked by all employees last year 42,532.88

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 542501 MULTNOMAH EL

Street 2101 N INDIANA AVE

City LOS ANGELES State CA Zip 90032

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 35

Total hours worked by all employees last year 38,774.36

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 542502 MULTNOMAH HG MAG

Street 2101 N INDIANA AVE

City LOS ANGELES State CA Zip 90032

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 4

Total hours worked by all employees last year 4,353.78

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 542503 MULTNOMAH ENV SC MAG

Street 2101 N INDIANA AVE

City LOS ANGELES State CA Zip 90032

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 7,303.61

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	3	3	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
48	212
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	6	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 543801 MURCHISON EL

Street 1501 MURCHISON ST

City LOS ANGELES State CA Zip 90033

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 66

Total hours worked by all employees last year 79,504.01

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 54401 MATERIEL MANAGEMENT

Street 8525 REX ROAD

City PICO RIVERA State CA Zip 90660

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 3

Total hours worked by all employees last year 5,139.72

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	1	6
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	53
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	7	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 544601 NAPA EL

Street 19010 NAPA ST

City NORTHRIDGE State CA Zip 91324

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 59

Total hours worked by all employees last year 73,044.67

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	1	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	42
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 544602 NAPA ST EL DUAL LANGUAGE SPANISH

Street 19010 NAPA ST

City NORTHRIDGE State CA Zip 91324

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 8

Total hours worked by all employees last year 10,459.72

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...	(M)		
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 545201 NESTLE AVE CHARTER

Street 5060 NESTLE AVE

City TARZANA State CA Zip 91356

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 48

Total hours worked by all employees last year 56,083.29

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 545301 NESTLE AVE SPS

Street 5060 NESTLE AVE

City TARZANA State CA Zip 91356

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 2,760.42

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	1	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
10	4
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 545901 NEVADA EL

Street 22120 CHASE ST

City CANOGA PARK State CA Zip 91304

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 50

Total hours worked by all employees last year 59,210.56

Sign here

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Company executive Title

( ) / /
Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 545902 NEVADA EL DUAL LANGUAGE SPANISH

Street 22120 CHASE ST

City WEST HILLS State CA Zip 91304

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 7

Total hours worked by all employees last year 9,021

Sign here

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Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 546601 NEVIN EL

Street 1569 E 32ND ST

City LOS ANGELES State CA Zip 90011

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 78

Total hours worked by all employees last year 92,819.08

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 547901 NEWCASTLE ES

Street 6520 NEWCASTLE AVE

City RESEDA State CA Zip 91335

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 53

Total hours worked by all employees last year 57,310.83

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...	(M)		
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 54801 INFORMATION TECHNOLOGY DIV

Street 333 S. BEAUDRY AVE., 10TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 1

Total hours worked by all employees last year 1,801

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 55001 OFF DEPUTY CNTR-ACTG

Street 333 S BEAUDRY AVE, 27TH FLOOR

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 1

Total hours worked by all employees last year 1,861

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 550501 9TH STREET EL

Street 820 TOWNE AVE

City LOS ANGELES State CA Zip 90021

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 47

Total hours worked by all employees last year 62,883.37

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 55101 OFF DEPUTY CONTROLLER-PAYROLL

Street 333 S BEAUDRY AVE, 27TH FLOOR

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 1

Total hours worked by all employees last year 1,705

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 55201 HR-OFC-DEP CHF HR OF

Street 333 S BEAUDRY AVE, 14TH FLOOR

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 20

Total hours worked by all employees last year 26,092.18

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	1	5
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
2	58
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	7	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 552101 95TH ST EL

Street 1109 W 96TH ST

City LOS ANGELES State CA Zip 90044

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 85

Total hours worked by all employees last year 103,910.58

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	1	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
10	21
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 553401 99TH ST EL

Street 9900 S WADSWORTH AVE

City LOS ANGELES State CA Zip 90002

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 67

Total hours worked by all employees last year 84,281.4

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 55401 STUDENT SUPPORT PROGRAM FISCAL SERVICES

Street 333 S. BEAUDRY AVE., 17TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 38,186.53

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 554801 92ND ST EL

Street 9211 GRAPE ST

City LOS ANGELES State CA Zip 90002

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 93

Total hours worked by all employees last year 110,875.21

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 55601 SCC PAYROLL UNIT-FORCE ACCOUNT

Street 333 S. BEAUDRY AVE.

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 3

Total hours worked by all employees last year 4,839.66

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	1	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	40
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 556201 CHARLES W BARRETT EL

Street 419 W 98TH ST

City LOS ANGELES State CA Zip 90003

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 62

Total hours worked by all employees last year 75,290.64

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 556202 CHARLES W BARRETT ELEMENTARY DUAL LANGUA

Street 419 W 98TH ST

City LOS ANGELES State CA Zip 90003

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 5,449.92

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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.

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 55701 SCC JOB COST ACCOUNTING SEC FA

Street 333 S BEAUDRY AVE, 27TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 17,548.5

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	4	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	255
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	6	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 557501 96TH ST EL

Street 1471 E 96TH ST

City LOS ANGELES State CA Zip 90002

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 73

Total hours worked by all employees last year 82,274.56

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 557502 96TH STREET ELEMENTARY DUAL LANGUAGE SPA

Street 1471 E 96TH ST

City LOS ANGELES State CA Zip 90002

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 7,450.15

Sign here

Knowingly falsifying this document may result in a fine.

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 55801 BOND OVERSIGHT COMMITTEE

Street 333 S BEAUDRY AVE 23RD FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 3,568

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	4	1	4
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
257	30
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	8	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	1

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Establishment Information

Your establishment 558201 93RD ST EL

Street 330 E 93RD ST

City LOS ANGELES State CA Zip 90003

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 83

Total hours worked by all employees last year 100,016.77

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 558202 93RD ST EL DLC SP

Street 330 E 93RD ST

City LOS ANGELES State CA Zip 90003

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 11

Total hours worked by all employees last year 13,429.16

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 558203 93RD STREET ELEMENTARY STEAM MAGNET

Street 333 E 93RD ST

City LOS ANGELES State CA Zip 90003

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 10,156.33

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 55901 ACCOUNTING CONTROLS BRANCH

Street 333 S BEAUDRY AVE, 26TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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

Total hours worked by all employees last year 20,884

Sign here

Knowingly falsifying this document may result in a fine.

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 56001 OFFICE OF BUSINESS MANAGER

Street 333 S. BEAUDRY AVE., 24TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 3,968.5

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	3	1	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
489	90
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	7	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 560301 NOBLE EL

Street 8329 NOBLE AVE

City SEPULVEDA State CA Zip 91343

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 80

Total hours worked by all employees last year 98,217.76

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 560401 PANORAMA CITY ELEMENTARY

Street 8600 KESTER AVENUE

City PANORAMA CITY State CA Zip 91402

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 54

Total hours worked by all employees last year 69,687.23

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 56201 DEVELOPER FEE PROG OFFICE

Street 600 E PICO BLVD

City LOS ANGELES State CA Zip 90015

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 3,145.5

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	3	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
15	39
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	1

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Establishment Information

Your establishment 563001 NORMANDIE EL

Street 4505 S RAYMOND AVE

City LOS ANGELES State CA Zip 90037

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 80

Total hours worked by all employees last year 100,247.26

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 563002 NORMANDY EL DL TWO-WAY IM SPANISH

Street 4505 S RAYMOND AVE

City LOS ANGELES State CA Zip 90037

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 6,639.75

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
15	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 564401 NORMONT EL

Street 1001 W 253RD ST

City HARBOR CITY State CA Zip 90710

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 41

Total hours worked by all employees last year 48,605.12

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...

	(M)		(M)
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 564402 NORMONT EL DUAL LANGUAGE SPANISH

Street 1001 W 253RD ST

City HARBOR CITY State CA Zip 90710

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 5,551.75

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 56501 ADLT FISCAL SVCS SEC

Street 333 S. BEAUDRY AVE., 18TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 7

Total hours worked by all employees last year 11,061.83

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 56601 CHILD DEV FISCAL SERVICES

Street 333 S BEAUDRY AVE 27TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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

Total hours worked by all employees last year 20,305.34

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...	(M)		
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 56701 OFFICE OF CHIEF BUSINESS OFFICER

Street 333 S. BEAUDRY AVE., 26TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 4

Total hours worked by all employees last year 6,177.4

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 56801 ACCOUNTING DISBURSEMENT DIV

Street 333 S. BEAUDRY AVE., 26TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 4

Total hours worked by all employees last year 7,078

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 56901 GENERAL ACCOUNTING REPORTING BRANCH

Street 333 S. BEAUDRY AVE., 26TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 27

Total hours worked by all employees last year 48,119.05

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
3	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 569901 NORWOOD EL

Street 2020 OAK ST

City LOS ANGELES State CA Zip 90007

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 47

Total hours worked by all employees last year 59,145.75

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 57001 OFC OF THE INSPECTOR GENERAL

Street 333 S. BEAUDRY AVE., 12TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 44

Total hours worked by all employees last year 75,580.01

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 57101 ACCOUNTS PAYABLE BRANCH

Street 333 S. BEAUDRY AVE., 27TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 29

Total hours worked by all employees last year 50,109.06

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	1	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
6	22
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 572601 O MELVENY EL

Street 728 WOODWORTH ST

City SAN FERNANDO State CA Zip 91340

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 58

Total hours worked by all employees last year 66,040.65

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	1	1	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
41	49
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 574001 118TH ST EL

Street 144 E 118TH ST

City LOS ANGELES State CA Zip 90061

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 48

Total hours worked by all employees last year 56,539.54

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 574002 118TH STREET ELEMENTARY DUAL LANGUAGE SP

Street 144 E 118TH ST

City LOS ANGELES State CA Zip 90061

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 7,144.39

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 57401 PAYROLL ADMINISTRATION BRANCH

Street 333 S. BEAUDRY AVE., 27TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 62

Total hours worked by all employees last year 103,300.42

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	0	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
327	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	5	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 575301 186TH STREET ELEMENTARY

Street 1581 W 186TH ST

City GARDENA State CA Zip 90248

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 77,293.86

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 57801 ODA-STATE REPORTING SERVICES BRANCH

Street 333 S. BEAUDRY AVE., 16TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 25

Total hours worked by all employees last year 40,163.81

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 578101 FLOURNOY EL

Street 1630 E 111TH ST

City LOS ANGELES State CA Zip 90059

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 57

Total hours worked by all employees last year 60,487.16

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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.

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 578102 FLOURNOY MATH SCI MAG

Street 1630 E 111TH ST

City LOS ANGELES State CA Zip 90059

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 7

Total hours worked by all employees last year 7,620.75

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 578103 FLOURNOY EL DL TWO-WAY IM SPANISH

Street 1630 E 111TH ST

City LOS ANGELES State CA Zip 90059

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 2,763

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	1	0	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
1	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 580801 156TH ST EL

Street 2100 W 156TH ST

City GARDENA State CA Zip 90249

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 42

Total hours worked by all employees last year 49,083.02

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 58101 HR-CRED SVCS UNIT

Street 333 S. BEAUDRY AVE., 15TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 20

Total hours worked by all employees last year 35,311.99

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	3	4	6
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
253	132
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	10	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	3

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Establishment Information

Your establishment 582201 153RD ST EL

Street 1605 W 153RD ST

City GARDENA State CA Zip 90247

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 56

Total hours worked by all employees last year 63,744.96

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 582202 153RD STREET ELEMENTARY DUAL LANGUAGE SP

Street 1605 W 153RD ST

City GARDENA State CA Zip 90247

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 5,452

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
1	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 583601 109TH ST EL

Street 10915 S MC KINLEY AVE

City LOS ANGELES State CA Zip 90059

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 46

Total hours worked by all employees last year 55,069.42

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	2	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
54	145
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	6	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 584901 FLORENCE G JOYNER EL SC

Street 1963 E 103RD ST

City LOS ANGELES State CA Zip 90002

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 60

Total hours worked by all employees last year 73,360.13

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 584902 FLORENCE GRIFFITH JOYNER ELEM VISUAL PER

Street 1963 E 103RD ST

City LOS ANGELES State CA Zip 90002

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 5,991.9

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 58501 HR-OFC OF THE CHIEF HR OFFICER

Street 333 S. BEAUDRY AVE., 14TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 36,653.02

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	1	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
82	99
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	5	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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 585701 107TH ST EL

Street 147 E 107TH ST

City LOS ANGELES State CA Zip 90003

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 86

Total hours worked by all employees last year 105,604.73

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 585702 107TH ST MATH SCI MAG

Street 147 E 107TH ST

City LOS ANGELES State CA Zip 90003

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 6,622.75

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	3	2	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
225	74
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	6	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 586301 116TH ST EL

Street 11610 STANFORD AVE

City LOS ANGELES State CA Zip 90059

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 48

Total hours worked by all employees last year 59,986.73

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 586302 116TH STREET ELEMENTARY DUAL LANGUAGE SP

Street 11610 STANFORD AVE

City LOS ANGELES State CA Zip 90059

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 6,807.14

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 58701 HR-CERT ASMTS SUPPORT

Street 333 S. BEAUDRY AVE., 15TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 52

Total hours worked by all employees last year 87,254.02

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	4	1	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
234	180
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	5	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 587701 135TH ST EL

Street 801 W 135TH ST

City GARDENA State CA Zip 90247

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 67

Total hours worked by all employees last year 75,950.13

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 587702 135TH ST EL DUAL LANGUAGE SPANISH

Street 801 W 135TH ST

City GARDENA State CA Zip 90247

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 8

Total hours worked by all employees last year 9,211.78

Sign here

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Company executive Title

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Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	3	0	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
148	24
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	6	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 588401 112TH STREET ELEMENTARY

Street 1265 E 112TH ST

City LOS ANGELES State CA Zip 90059

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 64

Total hours worked by all employees last year 75,922.39

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	2	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
3	289
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	5	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 588701 122ND STREET ELEMENTARY

Street 405 E 122ND ST, LOS ANGELES, C

City LOS ANGELES State CA Zip 90061

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 66

Total hours worked by all employees last year 78,156.65

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 588702 122ND STREET ELEMENTARY DUAL LANGUAGE SP

Street 405 E 122ND ST

City LOS ANGELES State CA Zip 90061

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 7

Total hours worked by all employees last year 8,462.48

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Form approved OMB no. 1218-0176

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Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 588901 OPEN CHARTER SCHOOL

Street 5540 W. 77TH ST

City LOS ANGELES State CA Zip 90045

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 50

Total hours worked by all employees last year 51,289.59

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
40	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 589401 OSCEOLA EL

Street 14940 OSCEOLA ST

City SYLMAR State CA Zip 91342

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 51

Total hours worked by all employees last year 61,037.62

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 590401 OVERLAND EL

Street 10650 ASHBY AVE

City LOS ANGELES State CA Zip 90064

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 46

Total hours worked by all employees last year 51,923.14

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 59101 HR-CERT ADMIN SVCS SECT

Street 333 S. BEAUDRY AVE., 14TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 8

Total hours worked by all employees last year 13,830.93

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	2	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
150	92
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	6	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	1

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Establishment Information

Your establishment 591801 OXNARD EL

Street 10912 OXNARD ST

City N HOLLYWOOD State CA Zip 91606

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 39

Total hours worked by all employees last year 44,430.74

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 59201 HR-CERT SUB UNIT

Street 333 S. BEAUDRY AVE., 15TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 14,810.06

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 59401 HR-EMPLOYEE SRVCS REL SECT

Street 333 S. BEAUDRY AVE., 14TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 14

Total hours worked by all employees last year 23,310.19

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 595901 PACIFIC PALISADES EL

Street 800 VIA DE LA PAZ

City PACIFIC PALISADES State CA Zip 90272

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 35

Total hours worked by all employees last year 41,335.29

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 59601 HR-PERS RSCH ANALYSIS

Street 333 S. BEAUDRY AVE., 14TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 8,724.25

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 597839 SOUTH REGION MS 2 CAMPUS

Street 6411 ORCHARD AVE

City BELL State CA Zip 90201

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 7

Total hours worked by all employees last year 8,390.31

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 597939 SAN FERNANDO MS CAMPUS

Street 130 N BRAND BLVD

City SAN FERNANDO State CA Zip 91340

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 10,782.5

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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.

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 59801 HR-CERT RECRTMNT, SELECT

Street 333 S. BEAUDRY AVE., 15TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 19

Total hours worked by all employees last year 32,389.04

Sign here

Knowingly falsifying this document may result in a fine.

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	1	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	100
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 598601 PALMS EL

Street 3520 MOTOR AVE

City LOS ANGELES State CA Zip 90034

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 38

Total hours worked by all employees last year 45,287.43

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 59901 HR-PERS SVCS RSCH BR

Street 333 S. BEAUDRY AVE., 14TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 3,413.5

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 60001 WORKFORCE MGMT CLSFD TRAINING

Street 333 S. BEAUDRY AVE. 16TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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

Total hours worked by all employees last year 20,408.5

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	3	1	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
110	225
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	7	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 600501 PARK AVE EL

Street 8020 PARK AVENUE

City CUDAHY State CA Zip 90201

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 37

Total hours worked by all employees last year 43,170.57

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 600502 PARK AVE EL DTS

Street 8020 PARK AVENUE

City CUDAHY State CA Zip 90201

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 3

Total hours worked by all employees last year 3,381

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 60101 PC-EAST CLASSIFIED EMP OFFICE

Street 2114 MARENGO ST

City LOS ANGELES State CA Zip 90033

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 4

Total hours worked by all employees last year 6,105.15

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 601301 PARK WESTERN EL

Street 1214 PARK WESTERN PL

City SAN PEDRO State CA Zip 90732

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 44

Total hours worked by all employees last year 50,767.44

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 601302 HARBOR M SC G HA MAG

Street 1214 PARK WESTERN PL

City SAN PEDRO State CA Zip 90732

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 12,204.48

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	5
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
52	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	4

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Establishment Information

Your establishment 602101 PARMELEE EL

Street 1338 E 76TH PL

City LOS ANGELES State CA Zip 90001

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 66

Total hours worked by all employees last year 80,446.76

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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.

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 602102 PARMELEE AV EL DL SP

Street 1338 E 76TH PL

City LOS ANGELES State CA Zip 90001

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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

Total hours worked by all employees last year 15,148.95

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	2	2	4
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
62	65
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	8	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 602701 PARTHENIA EL

Street 16825 NAPA ST

City NORTH HILLS State CA Zip 91343

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 60

Total hours worked by all employees last year 67,930.19

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 60301 PC-SOUTH CLS EMP OFC

Street 333 S. BEAUDRY AVE.

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 1

Total hours worked by all employees last year 863.1

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 60401 PC-MIDCITIES CLS SMP

Street 944 W 77TH

City LOS ANGELES State CA Zip 90044

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 10,058.83

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 60501 PC-VAL CLS EMP OFC

Street 6505 ZELZAH AV B-1245

City RESEDA State CA Zip 91335

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 9,548.42

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 605201 PASEO DEL REY ELEMENTARY NATURAL SCIENCE

Street 7751 PASEO DEL REY

City PLAYA DEL REY State CA Zip 90293

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 20

Total hours worked by all employees last year 23,968.33

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 605202 PASEO DEL REY DL TWO-WAY IM SPANISH

Street 7751 PASEO DEL REY

City PLAYA DEL REY State CA Zip 90293

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 3

Total hours worked by all employees last year 3,318.67

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 605203 PASEO DEL REY ES NATURAL SCIENCE MAGNET

Street 7751 PASEO DEL REY

City PLAYA DEL REY State CA Zip 90293

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 3

Total hours worked by all employees last year 3,816.25

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 60601 CLASSIFIED EMP SERVICES

Street 333 S. BEAUDRY AVE., 12TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 61

Total hours worked by all employees last year 101,351.62

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
9	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	1	(6) All other illnesses	0

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Establishment Information

Your establishment 606801 PINEWOOD EL

Street 10111 SILVERTON AVE

City TUJUNGA State CA Zip 91042

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 40

Total hours worked by all employees last year 44,294.28

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 60701 TALENT ACQUISITION SELECTION

Street 333 S. BEAUDRY AVE. 16TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 69

Total hours worked by all employees last year 85,090.92

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 608701 GIRLS ACADEMIC LEADERSHIP ACADEMY GALA

Street 4650 W. OLYMPIC BLVD

City LOS ANGELES State CA Zip 90019

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 57

Total hours worked by all employees last year 71,664.67

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...	(M)		
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 60901 HR-TCH SUP DEV

Street 333 S. BEAUDRY AVE., 15TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 1

Total hours worked by all employees last year 1,832

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	3	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
20	396
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 609601 PLAINVIEW ACADEMIC CHTR

Street 10819 PLAINVIEW AVE

City TUJUNGA State CA Zip 91042

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 40

Total hours worked by all employees last year 47,884.02

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 611001 PLAYA DEL REY EL

Street 12221 JUNIETTE ST

City CULVER CITY State CA Zip 90230

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 38

Total hours worked by all employees last year 40,458.82

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 61201 HR-EARLY CHILDHOOD DEV UN

Street 333 S BEAUDRY AVE, 15TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 8,238.77

Sign here

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	5	1	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
268	156
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	6	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 612301 PLUMMER ELEMENTARY

Street 9340 NOBLE AVE

City NORTH HILLS State CA Zip 91343

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 86

Total hours worked by all employees last year 102,303.79

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 613701 POINT FERMIN ES MARINE SCI MAG

Street 3333 KERCKHOFF AVE

City SAN PEDRO State CA Zip 90731

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 34

Total hours worked by all employees last year 39,644.13

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
75	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 614001 POMELO COMM CHTR SCH

Street 7633 MARCH AVE

City CANOGA PARK State CA Zip 91304

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 59

Total hours worked by all employees last year 62,434.65

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 614002 POMELO CCES ARTS SCIENCES MAGNET

Street 7633 MARCH AVE.

City WEST HILLS State CA Zip 91304

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 7

Total hours worked by all employees last year 7,350.45

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	1	2	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
180	158
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 614801 PRESIDENT EL

Street 1465 W 243RD ST

City HARBOR CITY State CA Zip 90710

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 53

Total hours worked by all employees last year 62,533.69

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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.

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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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 614802 PRESIDENT AVE EL DLC

Street 1465 W 243RD ST

City HARBOR CITY State CA Zip 90710

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 7

Total hours worked by all employees last year 8,570.41

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	3	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
251	1
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 615801 PURCHE EL

Street 13210 PURCHE AVE

City GARDENA State CA Zip 90249

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 50

Total hours worked by all employees last year 59,666.93

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 615802 PURCHE ES SCIENCE TECH

Street 13210 PURCHE AVENUE

City GARDENA State CA Zip 90249

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 6,528.72

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	3	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
323	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	2

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Establishment Information

Your establishment 616401 QUEEN ANNE EL

Street 1212 QUEEN ANNE PL

City LOS ANGELES State CA Zip 90019

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 29

Total hours worked by all employees last year 35,094.07

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 616402 QUEEN ANNE PL EL DLC

Street 1212 QUEEN ANNE PL

City LOS ANGELES State CA Zip 90019

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 11,516.31

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	3	1	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
468	125
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	6	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 617801 RAMONA EL

Street 1133 N MARIPOSA AVE

City LOS ANGELES State CA Zip 90029

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 48

Total hours worked by all employees last year 57,512.3

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 617901 KINGSLEY ELEMENTARY SCHOOL

Street 5200 W VIRGINIA AVE

City LOS ANGELES State CA Zip 90029

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 40

Total hours worked by all employees last year 46,586.48

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 617902 KINGSLEY EL DLC SP

Street 5200 W VIRGINIA AVE

City LOS ANGELES State CA Zip 90029

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 7

Total hours worked by all employees last year 9,042.91

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	2	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	42
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	5	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 619201 RANCHITO EL

Street 7940 RANCHITO AVE

City PANORAMA CITY State CA Zip 91402

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 52

Total hours worked by all employees last year 60,921.77

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...	(M)		
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 619202 RANCHITO AVE DTS

Street 7940 RANCHITO AVE

City PANORAMA CITY State CA Zip 91402

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6,046.65

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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.

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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
0	7	0	4
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
752	49
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	11	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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 621901 RAYMOND AVE

Street 7511 RAYMOND AVE

City LOS ANGELES State CA Zip 90044

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 59

Total hours worked by all employees last year 71,545.24

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 623301 RESEDA EL

Street 7265 AMIGO AVE

City RESEDA State CA Zip 91335

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 60

Total hours worked by all employees last year 67,277.77

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 62501 FSD-CENTRAL OFFICE

Street 333 S BEAUDRY AVE., 23RD FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 10,515

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
7	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 626001 RICHLAND EL

Street 11562 RICHLAND AVE

City LOS ANGELES State CA Zip 90064

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 19

Total hours worked by all employees last year 22,951.33

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 626002 RICHLAND AV EL DL FR

Street 11562 RICHLAND AVE

City LOS ANGELES State CA Zip 90064

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 13

Total hours worked by all employees last year 15,038.55

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
10	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 627401 HAMASAKI EL

Street 4865 E FIRST ST

City LOS ANGELES State CA Zip 90022

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 52

Total hours worked by all employees last year 57,118.42

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 627501 HAMASAKI STATE PRESCHOOL

Street 4865 E FIRST ST

City LOS ANGELES State CA Zip 90022

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 2,870

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 62801 FACILITES FINANCE ACCTG

Street 333 S BEAUDRY AVE., 19TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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

Total hours worked by all employees last year 19,845.25

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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U.S. Department of Labor
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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	2	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	186
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	5	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 628801 RIO VISTA EL

Street 4243 SATSUMA AVE

City N HOLLYWOOD State CA Zip 91602

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 47

Total hours worked by all employees last year 52,123.93

Sign here

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Company executive Title

( ) / /
Phone Date

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U.S. Department of Labor
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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 630101 RITTER EL

Street 11108 WATTS AVE

City LOS ANGELES State CA Zip 90059

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 36

Total hours worked by all employees last year 43,288.32

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
10	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 631501 RIVERSIDE DRIVE CHTR SCH

Street 13061 RIVERSIDE DR

City SHERMAN OAKS State CA Zip 91423

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 47

Total hours worked by all employees last year 53,283.78

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 632901 ROCKDALE VAPA MAG

Street 1303 YOSEMITE DR

City LOS ANGELES State CA Zip 90041

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 37

Total hours worked by all employees last year 42,009.59

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 634201 COEUR D ALENE EL

Street 810 COEUR D ALENE AVE

City VENICE State CA Zip 90291

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 30

Total hours worked by all employees last year 35,307.39

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 63501 CONSTRUCTION INSPECTION

Street 1200 S NAOMI AVE - 3RD FL

City LOS ANGELES State CA Zip 90021

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 25

Total hours worked by all employees last year 41,420.24

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 63537 CONSTRUCTION INSPECTION-SCHOOL BASE OPER

Street 333 S BEAUDRY AVE, 22ND FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 77

Total hours worked by all employees last year 139,714.71

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	1	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
132	34
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 635601 ROSCOE EL

Street 10765 STRATHERN ST

City SUN VALLEY State CA Zip 91352

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 59

Total hours worked by all employees last year 68,568.22

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 635602 ROSCOE EL DUAL LANGUAGE SPANISH

Street 10765 STRATHERN ST

City SUN VALLEY State CA Zip 91352

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 7,083.61

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 636301 ROSCOMARE EL

Street 2425 ROSCOMARE RD

City LOS ANGELES State CA Zip 90077

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 47

Total hours worked by all employees last year 43,709.19

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	1	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	146
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 637001 ROSEMONT EL

Street 421 N ROSEMONT AVE

City LOS ANGELES State CA Zip 90026

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 29

Total hours worked by all employees last year 34,358.29

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 63701 FAC LEGIS, GRANTS FUNDING

Street 333 S BEAUDRY AVE., 19TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 19

Total hours worked by all employees last year 32,591.75

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 63801 FAC-PROG PROJ CNTRLS

Street 333 S BEAUDRY AVE., 21ST FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 20

Total hours worked by all employees last year 33,610.25

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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.

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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
0	2	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
47	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 638401 ROSEWOOD EL

Street 503 N CROFT AVE

City LOS ANGELES State CA Zip 90048

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 28

Total hours worked by all employees last year 34,010.16

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 64001 FAC MAINT OPER-CENTRAL OFF

Street 333 S BEAUDRY AVE., 22ND FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 57

Total hours worked by all employees last year 77,595.49

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 64037 M O CENTRAL OFFICE-SCHOOL BASE OPER

Street 333 S BEAUDRY AVE, 22ND FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 3,855.5

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
70	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 642501 ROWAN EL

Street 600 S ROWAN AVE

City LOS ANGELES State CA Zip 90023

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 93,140.02

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
1	179
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 642502 ROWAN AVE EL DL TWO-WAY IM SPANISH

Street 600 S. ROWAN AVENUE

City LOS ANGELES State CA Zip 90023

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 4

Total hours worked by all employees last year 5,375.17

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
2	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 642601 AMANECER PRIMARY CENTER

Street 432 S EASTMAN AVE

City LOS ANGELES State CA Zip 90023

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 25

Total hours worked by all employees last year 29,705.93

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	1	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
21	176
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 643801 RUSSELL EL

Street 1263 E FIRESTONE BLVD

City LOS ANGELES State CA Zip 90001

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 74

Total hours worked by all employees last year 92,299.95

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 643802 RUSSELL G HA MAG

Street 1263 E FIRESTONE BLVD

City LOS ANGELES State CA Zip 90001

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 10,798.72

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 644001 RUSSELL SPS

Street 1263 E FIRESTONE BLVD

City LOS ANGELES State CA Zip 90001

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 2,797.25

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 645201 SAN FERNANDO EL

Street 1130 MOTT ST

City SAN FERNANDO State CA Zip 91340

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 70

Total hours worked by all employees last year 72,790.18

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	1	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	32
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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 645202 SAN FERNANDO DL SP

Street 1130 MOTT ST

City SAN FERNANDO State CA Zip 91340

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 8

Total hours worked by all employees last year 9,148.5

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 64601 PROJ EXECUTION-CO

Street 333 S BEAUDRY AVE, 19TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 4

Total hours worked by all employees last year 7,094.5

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
16	15
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 646601 SAN GABRIEL EL

Street 8628 SAN GABRIEL AVE

City SOUTH GATE State CA Zip 90280

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 51

Total hours worked by all employees last year 58,341.64

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 646602 SAN GABRIEL DTS

Street 8628 SAN GABRIEL AVE

City SOUTH GATE State CA Zip 90280

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 6,752.8

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	3	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
40	345
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	7	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 647901 SAN JOSE EL

Street 14928 CLYMER ST

City MISSION HILLS State CA Zip 91345

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 66

Total hours worked by all employees last year 75,323.01

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 647902 SAN JOSE HG MAG

Street 14928 CLYMAR ST

City MISSION HILLS State CA Zip 91345

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 4

Total hours worked by all employees last year 3,849.3

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
2	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 649301 SAN PASCUAL EL STEAM

Street 815 SAN PASCUAL AVE

City LOS ANGELES State CA Zip 90042

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 35

Total hours worked by all employees last year 36,020.02

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 65001 REAL ESTATE

Street 333 S BEAUDRY AVE 23RD FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 11

Total hours worked by all employees last year 17,562.76

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	1	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
9	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 650101 SAN FERNANDO MS IAM

Street 130 NORTH BRAND AVENUE

City SAN FERNANDO State CA Zip 91340

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 38

Total hours worked by all employees last year 44,803.71

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Year 20 2 4

U.S. Department of Labor
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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	3	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
99	128
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 650701 SAN PEDRO EL

Street 1635 S SAN PEDRO ST

City LOS ANGELES State CA Zip 90015

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 63

Total hours worked by all employees last year 69,674.63

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 65101 COMMUNITY OUTREACH

Street 1055 W 7TH ST., 9TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 7

Total hours worked by all employees last year 12,699.42

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 65201 DESIGN DEPARTMENT

Street 333 S BEAUDRY AVE, 19TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 51

Total hours worked by all employees last year 89,737.01

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 65301 FACILITIES TECH SRVS

Street 333 S BEAUDRY AVE, 21ST FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 28,026.51

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	3	2	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
42	246
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	6	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 653401 KING JR EL

Street 3989 S HOBART BLVD

City LOS ANGELES State CA Zip 90062

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 42

Total hours worked by all employees last year 51,804.21

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 653402 KING JR EL DL TWO-WAY IM SPANISH

Street 3989 S HOBART BLVD.

City LOS ANGELES State CA Zip 90062

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 4

Total hours worked by all employees last year 3,816.25

Sign here

Knowingly falsifying this document may result in a fine.

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 65401 MASTER PLANNING DEMOGRAPHICS

Street 333 S. BEAUDRY AVE. 23RD FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 17,137.06

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	3	2	4
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
8	31
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	9	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 654901 HOLLYWOOD ELEMENTARY SCHOOL

Street 1115 TAMARIND AVE

City LOS ANGELES State CA Zip 90038

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 47

Total hours worked by all employees last year 53,695.47

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 65501 PROJECT EXECUTION

Street 333 S BEAUDRY AVE, 19TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 170

Total hours worked by all employees last year 292,607.5

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 65601 DISTRICT ADMINISTRATIVE OFFICE - BEAUDRY

Street 333 S. BEAUDRY AVE., 26TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 25

Total hours worked by all employees last year 47,097.17

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 656501 SATICOY EL

Street 7850 ETHEL AVE

City N HOLLYWOOD State CA Zip 91605

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 55

Total hours worked by all employees last year 63,191.3

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
2	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 656502 SATICOY ELEMENTARY DUAL LANGUAGE ARMENIA

Street 7850 ETHEL AVE

City NORTH HOLLYWOOD State CA Zip 91605

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 11,538.73

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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.

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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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 657501 2ND STREET ELEMENTARY

Street 1942 E 2ND ST

City LOS ANGELES State CA Zip 90033

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 28

Total hours worked by all employees last year 35,624.16

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 657502 2ND STREET ELEMENTARY DUAL LANGUAGE SPAN

Street 1942 E 2ND ST

City LOS ANGELES State CA Zip 90033

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 4

Total hours worked by all employees last year 4,618.08

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 6601 CHARTER SCHOOLS DIVISION

Street 333 S. BEAUDRY AVE., 20TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 53

Total hours worked by all employees last year 89,095.25

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	1	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	30
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 660601 SERRANIA CHTR EN STUD

Street 5014 SERRANIA AVE

City WOODLAND HILLS State CA Zip 91364

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 53

Total hours worked by all employees last year 60,963.79

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	1	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
88	49
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	5	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	1

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Establishment Information

Your establishment 661601 7TH ST EL

Street 1570 W SEVENTH ST

City SAN PEDRO State CA Zip 90732

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 52

Total hours worked by all employees last year 56,796.54

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	2	6
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
119	80
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	10	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 663001 75TH ST EL

Street 142 W 75TH ST

City LOS ANGELES State CA Zip 90003

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 111,387

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 663002 75TH ST ELEMENTARY DUAL LANG SPANISH

Street 142 W 75TH ST

City LOS ANGELES State CA Zip 90003

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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

Total hours worked by all employees last year 15,072.95

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	3	1	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
366	49
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 664401 74TH ST EL

Street 2112 W 74TH ST

City LOS ANGELES State CA Zip 90047

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 47

Total hours worked by all employees last year 58,634.25

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
5	42
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 664402 74TH ST G HG HA MAG

Street 2112 W 74TH ST

City LOS ANGELES State CA Zip 90047

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6,270.14

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
15	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 665801 MCKINLEY EL

Street 7812 MC KINLEY AVE

City LOS ANGELES State CA Zip 90001

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 69

Total hours worked by all employees last year 84,202.73

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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.

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	2	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
74	52
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	5	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 666501 SHARP EL

Street 13800 PIERCE ST

City ARLETA State CA Zip 91331

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 86,257.22

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
170	10
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 667101 SHENANDOAH EL

Street 2450 SHENANDOAH ST

City LOS ANGELES State CA Zip 90034

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 46

Total hours worked by all employees last year 49,476.24

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	1	4
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
81	114
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	6	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 668501 SHERIDAN ST EL

Street 416 N CORNWELL ST

City LOS ANGELES State CA Zip 90033

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 73

Total hours worked by all employees last year 86,753.94

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 668502 SHERIDAN EL DUAL LANGUAGE SPANISH

Street 416 N CORNWELL ST

City LOS ANGELES State CA Zip 90033

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 8,100.96

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	0	5
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
186	35
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	7	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 669901 SHERMAN OAKS EL CHTR SCH

Street 14755 GREENLEAF ST

City SHERMAN OAKS State CA Zip 91403

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 60

Total hours worked by all employees last year 65,074.3

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 6701 DIV RISK MGMT INS SERVS

Street 333 S. BEAUDRY AVE., 28TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 3

Total hours worked by all employees last year 4,210.5

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	1	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
60	8
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 671201 SHIRLEY EL

Street 19452 HART ST

City RESEDA State CA Zip 91335

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 63

Total hours worked by all employees last year 73,393.69

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 67301 LEASING SPACE UTILILIZATION

Street 333 SO BEAUDRY AVE, 23RD FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 8

Total hours worked by all employees last year 12,266.27

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	3	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
5	391
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 674001 SHORT EL

Street 12814 MAXELLA AVE

City LOS ANGELES State CA Zip 90066

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 51

Total hours worked by all employees last year 55,935.27

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 67501 PROG SUPP SVCS-CO

Street 333 S BEAUDRY AVE, 21ST FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 14,662.52

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	5
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
4	17
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	6	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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 675301 SIERRA PARK EL

Street 3170 BUDAU AVE

City LOS ANGELES State CA Zip 90032

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 49

Total hours worked by all employees last year 55,853.97

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 676701 SIERRA VISTA EL

Street 4342 ALPHA ST

City LOS ANGELES State CA Zip 90032

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 28

Total hours worked by all employees last year 31,346.46

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	2	0	6
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
12	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	8	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 678101 6TH AVE EL

Street 3109 SIXTH AVE

City LOS ANGELES State CA Zip 90018

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 62

Total hours worked by all employees last year 67,787.45

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 678102 6TH AVE ELEM DUAL LANGUAGE SPANISH

Street 3109 6TH AVE

City LOS ANGELES State CA Zip 90018

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 6,293.95

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	2	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
133	85
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	6	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	1

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Establishment Information

Your establishment 679501 68TH ST EL

Street 612 W 68TH ST

City LOS ANGELES State CA Zip 90044

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 70

Total hours worked by all employees last year 85,750.47

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 6801 BUSINESS GOVT ETHICS

Street 333 S BEAUDRY AVE 20TH FLR

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 14

Total hours worked by all employees last year 22,983.59

Sign here

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Company executive Title

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Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	4	2	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
495	284
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	8	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 680801 61ST STREET ELEMENTARY

Street 6020 S FIGUEROA ST

City LOS ANGELES State CA Zip 90003

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 82

Total hours worked by all employees last year 99,392.36

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 680802 61ST STREET ELEMENTARY DUAL LANGUAGE SPA

Street 6020 S FIGUEROA ST

City LOS ANGELES State CA Zip 90003

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 7

Total hours worked by all employees last year 8,544.2

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	1	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	101
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 682201 66TH ST EL

Street 6600 S SAN PEDRO ST

City LOS ANGELES State CA Zip 90003

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 71

Total hours worked by all employees last year 84,610.67

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 683601 SOLANO EL

Street 615 SOLANO AVE

City LOS ANGELES State CA Zip 90012

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 28

Total hours worked by all employees last year 29,642.51

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
12	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 684901 SOTO EL

Street 1020 S SOTO ST

City LOS ANGELES State CA Zip 90023

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 48

Total hours worked by all employees last year 57,084.14

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	2	0	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
28	127
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 686301 SOUTH PARK ELEMENTARY

Street 8510 TOWNE AVE

City LOS ANGELES State CA Zip 90003

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 85

Total hours worked by all employees last year 96,506.36

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 686302 SOUTH PARK EL DUAL LANGUAGE SPANISH

Street 8510 TOWNE AVE

City LOS ANGELES State CA Zip 90003

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 7,762

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	2	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
133	14
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	5	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 686701 SOUTH REG SPAN K-8 1

Street 333 S. BEAUDRY AVE.

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 112

Total hours worked by all employees last year 136,822.25

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	0	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
203	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 686801 BARACK OBAMA GLOBAL PREP ACA

Street 1700 W 46TH ST

City LOS ANGELES State CA Zip 90062

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 58

Total hours worked by all employees last year 70,061.42

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 686802 BARACK OBAMA GLOBAL PREP ACADEMY STEAM M

Street 1700 W 46TH ST

City LOS ANGELES State CA Zip 90062

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 4

Total hours worked by all employees last year 4,252.13

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	3	1	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
276	143
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	7	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 686901 DR OWEN LLOYD KNOX ELEMENTARY SCHOOL

Street 8919 S MAIN ST

City LOS ANGELES State CA Zip 90003

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 74

Total hours worked by all employees last year 86,093.49

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 686902 KNOX EL DUAL LANGUAGE SPANISH

Street 8919 S MAIN ST

City LOS ANGELES State CA Zip 90003

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 2,043.5

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 686903 KNOX VAPA MAG

Street 8919 S MAIN ST

City LOS ANGELES State CA Zip 90003

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 7,406.75

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
123	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 687001 S SHORES PER ARTS MAG

Street 2060 W 35TH ST

City SAN PEDRO State CA Zip 90732

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 38

Total hours worked by all employees last year 44,024.2

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	3	1	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
222	35
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 687201 WISDOM EL

Street 1125 E 74TH ST

City LOS ANGELES State CA Zip 90001

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 73

Total hours worked by all employees last year 88,004.75

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	2	1	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
3	76
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 687301 JAIME ESCALANTE EL

Street 4443 LIVE OAK ST

City CUDAHY State CA Zip 90201

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 61

Total hours worked by all employees last year 72,146.16

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	1	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
58	3
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 687501 SAN MIGUEL EL

Street 9801 SAN MIGUEL AVE

City SOUTH GATE State CA Zip 90280

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 66

Total hours worked by all employees last year 78,649.55

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 687502 SN MIGUEL MAT SC MAG

Street 9801 SAN MIGUEL AVE

City SOUTH GATE State CA Zip 90280

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 10,577.84

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...	(M)		
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 687503 SAN MIGUEL EL DUAL LANGUAGE SPANISH

Street 9801 SAN MIGUEL AVE

City SOUTH GATE State CA Zip 90280

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 8

Total hours worked by all employees last year 8,978.3

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 687504 SAN MIGUEL EL DWM

Street 9801 SAN MIGUEL AVE

City SOUTH GATE State CA Zip 90280

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 1

Total hours worked by all employees last year 592

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 687801 MONTARA AVE EL

Street 10018 MONTARA AVE

City SOUTH GATE State CA Zip 90280

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 68

Total hours worked by all employees last year 80,230.8

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...	(M)		
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 687802 MONTARA AVE EL M S T

Street 10018 MONTARA AVE

City SOUTH GATE State CA Zip 90280

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 7

Total hours worked by all employees last year 7,200.25

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 687803 MONTARA AVE EL DL SP

Street 10018 MONTARA AVE

City SOUTH GATE State CA Zip 90280

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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

Total hours worked by all employees last year 14,869.58

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
25	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 688001 INDEPENDENCE ELEMENTARY

Street 8435 VICTORIA AVE

City SOUTH GATE State CA Zip 90280

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 52

Total hours worked by all employees last year 59,720.38

Sign here

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Company executive Title

( ) / /
Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 688002 INDEPENDENCE ES M S T

Street 8435 VICTORIA AVE

City SOUTH GATE State CA Zip 90280

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 7,312.53

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...	(M)		
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 688003 INDEPENDENCE ELEMENTARY DUAL LANGUAGE SP

Street 8435 VICTORIA AVE

City SOUTH GATE State CA Zip 90280

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 2,147.78

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 688401 LUCILLE ROYBAL-ALLARD ES

Street 3232 SATURN AVE

City HUNTINGTON PARK State CA Zip 90255

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 50

Total hours worked by all employees last year 58,676.51

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 688402 ROYBAL-ALLARD EL DLC

Street 3232 SATURN AVE

City HUNTINGTON PARK State CA Zip 90255

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 7

Total hours worked by all employees last year 8,774

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 688403 ROYBAL-ALLARD ES DREAMS MAGNET

Street 3232 SATURN AVE.

City HUNTINGTON PARK State CA Zip 90255

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 7

Total hours worked by all employees last year 7,643.25

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	3	4
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	131
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	7	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 688601 BACA ARTS ACAD

Street 1536 EAST 89TH ST

City LOS ANGELES State CA Zip 90002

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 61

Total hours worked by all employees last year 70,301.77

Sign here

Knowingly falsifying this document may result in a fine.

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
150	30
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 688602 BACA ARTS ACA DLC SP

Street 1536 EAST 89TH ST

City LOS ANGELES State CA Zip 90002

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 10,324.66

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	1	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
111	81
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	5	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 689001 STAGG EL

Street 7839 AMESTOY AVE

City LAKE BALBOA State CA Zip 91406

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 63

Total hours worked by all employees last year 65,505.29

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 69001 SCC FSD PROJ MGT REGION 6 FA

Street 5115 SOUTHERN AVE, BLDG B

City SOUTH GATE State CA Zip 90280

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 4

Total hours worked by all employees last year 7,531.25

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	1	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
180	180
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 690401 STANFORD EL

Street 2833 ILLINOIS AVE

City SOUTH GATE State CA Zip 90280

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 40

Total hours worked by all employees last year 46,520.18

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 690402 STANFORD AVE EL DL TWO-WAY IM SPANISH

Street 2833 ILLINOIS AVENUE

City SOUTH GATE State CA Zip 90280

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 4

Total hours worked by all employees last year 4,500.95

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 690501 STANFORD PRIMARY CENTER

Street 3020 KANSAS AVENUE

City SOUTH GATE State CA Zip 90280

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 39

Total hours worked by all employees last year 43,506.6

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 690502 STANFORD PC DTS

Street 3020 KANSAS AVENUE

City SOUTH GATE State CA Zip 90280

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 1

Total hours worked by all employees last year 1,218

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 691801 STATE STREET ELEMENTARY

Street 3211 SANTA ANA ST

City SOUTH GATE State CA Zip 90280

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 55

Total hours worked by all employees last year 61,651.73

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 691802 STATE EL DUAL LANGUAGE SPANISH

Street 3211 SANTA ANA ST

City SOUTH GATE State CA Zip 90280

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 6,241

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 691901 STAGG ST STATE PRESCHOOL

Street 7839 AMESTOY AVE.

City LAKE BALBOA State CA Zip 91406

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 2,773.08

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	2	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	77
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 692001 HOPE STREET ELEM SCHOOL

Street 7560 STATE ST

City HUNTINGTON PARK State CA Zip 90255

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 45

Total hours worked by all employees last year 51,349.07

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	0	5
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
30	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	7	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 693201 STERRY EL

Street 1730 CORINTH AVE

City LOS ANGELES State CA Zip 90025

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 33

Total hours worked by all employees last year 35,738.67

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 693202 STERRY EL DL TWO-WAY IM JAPANESE

Street 1730 CORINTH AVE

City LOS ANGELES State CA Zip 90025

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 1

Total hours worked by all employees last year 635

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
19	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 694501 STONEHURST EL

Street 9851 STONEHURST AVE

City SUN VALLEY State CA Zip 91352

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 40

Total hours worked by all employees last year 45,784.43

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 694601 STONEHURST EL SPS

Street 9851 STONEHURST AVE

City SUN VALLEY State CA Zip 91352

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 2,865.03

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	1	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	71
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 695201 STONER EL

Street 11735 BRADDOCK DR

City CULVER CITY State CA Zip 90230

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 38,862.99

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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 695202 STONER AVE EL DLC SP

Street 11735 BRADDOCK DR

City CULVER CITY State CA Zip 90230

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 6,514.08

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	1	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	180
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 695901 STRATHERN EL

Street 7939 ST CLAIR AVE

City N HOLLYWOOD State CA Zip 91605

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 61

Total hours worked by all employees last year 71,993.96

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	1	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
93	218
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 697301 SUNLAND EL

Street 8350 HILLROSE ST

City SUNLAND State CA Zip 91040

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 40

Total hours worked by all employees last year 46,027.2

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 697302 SUNLAND ES GIFTED

Street 8350 HILLROSE STREET

City SUNLAND State CA Zip 91040

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 4,873.25

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 697401 SUNLAND STATE PRESCHOOL

Street 8350 HILLROSE STREET

City SUNLAND State CA Zip 91040

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 2,899.42

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	4	0	4
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
39	135
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	8	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 698601 SUNNY BRAE EL

Street 20620 ARMINTA ST

City CANOGA PARK State CA Zip 91306

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 60

Total hours worked by all employees last year 69,603.9

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 698602 SUNNY BRAE AVENUE ELEMENTARY GLOBAL AWAR

Street 20620 ARMINTA ST

City WINNETKA State CA Zip 91306

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 6,314

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 698603 SUNNY BRAE EL DTS

Street 20620 ARMINTA ST

City WINNETKA State CA Zip 91306

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 5,264.42

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	1	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
25	52
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	6	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 698801 SUNRISE EL

Street 2821 E 7TH ST

City LOS ANGELES State CA Zip 90023

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 66

Total hours worked by all employees last year 74,878.05

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 698802 SUNRISE EL DUAL LANGUAGE SPANISH

Street 2821 E 7TH ST

City LOS ANGELES State CA Zip 90023

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 7,515.5

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 7001 DIVISION OF DIST OPS

Street 333 S. BEAUDRY AVE, 25TH FLOOR

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 10,890.5

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	1	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
1	167
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 700701 SUPERIOR EL

Street 9756 OSO AVE

City CHATSWORTH State CA Zip 91311

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 57

Total hours worked by all employees last year 63,576

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 701401 SYLMAR EL

Street 13291 PHILLIPPI AVE

City SYLMAR State CA Zip 91342

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 57

Total hours worked by all employees last year 67,109.84

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	3	1	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
194	175
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	5	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 702701 SYLVAN PARK EL

Street 6238 NOBLE AVE

City VAN NUYS State CA Zip 91411

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 88

Total hours worked by all employees last year 102,403.69

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	1	4
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	12
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	5	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 703501 TAPER EL

Street 1824 TAPER AVE

City SAN PEDRO State CA Zip 90731

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 46

Total hours worked by all employees last year 53,727.04

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 703502 TAPER ES TECHNOLOGY

Street 1824 TAPER AVENUE

City SAN PEDRO State CA Zip 90731

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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

Total hours worked by all employees last year 14,456.22

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Company executive Title

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OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	1	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	9
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 704101 TARZANA EL

Street 5726 TOPEKA DR

City TARZANA State CA Zip 91356

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 38

Total hours worked by all employees last year 44,819.75

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	1	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
49	109
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 706801 TELFAIR EL

Street 10975 TELFAIR AVE

City PACOIMA State CA Zip 91331

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 74

Total hours worked by all employees last year 87,114.43

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 706802 TELFAIR AVENUE ELEME DUAL LANG SPANISH

Street 10975 TELFAIR AVE

City PACOIMA State CA Zip 91331

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 11

Total hours worked by all employees last year 14,430.6

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	1	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
116	9
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 708201 10TH ST EL

Street 1000 GRATTAN ST

City LOS ANGELES State CA Zip 90015

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 48

Total hours worked by all employees last year 57,564.86

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 70901 PROJ EX-SOUTH REGION

Street 333 S BEAUDRY AVE 19TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 3

Total hours worked by all employees last year 5,272

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 711001 3RD ST EL

Street 201 S JUNE ST

City LOS ANGELES State CA Zip 90004

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 51

Total hours worked by all employees last year 60,667.09

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 711002 3RD ST EL DLC KO

Street 201 S JUNE ST

City LOS ANGELES State CA Zip 90004

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 7

Total hours worked by all employees last year 8,092.5

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 711003 3RD STREET ES GIFTED MAGNET

Street 201 S JUNE ST

City LOS ANGELES State CA Zip 90004

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 4

Total hours worked by all employees last year 4,030

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Year 20 2 4

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Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 71101 HR-PEER ASSISTANCE REVIEW

Street 333 S BEAUDRY AVE., 14TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 44

Total hours worked by all employees last year 28,006.25

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 71201 HR-MANAGEMENT SERVICES SECTION

Street 333 S. BEAUDRY AVE., 14TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 7

Total hours worked by all employees last year 10,725

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	1	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	141
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 712301 BRADLEY GLBL AWR MAG

Street 3875 DUBLIN AVE

City LOS ANGELES State CA Zip 90008

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 35

Total hours worked by all employees last year 42,089.47

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	1	6
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
85	95
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	9	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 713701 32ND USC PERF ART MAG

Street 822 W 32ND ST

City LOS ANGELES State CA Zip 90007

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 59

Total hours worked by all employees last year 71,857.57

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
8	39
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 713702 32ND ST USC MEDIA ARTS ENGINEER MAGNET

Street 822 W 32ND ST

City LOS ANGELES State CA Zip 90007

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 27

Total hours worked by all employees last year 29,917.85

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
53	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 715101 WEEMES EL

Street 1260 W 36TH PL

City LOS ANGELES State CA Zip 90007

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 62

Total hours worked by all employees last year 73,982.94

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	6	3	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
213	197
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	5	(6) All other illnesses	0

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Establishment Information

Your establishment 716401 BIRDIELEE V BRIGHT EL

Street 1771 W 36TH ST

City LOS ANGELES State CA Zip 90018

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 41

Total hours worked by all employees last year 49,395.78

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	2	0	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
194	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	5	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 717801 TOLAND WAY EL

Street 4545 TOLAND WAY

City LOS ANGELES State CA Zip 90041

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 40

Total hours worked by all employees last year 46,886.98

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 71901 TREASURY OTHER ACCOUNTING SERVICES BR

Street 333 S. BEAUDRY AVE., 26TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 13

Total hours worked by all employees last year 20,806.68

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 719201 TOLUCA LAKE ELEMENTARY

Street 4840 CAHUENGA BLVD

City NORTH HOLLYWOOD State CA Zip 91601

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 70

Total hours worked by all employees last year 78,043.77

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 719801 TOPANGA EL CHTR SCH

Street 22075 TOPANGA SCHOOL ROAD

City TOPANGA State CA Zip 90290

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 24

Total hours worked by all employees last year 29,399.09

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
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Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 720101 TOPEKA DR CHARTER AS

Street 9815 TOPEKA DR

City NORTHRIDGE State CA Zip 91324

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 61

Total hours worked by all employees last year 73,402.46

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 720501 TOWNE EL

Street 18924 TOWNE AVE

City CARSON State CA Zip 90746

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 36

Total hours worked by all employees last year 41,279.08

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 72101 TREASURY

Street 333 S BEAUDRY AVE, 26TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 3

Total hours worked by all employees last year 5,100.02

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 721901 TRINITY EL

Street 3736 TRINITY ST

City LOS ANGELES State CA Zip 90011

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 36

Total hours worked by all employees last year 44,540.28

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 721902 TRINITY ST EL DL TWO-WAY IM SPANISH

Street 3736 TRINITY STREET

City LOS ANGELES State CA Zip 90011

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 4

Total hours worked by all employees last year 4,435.58

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 722001 MAPLE PRIMARY CENTER

Street 3601 SOUT MAPLE AVENUE

City LOS ANGELES State CA Zip 90011

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 40

Total hours worked by all employees last year 43,509.89

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 722002 OHN MARSHALL SENIOR HIGH GIFTED MAGNET

Street 3601 S MAPLE AVE

City LOS ANGELES State CA Zip 90011

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 2,388.07

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	2	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
9	63
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 724701 TULSA STREET ELEMENTARY

Street 10900 HAYVENHURST AVE

City GRANADA HILLS State CA Zip 91344

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 50

Total hours worked by all employees last year 57,956.58

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	1	1	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
180	16
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 726001 TWEEDY EL

Street 9724 PINEHURST AVE

City SOUTH GATE State CA Zip 90280

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 58

Total hours worked by all employees last year 65,238

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 726002 TWEEDY EL DL TWO-WAY IM SPANISH

Street 9724 PINEHURST AVENUE

City SOUTH GATE State CA Zip 90280

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 5,631.67

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	1	4
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
180	115
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	6	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 727401 20TH ST EL

Street 1353 E 20TH ST

City LOS ANGELES State CA Zip 90011

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 57

Total hours worked by all employees last year 69,547.3

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 727402 20TH ST EL DL TWO-WAY IM SPANISH

Street 1925 E 102ND ST

City LOS ANGELES State CA Zip 90002

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 7

Total hours worked by all employees last year 9,083

Sign here

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Company executive Title

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Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	1	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	30
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 728801 28TH ST EL

Street 2807 STANFORD AVE

City LOS ANGELES State CA Zip 90011

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 60

Total hours worked by all employees last year 73,328.76

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 728802 28TH ST EL DLC SP

Street 2807 STANFORD AVE

City LOS ANGELES State CA Zip 90011

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 7,210.25

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 72901 SMALL BUSINESS OUTREACH

Street 333 S. BEAUDRY AVE.

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 3

Total hours worked by all employees last year 4,556.75

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 73001 FSD PERS SRVS UNIT

Street 333 S BEAUDRY AVE, 21ST FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 4

Total hours worked by all employees last year 6,787.04

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	1	5
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
8	164
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	8	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 730101 24TH ST EL

Street 2055 W 24TH ST

City LOS ANGELES State CA Zip 90018

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 72

Total hours worked by all employees last year 90,148.01

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 73101 ASSET MANAGEMENT-CO

Street 333 S BEAUDRY AVE, 23RD FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 50

Total hours worked by all employees last year 84,313

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
18	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 732901 232ND PLACE ELEMENTARY

Street 23240 ARCHIBALD AVE

City CARSON State CA Zip 90745

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 45

Total hours worked by all employees last year 50,027.76

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 732902 232ND STEMM MAG

Street 23240 ARCHIBALD AV

City CARSON State CA Zip 90745

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 4

Total hours worked by all employees last year 3,866.99

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	0	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
337	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 734201 MEYLER EL

Street 1123 W 223RD ST

City TORRANCE State CA Zip 90502

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 58

Total hours worked by all employees last year 66,537.96

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 734202 MEYLER ST EL DLC SP

Street 1123 W 223RD ST

City TORRANCE State CA Zip 90502

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 7,059.34

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
120	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 735601 UNION EL

Street 150 S BURLINGTON AVE

City LOS ANGELES State CA Zip 90057

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 85

Total hours worked by all employees last year 103,353.61

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	1	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
51	8
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	5	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	1	(6) All other illnesses	0

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Establishment Information

Your establishment 737001 UTAH EL

Street 255 GABRIEL GARCIA MARQUEZ ST

City LOS ANGELES State CA Zip 90033

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 79

Total hours worked by all employees last year 95,490.65

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	3	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
240	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 738401 VALERIO EL

Street 15035 VALERIO ST

City VAN NUYS State CA Zip 91405

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 107

Total hours worked by all employees last year 118,385.21

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	0	4
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
114	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	5	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	1

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Establishment Information

Your establishment 739001 VALLEY ALTERN MAG

Street 6701 BALBOA BLVD

City LAKE BALBOA State CA Zip 91406

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 57

Total hours worked by all employees last year 71,709.53

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	1	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
33	106
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 739701 VALLEY VIEW EL

Street 6921 WOODROW WILSON DR

City LOS ANGELES State CA Zip 90068

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 18

Total hours worked by all employees last year 22,085.52

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	2	0	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
54	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	5	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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 739801 ALTA CALIFORNIA ELEM SCHOOL

Street 14859 RAYEN ST

City PANORAMA CITY State CA Zip 91402

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 71

Total hours worked by all employees last year 87,132.38

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 739802 ALTA CAL GSTEAM MAG

Street 14859 RAYEN ST

City PANORAMA CITY State CA Zip 91402

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 7

Total hours worked by all employees last year 7,616

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 739901 JULIE KORENSTEIN ELEM SCH

Street 7650 BEN AVENUE

City NORTH HOLLYWOOD State CA Zip 91605

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 49

Total hours worked by all employees last year 54,353.17

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	1	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
25	25
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 740001 VISTA DEL VALLE DL ACADEMY

Street 12441 BROMONT AVE

City SAN FERNANDO State CA Zip 91340

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 36

Total hours worked by all employees last year 36,903.24

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 740002 VISTA DEL VALLE DLC

Street 12441 BROMONT AVE

City SAN FERNANDO State CA Zip 91340

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 17

Total hours worked by all employees last year 21,272.09

Sign here

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Company executive Title

( ) / /

Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	4	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
172	219
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	8	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	1

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Establishment Information

Your establishment 740101 ANDRES MARIA CARDENAS ES

Street 6900 CALHOUN AVE

City VAN NUYS State CA Zip 91405

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 68

Total hours worked by all employees last year 77,023.23

Sign here

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Company executive Title

( ) / /
Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	1	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	111
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 740201 STANLEY MOSK ELEM SCHOOL

Street 7335 LUBAO AVENUE

City WINNETKA State CA Zip 91306

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 52

Total hours worked by all employees last year 62,027.83

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...	(M)
(1) Injuries	0
(2) Skin disorders	0
(3) Respiratory conditions	0
(4) Poisonings	0
(5) Hearing Loss	0
(6) All other illnesses	0

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Establishment Information

Your establishment 740202 STANLEY MOSK ELEMENTARY STEAM MAGNET

Street 7335 LUBAO AVE

City WINNETKA State CA Zip 91306

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 7

Total hours worked by all employees last year 7,333.85

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	3	0	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
187	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	5	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	1

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Establishment Information

Your establishment 740401 CARLOS SANTANA ARTS ACADEMY

Street 9301 N COLUMBUS AVE

City NORTH HILLS State CA Zip 91343

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 49

Total hours worked by all employees last year 55,451.88

Sign here

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Company executive Title

( ) / /
Phone Date

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Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 740402 SANTANA ARTS ACA DLC

Street 9301 N COLUMBUS AVE

City NORTH HILLS State CA Zip 91343

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 12,054.02

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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 740801 SYLMAR LEADERSHIP ACADEMY

Street 14550 BLEDSOE ST.

City SYLMAR State CA Zip 91342

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 86

Total hours worked by all employees last year 104,498.32

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
98	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	1	(6) All other illnesses	0

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Establishment Information

Your establishment 741101 VANALDEN EL

Street 19019 DELANO ST

City RESEDA State CA Zip 91335

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 51

Total hours worked by all employees last year 60,652.4

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 741901 VAN DEENE EL

Street 826 W JAVELIN ST

City TORRANCE State CA Zip 90502

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 44

Total hours worked by all employees last year 50,575.21

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
11	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	1
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	1

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Establishment Information

Your establishment 742201 VAN GOGH CHARTER

Street 17160 VAN GOGH ST

City GRANADA HILLS State CA Zip 91344

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 50

Total hours worked by all employees last year 53,219.4

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
1	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 742501 VAN NESS AVENUE ELEMENTARY

Street 501 N VAN NESS AVE

City LOS ANGELES State CA Zip 90004

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 41

Total hours worked by all employees last year 49,721.18

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 743201 COLUMBUS AVENUE ELEMENTARY

Street 6700 COLUMBUS AVENUE

City VAN NUYS State CA Zip 91405

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 55

Total hours worked by all employees last year 65,229.49

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	3	0	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
123	79
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	5	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	1

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Establishment Information

Your establishment 743801 VAN NUYS EL

Street 6464 SYLMAR AVE

City VAN NUYS State CA Zip 91401

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 66

Total hours worked by all employees last year 77,684.34

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
61	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 746601 VENA EL

Street 9377 VENA AVE

City ARLETA State CA Zip 91331

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 52

Total hours worked by all employees last year 59,954.4

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	1	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	67
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 746602 VENA G HA MAG

Street 9377 VENA AVE

City PACOIMA State CA Zip 91331

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 7,285.5

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
5	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	1	(6) All other illnesses	0

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Establishment Information

Your establishment 747901 VERMONT EL

Street 1435 W 27TH ST

City LOS ANGELES State CA Zip 90007

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 56

Total hours worked by all employees last year 63,561.88

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 749301 VERNON CITY EL

Street 2360 E VERNON AVE

City LOS ANGELES State CA Zip 90058

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 28

Total hours worked by all employees last year 33,438.36

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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.

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
6	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 750539 AUDUBON CAMPUS

Street 4120 11TH AVE

City LOS ANGELES State CA Zip 90008

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 7

Total hours worked by all employees last year 12,144.29

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	1	0	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
20	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 750701 VICTORIA EL

Street 3320 MISSOURI AVE

City SOUTH GATE State CA Zip 90280

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 45

Total hours worked by all employees last year 51,912.76

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 751301 REGIONAL HS INT. DES. TECH. ENTR. MAGNET

Street 4120 11TH AVE.

City LOS ANGELES State CA Zip 90008

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 14

Total hours worked by all employees last year 17,757.38

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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U.S. Department of Labor
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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	2	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
31	283
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 752101 VICTORY EL

Street 6315 RADFORD AVE

City N HOLLYWOOD State CA Zip 91606

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 71

Total hours worked by all employees last year 74,242.19

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 752102 VICTORY STEAM MAG

Street 6315 RADFORD AVE

City NORTH HOLLYWOOD State CA Zip 91606

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 5,986.5

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 753001 LAFAYETTE PK PC CSPP

Street 310 S. LAFAYETTE PARK PL

City LOS ANGELES State CA Zip 90057

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 2,862.87

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 753401 VINE STREET ELEMENTARY

Street 955 N VINE ST

City LOS ANGELES State CA Zip 90038

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 45

Total hours worked by all employees last year 55,152.29

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	5	1	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
36	170
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	8	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 754801 VINEDALE EL

Street 10150 LA TUNA CANYON RD

City SUN VALLEY State CA Zip 91352

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 40

Total hours worked by all employees last year 46,295.13

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
129	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	1

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Establishment Information

Your establishment 756201 VINTAGE MATH SCI MAG

Street 15848 STARE ST

City SEPULVEDA State CA Zip 91343

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 73

Total hours worked by all employees last year 77,991.28

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 756601 CHARLES DREW MS UNIVERSITY PATHWAYS PUBL

Street 8511 COMPTON AVE

City LOS ANGELES State CA Zip 90001

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 26,520.16

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 756701 SAMUEL GOMPERS MS UNIVERSITY PATHWAYS ME

Street 234 E 112TH ST

City LOS ANGELES State CA Zip 90061

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 24,004.8

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 756901 BOYS ACADEMIC LEADERSHIP ACADEMY

Street 10860 DENKER AVE

City LOS ANGELES State CA Zip 90047

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 17

Total hours worked by all employees last year 21,737.03

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	5	1	5
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
442	105
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	9	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	2

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Establishment Information

Your establishment 757401 HORACE MANN UCLA COMMUNITY SCHOOL

Street 7001 S ST ANDREWS PL

City LOS ANGELES State CA Zip 90047

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 82

Total hours worked by all employees last year 104,159.16

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	1	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
73	121
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 757501 VIRGINIA EL

Street 2925 VIRGINIA RD

City LOS ANGELES State CA Zip 90016

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 32

Total hours worked by all employees last year 37,712.22

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
1	14
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 757502 VIRGINIA RD EL DL TWO-WAY IM SPANISH

Street 2925 VIRGINIA ROAD

City LOS ANGELES State CA Zip 90016

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6,034.9

Sign here

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Company executive Title

( ) / /
Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	6
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	6	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 758901 WADSWORTH EL

Street 981 E 41ST ST

City LOS ANGELES State CA Zip 90011

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 73

Total hours worked by all employees last year 92,157.39

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 7601 FACILITIES LEGAL SERVICES

Street 333 S. BEAUDRY AVE.

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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

Total hours worked by all employees last year 20,054.09

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	1	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	37
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 760301 WALGROVE EL

Street 1630 WALGROVE AVE

City LOS ANGELES State CA Zip 90066

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 36

Total hours worked by all employees last year 42,081.74

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 760401 THE SCIENCE ACADEMY STEM MAGNET

Street 5525 VINELAND AVE

City NORTH HOLLYWOOD State CA Zip 91601

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 39,538.63

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
164	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 760939 WESTCHESTER SHARED CAMPUS

Street 7400 W. MANCHESTER AVE.

City LOS ANGELES State CA Zip 90045

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 7

Total hours worked by all employees last year 9,638.5

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 761401 NAVA COLLEGE PREPARATORY ACADEMY

Street 1319 E 41ST ST

City LOS ANGELES State CA Zip 90011

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 57

Total hours worked by all employees last year 71,288.19

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
6	42
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	1	(6) All other illnesses	0

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Establishment Information

Your establishment 761501 BOYLE HEIGHTS STEM HIGH SCHOOL

Street 319 N HUMPHREYS AVE

City LOS ANGELES State CA Zip 90022

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 39,049.51

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	1	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	1
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 761601 WARNER EL

Street 615 HOLMBY AVE

City LOS ANGELES State CA Zip 90024

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 47

Total hours worked by all employees last year 55,879.42

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 763001 WASHINGTON PRIMARY CENTER

Street 860 W 112TH ST

City LOS ANGELES State CA Zip 90044

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 27,531.29

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 763002 WASHINGTON PC DUAL LANGUAGE SPANISH

Street 860 W 112TH ST

City LOS ANGELES State CA Zip 90044

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 2,251.42

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 76301 ITD-CSIB JOB COST

Street 2155 N SOTO ST

City LOS ANGELES State CA Zip 90032

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 46

Total hours worked by all employees last year 88,428.25

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
11	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 763401 WEIGAND EL

Street 10401 WEIGAND AVE

City LOS ANGELES State CA Zip 90002

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 44

Total hours worked by all employees last year 53,552.63

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 763501 WEIGAND AVE SPS

Street 10401 WEIGAND AVE

City LOS ANGELES State CA Zip 90002

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 3,324.33

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
80	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 763701 WELBY EL

Street 23456 WELBY WAY

City CANOGA PARK State CA Zip 91307

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 48

Total hours worked by all employees last year 51,521.01

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 763702 WELBY WAY G HA MAG

Street 23456 WELBY WAY

City CANOGA PARK State CA Zip 91307

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 19,145

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
190	13
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 764001 CESAR CHAVEZ ELEM SCHOOL

Street 5243 OAKLAND ST

City LOS ANGELES State CA Zip 90032

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 48

Total hours worked by all employees last year 56,634.27

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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.

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 764339 NARBONNE HS CAMPUS

Street 24300 S WESTERN

City HARBOR CITY State CA Zip 90710

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 8

Total hours worked by all employees last year 13,414.29

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	5	0	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
230	146
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	7	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	1

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Establishment Information

Your establishment 764401 WEST ATHENS EL

Street 1110 W 119TH ST

City LOS ANGELES State CA Zip 90044

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 73

Total hours worked by all employees last year 89,958.36

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 764901 WEST HOLLYWOOD EL

Street 670 N HAMMOND ST

City W HOLLYWOOD State CA Zip 90069

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 32

Total hours worked by all employees last year 37,966.28

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
11	37
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 765401 WEST VERNON EL

Street 4312 S GRAND AVE

City LOS ANGELES State CA Zip 90037

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 59

Total hours worked by all employees last year 73,058.95

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 765601 CARSON SH ACAD MED ARTS

Street 22328 S MAIN ST

City CARSON State CA Zip 90745

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 35

Total hours worked by all employees last year 43,066.03

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
21	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 765701 CARSON SH ACAD ED EMP

Street 22328 S MAIN ST

City CARSON State CA Zip 90745

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 42

Total hours worked by all employees last year 52,503.74

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 765801 SYLMAR BIOTECH HLTH ACAD

Street 13050 BORDEN AVE

City SYLMAR State CA Zip 91342

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 23

Total hours worked by all employees last year 27,243.28

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 766401 LECACY SH VAPA

Street 5225 TWEEDY BLVD

City SOUTH GATE State CA Zip 90280

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 44

Total hours worked by all employees last year 49,564.88

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	0	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
42	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 766701 DYMALLY SH

Street 8800 S SAN PEDRO ST

City LOS ANGELES State CA Zip 90003

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 105

Total hours worked by all employees last year 130,247.21

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 766702 MERVYN M DYMALLY SH BIOMED SCIENCE RESEA

Street 8800 S SAN PEDRO ST

City LOS ANGELES State CA Zip 90003

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 5,445.62

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	1

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 766901 MARQUEZ SH SOC JUS

Street 6361 COTTAGE ST

City HUNTINGTON PARK State CA Zip 90255

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 48

Total hours worked by all employees last year 60,215.46

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
136	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 767039 SYLMAR HS CAMPUS

Street 13050 BORDEN AVE

City SYLMAR State CA Zip 91342

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 8

Total hours worked by all employees last year 11,568.74

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	1	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	153
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 767101 WESTERN AV TECH ENG COMM HUM MAGNET

Street 1724 E 53RD STREET

City LOS ANGELES State CA Zip 90062

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 74

Total hours worked by all employees last year 93,099.14

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 767539 JEFFERSON HS CAMPUS

Street 1319 E 41ST ST

City LOS ANGELES State CA Zip 90011

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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

Total hours worked by all employees last year 18,266.82

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 767639 CARSON SH CAMPUS

Street 22328 S MAIN ST

City CARSON State CA Zip 90745

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 8

Total hours worked by all employees last year 13,521.11

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	1	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	31
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 767839 LINDA E MARQUEZ HS CAMPUS

Street 6361 COTTAGE ST

City HUNTINGTON PARK State CA Zip 90255

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 17

Total hours worked by all employees last year 23,601.45

Sign here

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Company executive Title

( ) / /
Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
104	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 768039 LEGACY SH COMP CAMPUS

Street 5225 TWEEDY BLVD

City SOUTH GATE State CA Zip 90280

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 11

Total hours worked by all employees last year 16,775.51

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 769901 WESTMINSTER EL

Street 1010 ABBOT KINNEY BLVD

City VENICE State CA Zip 90291

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 45

Total hours worked by all employees last year 54,000.47

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
57	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 770439 CHAVEZ LA CAMPUS

Street 1001 ARROYO AVE

City SAN FERNANDO State CA Zip 91340

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 24,699.78

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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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
0	1	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
77	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 770539 RIVERA LC CAMPUS

Street 6100 S CENTRAL AVE

City LOS ANGELES State CA Zip 90001

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 23,268.15

Sign here

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Company executive Title

( ) / /
Phone Date

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Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	1	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	10
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 771201 WESTPORT HTS EL

Street 6011 W 79TH ST

City LOS ANGELES State CA Zip 90045

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 28

Total hours worked by all employees last year 30,790.84

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 771501 CHAVEZ LA ARTES MAG

Street 1001 ARROYO AVE

City SAN FERNANDO State CA Zip 91340

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 30

Total hours worked by all employees last year 34,741.67

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 771601 CHAVEZ LA SJ HUM AC

Street 1001 ARROYO AVE

City SAN FERNANDO State CA Zip 91340

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 40

Total hours worked by all employees last year 47,442.78

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	1	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	23
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 771701 CHAVEZ LA ASE

Street 1001 ARROYO AVE

City SAN FERNANDO State CA Zip 91340

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 36

Total hours worked by all employees last year 42,797.59

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	1	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
180	73
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 771801 SRHS COM TEC

Street 6100 S CENTRAL AVE

City LOS ANGELES State CA Zip 90001

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 43

Total hours worked by all employees last year 53,086.99

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 771901 RIVERA LC GRN DESIGN

Street 6100 S CENTRAL AVE

City LOS ANGELES State CA Zip 90001

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 49

Total hours worked by all employees last year 61,722.02

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 772101 RIVERA LC PERF ARTS

Street 6100 S CENTRAL AVE

City LOS ANGELES State CA Zip 90001

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 44

Total hours worked by all employees last year 52,830.46

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	1	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	108
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 772201 ANGELOU COMMUNITY SH

Street 300 E 53RD ST

City LOS ANGELES State CA Zip 90011

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 117

Total hours worked by all employees last year 151,890.95

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 772501 MARQUEZ SH LIBRA

Street 333 S. BEAUDRY

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 48

Total hours worked by all employees last year 61,495.51

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 772939 HELEN BERNSTEIN HS CAMPUS

Street 1309 N WILTON PLACE

City LOS ANGELES State CA Zip 90028

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 8

Total hours worked by all employees last year 12,521.96

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 773401 BERNSTEIN SH STEM

Street 1309 N. WILTON PLACE

City HOLLYWOOD State CA Zip 90028

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 50

Total hours worked by all employees last year 65,261.94

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	2	1	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
31	34
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	6	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 773539 ESTEBAN E TORRES HS CAMPUS

Street 4211 DOZIER ST

City LOS ANGELES State CA Zip 90063

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 24,460.53

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 773639 RFK COMM SCH WELCOME CENTER

Street 701 S CATALINA ST

City LOS ANGELES State CA Zip 90005

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 23

Total hours worked by all employees last year 35,463.39

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 773739 ROOSEVELT HS CAMPUS

Street 456 S MATHEWS ST

City LOS ANGELES State CA Zip 90033

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 15,755.94

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 773939 BELMONT HS CAMPUS

Street 1575 W 2ND ST

City LOS ANGELES State CA Zip 90026

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 11

Total hours worked by all employees last year 14,640.39

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	1	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	109
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 774001 WESTWOOD CHTR EL

Street 2050 SELBY AVE

City LOS ANGELES State CA Zip 90025

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 49

Total hours worked by all employees last year 58,822.7

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	1	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	180
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 774139 CONTRERAS LC CAMPUS

Street 322 S LUCAS AVE

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 13

Total hours worked by all employees last year 20,726.1

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 774339 ROYBAL LC CAMPUS

Street 1200 W COLTON STREET

City LOS ANGELES State CA Zip 90026

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 11

Total hours worked by all employees last year 17,916.54

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	4	4	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
160	43
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	11	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 774901 ROOSEVELT HS CMNT

Street 456 S MATHEWS ST

City LOS ANGELES State CA Zip 90033

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 161

Total hours worked by all employees last year 193,340.5

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 774902 ROOSEVELT HS LAW PUBLIC SERVICES MAGNET

Street 456 S. MATHEW ST

City LOS ANGELES State CA Zip 90033

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 20

Total hours worked by all employees last year 22,184.18

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 775101 ROOSEVELT HS MAGNET

Street 456 S MATHEWS ST

City LOS ANGELES State CA Zip 90033

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 44

Total hours worked by all employees last year 54,858.21

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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.

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 775201 HILDA SOLIS

Street 319 N. HUMPHREYS AVE

City LOS ANGELES State CA Zip 90022

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 20

Total hours worked by all employees last year 26,187.96

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 776101 JOHNSON CDS

Street 10601 S GRANDEE AVE

City LOS ANGELES State CA Zip 90002

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 8

Total hours worked by all employees last year 10,547.34

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	5
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	5	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 776701 WHITE POINT EL

Street 1410 SILVIUS AVE

City SAN PEDRO State CA Zip 90731

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 41

Total hours worked by all employees last year 47,070

Sign here

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Company executive Title

( ) / /
Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	1	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
2	15
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	1

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Establishment Information

Your establishment 777101 RFK AMBSDR SCH GLBL LDSH

Street 701 S CATALINA ST

City LOS ANGELES State CA Zip 90005

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 47

Total hours worked by all employees last year 62,816.97

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
8	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 777201 TORRES HS ELA RENAISSANCE

Street 4211 DOZIER ST

City LOS ANGELES State CA Zip 90063

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 43

Total hours worked by all employees last year 50,396.45

Sign here

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Company executive Title

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Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 777301 TORRES HS ENG TECH

Street 4211 DOZIER ST

City LOS ANGELES State CA Zip 90063

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 34

Total hours worked by all employees last year 42,234.64

Sign here

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Company executive Title

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Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	1	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	9
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 777401 WILBUR CHTR EN ACAD

Street 5213 CREBS AVE

City TARZANA State CA Zip 91356

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 66

Total hours worked by all employees last year 71,960.86

Sign here

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Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	1	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	131
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 777501 TORRES HS HUM ART TECH

Street 4211 DOZIER ST

City LOS ANGELES State CA Zip 90063

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 37

Total hours worked by all employees last year 43,297.73

Sign here

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Company executive Title

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Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 777701 TORRES HS SOC JST LDSHP

Street 4211 DOZIER ST

City LOS ANGELES State CA Zip 90063

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 19

Total hours worked by all employees last year 23,205.68

Sign here

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Company executive Title

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Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	1	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	119
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 778001 RFK UCLA COMM SCH

Street 700 S MARIPOSA AVE

City LOS ANGELES State CA Zip 90005

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 103

Total hours worked by all employees last year 126,135.71

Sign here

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Company executive Title

( ) / /

Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 778002 RFK UCLA COMM SC DL ONE-WAY IM SPANISH

Street 700 S MARIPOSA AVE

City LOS ANGELES State CA Zip 90005

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 11

Total hours worked by all employees last year 12,327

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	1	2	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
16	289
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	5	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 778101 WILMINGTON PK EL

Street 1140 MAHAR AVE

City WILMINGTON State CA Zip 90744

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 62

Total hours worked by all employees last year 74,271.02

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	1	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
27	216
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 778301 RFK NEW OPEN WRLD ACAD

Street 3201 WEST 8TH ST

City LOS ANGELES State CA Zip 90010

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 93

Total hours worked by all employees last year 111,936.56

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	0	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
191	169
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 779501 WILSHIRE CREST EL

Street 5241 W OLYMPIC BLVD

City LOS ANGELES State CA Zip 90036

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 28

Total hours worked by all employees last year 32,033.67

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 779502 WILSHIRE CREST EL DUAL LANGUAGE SPANISH

Street 5241 W OLYMPIC BLVD

City LOS ANGELES State CA Zip 90036

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 5,536.33

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 7801 OFF OF CHIEF STRATEGY OFFICER

Street 333 S. BEAUDRY AVE.

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 7

Total hours worked by all employees last year 11,478.75

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	5	2	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
87	350
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	7	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	1

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Establishment Information

Your establishment 780801 WILTON PL EL

Street 745 S WILTON PL

City LOS ANGELES State CA Zip 90005

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 44

Total hours worked by all employees last year 50,716.92

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 780802 WILTON PL EL DLC SP

Street 745 S WILTON PL

City LOS ANGELES State CA Zip 90005

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 7

Total hours worked by all employees last year 8,863.16

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 780803 WILTON PL EL DLC KO

Street 745 S WILTON PL

City LOS ANGELES State CA Zip 90005

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 2,791.75

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 78201 ITD-CAP PRJ PMO JCST

Street 333 S BEAUDRY AVE 10TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 15,551

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
22	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 782201 WINDSOR M S AERO MAG

Street 5215 OVERDALE DR

City LOS ANGELES State CA Zip 90043

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 50

Total hours worked by all employees last year 57,540.6

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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.

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
27	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 783601 WINNETKA EL

Street 8240 WINNETKA AVE

City CANOGA PARK State CA Zip 91306

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 45

Total hours worked by all employees last year 52,223.68

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
54	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 784901 WONDERLAND EL

Street 8510 WONDERLAND AVE

City LOS ANGELES State CA Zip 90046

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 36

Total hours worked by all employees last year 39,530.91

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 784902 WONDERLAND G HA MAG

Street 8510 WONDERLAND AVE

City LOS ANGELES State CA Zip 90046

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 7

Total hours worked by all employees last year 8,371.4

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 78501 ITD-ENT REPT INTEGR

Street 333 S BEAUDRY AVE, 10TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 18

Total hours worked by all employees last year 31,180.8

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
6	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 786301 WOODCREST EL

Street 1151 W 109TH ST

City LOS ANGELES State CA Zip 90044

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 98,433.45

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 78701 ITD-CSRU

Street 2155 NORTH SOTO STREET

City LOS ANGELES State CA Zip 90032

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 41

Total hours worked by all employees last year 78,210.12

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	3	1	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
83	143
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	5	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 787701 WOODLAKE EL CHARTER

Street 23231 HATTERAS ST

City WOODLAND HILLS State CA Zip 91367

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 55

Total hours worked by all employees last year 59,545.78

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 78801 ITD-PMO CSIU

Street 2155 N SOTO ST

City LOS ANGELES State CA Zip 90032

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 1

Total hours worked by all employees last year 1,784

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	1	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	70
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 789001 WOODLAND HILLS CHTR ES

Street 22201 SAN MIGUEL ST

City WOODLAND HILLS State CA Zip 91364

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 59

Total hours worked by all employees last year 62,551.94

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 78901 ITD-DATA CENTER OPS

Street 333 S. BEAUDRY AVE., 9TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 35

Total hours worked by all employees last year 63,043.97

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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.

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	8	2	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
684	209
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	8	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	2

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 789501 VALLEY OAKS CENTER FOR ENR STUDIES MAG

Street 9171 TELFAIR AVE

City SUN VALLEY State CA Zip 91352

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 55

Total hours worked by all employees last year 67,775.06

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 79001 ITD-SAP

Street 333 S BEAUDRY AVE, 11TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 49

Total hours worked by all employees last year 86,508.25

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	1	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	126
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 790401 WOODLAWN EL

Street 6314 WOODLAWN AVE

City BELL State CA Zip 90201

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 62

Total hours worked by all employees last year 72,532.58

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 790402 WOODLAWN AV EL DL SP

Street 6314 WOODLAWN AVE

City BELL State CA Zip 90201

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 11

Total hours worked by all employees last year 12,874.45

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 791901 VIRTUAL ACADEMY STEAM

Street 19451 WYANDOTTE ST

City RESEDA State CA Zip 91335

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 61

Total hours worked by all employees last year 74,673.09

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	1	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
161	13
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 792001 VIRTUAL ACADEMY INT STUDIES WORLD LANG

Street 13400 ERWIN ST

City VAN NUYS State CA Zip 91401

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 50

Total hours worked by all employees last year 62,450.34

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	1	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	52
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 792101 VIRTUAL ACADEMY ARTS ENTERTAINMENT

Street 317 N AVE 62

City LOS ANGELES State CA Zip 90042

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 65

Total hours worked by all employees last year 82,786.78

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	1	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
7	320
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 792201 VIRTUAL ACADEMY LEADERSHIP PUB SERVICE

Street 1435 W 27TH ST

City LOS ANGELES State CA Zip 90007

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 49

Total hours worked by all employees last year 63,342.46

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	1

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 792301 VIRTUAL ACADEMY BUS ENTREPRENEURSHIP

Street 9801 SAN MIGUEL AVE

City SOUTH GATE State CA Zip 90280

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 51

Total hours worked by all employees last year 65,485.17

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
133	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 792401 VIRTUAL ACADEMY COMPUTER SCIENCE

Street 1254 E HELMICK ST

City CARSON State CA Zip 90746

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 61

Total hours worked by all employees last year 74,455.75

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 79301 ITD-ENTPLANSERVICES

Street 333 S. BEAUDRY AVE., 10TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 8,592.25

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 79401 ITD-MISIS

Street 333 S. BEAUDRY AVE., 10TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 41

Total hours worked by all employees last year 67,517.6

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 79501 ITD-CUSTOMER SUPPORT

Street 2155 N. SOTO STREET

City LOS ANGELES State CA Zip 90032

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 156

Total hours worked by all employees last year 254,812.84

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 795901 YORKDALE EL

Street 5657 MERIDIAN ST

City LOS ANGELES State CA Zip 90042

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 35

Total hours worked by all employees last year 38,158.68

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 79601 ITD- SADE

Street 333 S. BEAUDRY AVE., 10TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 25,510.36

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	1	0	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
34	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 800901 ADAMS MS

Street 151 W 30TH ST

City LOS ANGELES State CA Zip 90007

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 74

Total hours worked by all employees last year 92,923.62

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 800902 JOHN ADAMS MS GIFTED MAGNET

Street 151 W 30TH ST

City LOS ANGELES State CA Zip 90007

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 11,283.12

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	1	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
3	79
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 802801 AUDUBON MS

Street 4120 11TH AVE

City LOS ANGELES State CA Zip 90008

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 71

Total hours worked by all employees last year 87,479.93

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 802802 AUDUBON G HA MAG

Street 4120 11TH AVE

City LOS ANGELES State CA Zip 90008

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 5,535.8

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 80301 APOLO DL ASIANPACIFIC DUALLG

Street 333 S. BEAUDRY AVE., 25TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 8

Total hours worked by all employees last year 12,321.5

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
76	26
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 803801 BANCROFT MS

Street 929 N LAS PALMAS AVE

City LOS ANGELES State CA Zip 90038

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 51

Total hours worked by all employees last year 64,675.6

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 803802 BANCROFT PER ART MAG

Street 929 N LAS PALMAS AVE

City LOS ANGELES State CA Zip 90038

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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

Total hours worked by all employees last year 14,301

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 803803 BANCROFT G HG HA STEAM MAG

Street 929 N LAS PALMAS AVE

City LOS ANGELES State CA Zip 90038

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 5,630.42

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...	(M)		
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 80401 MIGRANT ED

Street 333 S. BEAUDRY AVE., 25TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 8,265.5

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	3	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
162	178
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 804501 SAL CASTRO MIDDLE SCHOOL

Street 1575 W 2ND ST

City LOS ANGELES State CA Zip 90026

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 33

Total hours worked by all employees last year 39,107.54

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	2	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
5	133
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	5	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 804701 BELVEDERE MS

Street 312 N RECORD AVE

City LOS ANGELES State CA Zip 90063

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 84

Total hours worked by all employees last year 101,401.04

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 804702 BELVEDERE MEDIA MAG

Street 312 N RECORD AVE

City LOS ANGELES State CA Zip 90063

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 7

Total hours worked by all employees last year 7,541.68

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...

	(M)		(M)
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 804703 BELVEDERE LAT MUS MAG

Street 312 N RECORD AVE

City LOS ANGELES State CA Zip 90063

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 7,333.34

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	3	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
244	86
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 805701 BERENDO MS

Street 1157 S BERENDO ST

City LOS ANGELES State CA Zip 90006

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 77

Total hours worked by all employees last year 93,773.51

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	3	2	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
181	213
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	5	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	1	(6) All other illnesses	0

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Establishment Information

Your establishment 805801 JOHN H LIECHTY MS

Street 650 S UNION AVE

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 110

Total hours worked by all employees last year 131,467.58

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	4	1	4
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
147	59
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	9	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 806001 BETHUNE MS

Street 155 W 69TH ST

City LOS ANGELES State CA Zip 90003

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 99

Total hours worked by all employees last year 128,013.94

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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.

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 806002 BETHUNE MS MATH SCI TECH

Street 155 W. 69TH ST.

City LOS ANGELES State CA Zip 90003

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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

Total hours worked by all employees last year 14,430.23

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	1	1	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
3	138
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 806201 WILLIAM J CLINTON MS

Street 3500 S HILL ST.

City LOS ANGELES State CA Zip 90007

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 95,615.62

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 806202 CLINTON MS MEDICAL HEALTH CAREERS MAGNET

Street 3500 S HILL ST

City LOS ANGELES State CA Zip 90007

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8211

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

611110

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 11,059.5

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 806401 YOUNG OAK KIM ACADEMY

Street 615 S SHATTO PL

City LOS ANGELES State CA Zip 90005

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 72

Total hours worked by all employees last year 90,563.56

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	1	1	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
5	91
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 806601 BURBANK MS

Street 6460 N FIGUEROA ST

City LOS ANGELES State CA Zip 90042

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 96

Total hours worked by all employees last year 119,500.94

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 806603 BURBANK MS POLICE ACAD

Street 6460 N FIGUEROA ST

City LOS ANGELES State CA Zip 90042

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 4

Total hours worked by all employees last year 4,510.3

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	1	8
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
14	101
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	10	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	1
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 807501 BURROUGHS MS

Street 600 S MC CADDEN PL

City LOS ANGELES State CA Zip 90005

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 84

Total hours worked by all employees last year 102,686.14

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 807502 BURROUGHS G HA MAG

Street 600 S MC CADDON PL

City LOS ANGELES State CA Zip 90005

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 27

Total hours worked by all employees last year 33,147.46

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	8	4	6
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
466	306
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	17	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	1	(6) All other illnesses	0

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Establishment Information

Your establishment 808001 BYRD MS

Street 8501 ARLETA AVENUE

City SUN VALLEY State CA Zip 91352

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 94

Total hours worked by all employees last year 117,472.71

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 808002 BYRD MATH SCI MAG

Street 8501 ARLETA AVENUE

City SUN VALLEY State CA Zip 91352

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 13

Total hours worked by all employees last year 16,529.02

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	1	3	5
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
16	122
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	8	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	1

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 809001 CARNEGIE MS

Street 21820 BONITA ST

City CARSON State CA Zip 90745

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 79

Total hours worked by all employees last year 99,194.9

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 809002 CARNEGIE MS MEDICAL MAGNETT

Street 21820 BONITA ST.

City CARSON State CA Zip 90745

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 7

Total hours worked by all employees last year 8,336.31

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 809003 CARNEGIE MS ARTS MEDIA MUSIC ENT. MAGNET

Street 21820 BONITA ST

City CARSON State CA Zip 90745

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 7,286.35

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 809201 JACK LONDON COMM DAY SCHOOL

Street 12924-A OXNARD ST

City VALLEY GLEN State CA Zip 91401

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 8

Total hours worked by all employees last year 7,715.96

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	2	2	15
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
163	78
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	18	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	1

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Establishment Information

Your establishment 809401 CARVER MS

Street 4410 MC KINLEY AVE

City LOS ANGELES State CA Zip 90011

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 101

Total hours worked by all employees last year 127,377.33

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 81001 PE-TEACHER-ITINERANT

Street 333 S. BEAUDRY AVE. 25TH FLOOR

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 17,751.08

Sign here

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Company executive Title

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Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	4	6
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
18	329
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	10	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	1

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Establishment Information

Your establishment 810201 COLUMBUS MS

Street 22250 ELKWOOD ST

City CANOGA PARK State CA Zip 91304

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 63

Total hours worked by all employees last year 77,550.14

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	1	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	70
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 810202 COLUMBUS MS MATH SCI MED

Street 22250 ELKWOOD ST

City CANOGA PARK State CA Zip 91304

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 7

Total hours worked by all employees last year 8,222.17

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 810203 COLUMBUS MS MEDIA ARTS COMM MAGNET

Street 22250 ELKWOOD ST

City CANOGA PARK State CA Zip 91304

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 7,118.84

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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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
79	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 810301 CURTISS MS

Street 1254 E HELMICK ST

City CARSON State CA Zip 90746

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 50

Total hours worked by all employees last year 59,544.84

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
13	18
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 810302 CURTISS MATH SCI MAG

Street 1254 E HELMICK ST

City CARSON State CA Zip 90746

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 11,352.62

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	4	1	5
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
178	223
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	10	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 810401 DANA MS

Street 1501 S CABRILLO AVE

City SAN PEDRO State CA Zip 90731

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 150,032.08

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 810402 DANA STEAM MAGNET

Street 1501 S CABRILLO AVE

City SAN PEDRO State CA Zip 90731

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 21,002.25

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	7	0	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
560	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	9	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	1	(6) All other illnesses	0

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Establishment Information

Your establishment 810701 PORTOLA MS

Street 18720 LINNET ST

City TARZANA State CA Zip 91356

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 99

Total hours worked by all employees last year 120,445.92

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 810702 PORTOLA HG MAG

Street 18720 LINNET ST

City TARZANA State CA Zip 91356

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 11

Total hours worked by all employees last year 12,537.95

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	3	0	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
66	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	1

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Establishment Information

Your establishment 810703 GASPAR DE PORTOLA MS - ACADEMY OF INTEGR

Street 18720 LINNET ST

City TARZANA State CA Zip 91356

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 19,328.37

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
12	16
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 811001 DODSON MS

Street 28014 MONTEREINA DR

City RANCHO PALOS VERDES State CA Zip 90275

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 66

Total hours worked by all employees last year 85,595.94

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	1	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	180
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 811002 DODSON G HA MAG

Street 28014 MONTEREINA DR

City RANCHO PALOS VERDES State CA Zip 90275

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 27

Total hours worked by all employees last year 32,620.74

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 811003 RUDECINDA SEPULVEDA DODSON MS VISUAL PER

Street 28014 MONTEREINA DR

City RANCHO PALOS VERDES State CA Zip 90275

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 18,516.95

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	5	1	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
37	115
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	6	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 811201 DREW MS

Street 8511 COMPTON AVE

City LOS ANGELES State CA Zip 90001

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 77

Total hours worked by all employees last year 93,808.01

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 811202 DREW G HA MAG

Street 8511 COMPTON AVE

City LOS ANGELES State CA Zip 90001

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 6,102.56

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
4	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 811239 CHARLES DREW MIDDLE SCHOOL CAMPUS

Street 8511 COMPTON AVE

City LOS ANGELES State CA Zip 90001

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 11,309.72

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	3	2	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
271	35
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	6	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 811301 EDISON MS

Street 6500 HOOPER AVE

City LOS ANGELES State CA Zip 90001

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 117

Total hours worked by all employees last year 145,084.8

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	3	0	4
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
50	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	6	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	1	(6) All other illnesses	0

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Establishment Information

Your establishment 811601 ROY ROMER MS

Street 6501 LAUREL CANYON BLVD

City NORTH HOLLYWOOD State CA Zip 91606

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 79

Total hours worked by all employees last year 99,469.3

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
31	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	1

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Establishment Information

Your establishment 811602 ROMER STEM MAGNET

Street 6501 LAUREL CANYON BLVD.

City NORTH HOLLYWOOD State CA Zip 91606

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 14

Total hours worked by all employees last year 15,319.62

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 811603 ROY ROMER MIDDLE G HG HA HUMANITIES MAGN

Street 6501 LAUREL CANYON BLVD

City NORTH HOLLYWOOD State CA Zip 91606

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 3

Total hours worked by all employees last year 3,399.32

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	1	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
25	21
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 811701 VISTA MIDDLE SCHOOL

Street 15040 ROSCOE BLVD.

City PANORAMA CITY State CA Zip 91402

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 116

Total hours worked by all employees last year 149,669.6

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 811703 VISTA SMCP MAG

Street 15040 ROSCOE BLVD

City PANORAMA CITY State CA Zip 91402

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 10,430.01

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 811704 VISTA MS GIFTED STEAM MAGNET

Street 15040 ROSCOE BLVD.

City PANORAMA CITY State CA Zip 91402

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 4

Total hours worked by all employees last year 4,417.3

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 811705 VISTA MS LAW GOV SOCIAL JUST LEAD MAGNET

Street 15040 ROSCOE BLVD

City PANORAMA CITY State CA Zip 91402

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 3

Total hours worked by all employees last year 3,231.83

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	3	0	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
274	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	6	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 811801 EL SERENO MS

Street 2839 N EASTERN AVE

City LOS ANGELES State CA Zip 90032

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 109,773.81

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 811802 EL SERENO MATH SC MAG

Street 2839 N EASTERN AVE

City LOS ANGELES State CA Zip 90032

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 6,604.58

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 811803 EL SERENO G HA MAG

Street 2839 N EASTERN AVE

City LOS ANGELES State CA Zip 90032

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 5,698.29

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 811804 EL SERENO ESH MAG

Street 2839 N EASTERN AVE

City LOS ANGELES State CA Zip 90032

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 6,949.32

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	1	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
27	32
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	1

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Establishment Information

Your establishment 812301 EMERSON COMM CHTR

Street 1650 SELBY AVE

City LOS ANGELES State CA Zip 90024

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 46

Total hours worked by all employees last year 58,551.16

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	0	6
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
45	154
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	8	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 812701 FLEMING MS

Street 25425 WALNUT ST

City LOMITA State CA Zip 90717

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 93

Total hours worked by all employees last year 119,134.61

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
13	118
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 812702 FLEMING MS MATH SCI TECH

Street 25425 WALNUT ST.

City LOMITA State CA Zip 90717

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 17

Total hours worked by all employees last year 19,991.81

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	6	2	5
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
470	290
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	12	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	1

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Establishment Information

Your establishment 813201 FOSHAY LEARNING CENTER

Street 3751 S HARVARD BLVD

City LOS ANGELES State CA Zip 90018

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 155

Total hours worked by all employees last year 183,841.75

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	1	4
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	5
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	1

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Establishment Information

Your establishment 813701 FROST MS

Street 12314 BRADFORD PL

City GRANADA HILLS State CA Zip 91344

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 84

Total hours worked by all employees last year 108,332.19

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 813702 FROST MS COMP MATH SCI

Street 12314 BRADFORD PL

City GRANADA HILL State CA Zip 91344

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 20

Total hours worked by all employees last year 24,139.33

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 813703 FROST MS GIFTED MUSIC CONSERV MAGNET

Street 12314 BRADFORD PL

City GRANADA HILLS State CA Zip 91344

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 7

Total hours worked by all employees last year 7,680.5

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	4	0	6
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
77	99
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	9	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	1

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 814201 FULTON COLLEGE PREP SCHOOL

Street 7477 KESTER AVE

City VAN NUYS State CA Zip 91405

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 136

Total hours worked by all employees last year 171,140.1

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 814204 FULTON CAM MAG

Street 7477 KESTER AVE

City VAN NUYS State CA Zip 91405

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 11,537.02

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	3	0	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
32	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	6	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 815101 GAGE MS

Street 2880 E. GAGE AVE

City HUNTINGTON PARK State CA Zip 90255

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 130

Total hours worked by all employees last year 154,659.26

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 815102 GAGE MS MATH SCIENCE TECH

Street 2880 E. GAGE AVENUE

City HUNTINGTON PARK State CA Zip 90255

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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

Total hours worked by all employees last year 14,378.42

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	5	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
133	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	6	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 815301 SOUTHEAST MIDDLE SCHOOL

Street 2560 TWEEDY BLVD.

City SOUTH GATE State CA Zip 90280

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 108

Total hours worked by all employees last year 143,610.32

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 815302 SOUTHEAST MIDDLE SCHOOL DREAMS MAGNET

Street 2560 TWEEDY BLVD

City SOUTH GATE State CA Zip 90280

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 26,780.26

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	3	3	5
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
290	557
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	10	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	1

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Establishment Information

Your establishment 816001 GOMPERS MS

Street 234 E 112TH ST

City LOS ANGELES State CA Zip 90061

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 65

Total hours worked by all employees last year 81,055.77

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 816002 GOMPERS STEAM MAG

Street 234 E 112TH ST

City LOS ANGELES State CA Zip 90061

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 3

Total hours worked by all employees last year 3,751.7

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	3	0	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
88	74
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	6	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 816039 SAMUEL GOMPERS MIDDLE SCHOOL CAMPUS

Street 234 E 112TH ST

City LOS ANGELES State CA Zip 90061

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 10,939.76

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	3	2	5
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
280	335
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	10	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 816801 GRIFFITH MS

Street 4765 E 4TH ST

City LOS ANGELES State CA Zip 90022

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 146,188.19

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	3	2	7
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
29	382
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	10	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	2

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Establishment Information

Your establishment 816901 G E HALE CHRTR ACAD

Street 23830 CALIFA ST

City WOODLAND HILLS State CA Zip 91367

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 91

Total hours worked by all employees last year 107,704.53

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 816902 GEORGE ELLERY HALE CHARTER ACAD GIF STEM

Street 23830 CALIFA ST

City WOODLAND HILLS State CA Zip 91367

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 17

Total hours worked by all employees last year 20,565.26

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 816903 HALE CHARTER ACADEMY VAPA MAGNETT

Street 23830 CALIFA ST.

City WOODLAND HILLS State CA Zip 91367

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 19,191.07

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	3	1	4
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
188	180
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	8	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 817001 HARTE PREP MS

Street 9301 S HOOVER ST

City LOS ANGELES State CA Zip 90044

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 77

Total hours worked by all employees last year 95,739.39

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 817401 HENRY MS

Street 17340 SAN JOSE ST

City GRANADA HILLS State CA Zip 91344

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 78

Total hours worked by all employees last year 98,858.17

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 817402 HENRY MS COMPUTER MATH SCI

Street 17340 SAN JOSE ST

City GRANADA HILLS State CA Zip 91344

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 14

Total hours worked by all employees last year 17,617.93

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 817403 HENRY VISUAL AND PERFORMING ARTS MAGNET

Street 17340 SAN JOSE ST

City GRANADA HILLS State CA Zip 91406

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 13

Total hours worked by all employees last year 15,020.99

Sign here

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Company executive Title

( ) / /

Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	4
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
180	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	2	(6) All other illnesses	0

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Establishment Information

Your establishment 817901 HOLLENBECK MS

Street 2510 E. SIXTH ST

City LOS ANGELES State CA Zip 90023

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 94

Total hours worked by all employees last year 116,674.2

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 817902 HOLLENBECK MS M S T

Street 2510 E. SIXTH ST

City LOS ANGELES State CA Zip 90023

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 14

Total hours worked by all employees last year 16,151.28

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Year 20 2 4

U.S. Department of Labor
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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 817903 HOLLENBECK MS LAW PUBLIC SERVICE MAGNET

Street 2510 E 6TH ST

City LOS ANGELES State CA Zip 90023

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 7

Total hours worked by all employees last year 8,405.17

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	2	1	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
181	36
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 818201 HOLMES MS

Street 9351 PASO ROBLES AVE

City NORTHRIDGE State CA Zip 91325

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 95,399.38

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
35	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 818202 HOLMES INT HUMAN MAG

Street 9351 PASO ROBLES AVE

City NORTHRIDGE State CA Zip 91325

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 17

Total hours worked by all employees last year 19,774.46

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	2	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
77	164
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	5	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 818901 IRVING MS MATH MUS ENG MAGNET

Street 3010 ESTARA AVE

City LOS ANGELES State CA Zip 90065

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 91

Total hours worked by all employees last year 114,670.59

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	4	6
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
1	502
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	11	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 820001 LOS ANGELES ACADEMY MS

Street 644 E 56TH ST

City LOS ANGELES State CA Zip 90011

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 108

Total hours worked by all employees last year 137,657.45

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	1	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	90
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 820002 LOS ANGELES ACADEMY MIDDL SCHOOL STEAM

Street 644 E 56TH ST

City LOS ANGELES State CA Zip 90011

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 14

Total hours worked by all employees last year 15,988.14

Sign here

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Company executive Title

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Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 82001 PSYCHOLOGICAL SVCS-ITINERANT

Street 333 S. BEAUDRY AVE., 17TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 624

Total hours worked by all employees last year 963,566.64

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 820601 SCH-VISUAL ARTS HUM@RFK

Street 701 S CATALINA ST

City LOS ANGELES State CA Zip 90005

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 46

Total hours worked by all employees last year 57,429.39

Sign here

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Company executive Title

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Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	1	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	55
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 820701 ACAD LEADERSHP COMMUNITY

Street 322 LUCAS AVE

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 46

Total hours worked by all employees last year 56,065.39

Sign here

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Company executive Title

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Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	3	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
29	98
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	6	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 820801 KING MS FILM MEDIA MAGNET

Street 4201 FOUNTAIN AVE

City LOS ANGELES State CA Zip 90029

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 116

Total hours worked by all employees last year 146,385.38

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 820802 THOMAS STARR KING MS GIFTED ARTS TECHNOL

Street 4201 FOUNTAIN AVE

City LOS ANGELES State CA Zip 90029

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 17

Total hours worked by all employees last year 20,556.55

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 820803 KING MS ESTEAM MAGNET

Street 4201 FOUNTAIN AVE

City LOS ANGELES State CA Zip 90029

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 18,189.64

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 82101 DIST NURSING SVCS-ITINERANT

Street 121 N. BEAUDRY AVE.

City LOS ANGELES State CA Zip 90012

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 800

Total hours worked by all employees last year 1,084,029.22

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	2	2	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
36	368
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	5	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 821701 LAWRENCE MS

Street 10100 VARIEL AVE

City CHATSWORTH State CA Zip 91311

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 81

Total hours worked by all employees last year 97,576.04

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
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Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	1	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	8
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	1

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Establishment Information

Your establishment 821702 LAWRENCE MS G HG HI ABLTY

Street 10100 VARIEL AVE

City CHATSWORTH State CA Zip 91311

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 14

Total hours worked by all employees last year 17,045.51

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 821703 ERNEST LAWRENCE MIDDLE SCHOOL PIONEERING

Street 10100 VARIEL AVE

City CHATSWORTH State CA Zip 91311

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 7

Total hours worked by all employees last year 8,342.78

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 82201 ARTS INSTR PROG - ITINERANT

Street 333 S. BEAUDRY AVE. 25TH FLOOR

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 227

Total hours worked by all employees last year 256,648.09

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
107	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 822601 LE CONTE MS

Street 1316 N BRONSON AVE

City HOLLYWOOD State CA Zip 90028

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 63

Total hours worked by all employees last year 78,071.04

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 822602 LE CONTE INT HUM MAG

Street 1316 NORTH BRONSON AVE

City HOLLYWOOD State CA Zip 90028

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 11,902.22

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	1	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
34	48
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 822801 MACLAY MS

Street 12540 PIERCE AVE

City PACOIMA State CA Zip 91331

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 56

Total hours worked by all employees last year 71,708.18

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	3	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
255	143
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	6	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	1

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Establishment Information

Your establishment 823001 MADISON MS

Street 13000 HART ST

City N HOLLYWOOD State CA Zip 91605

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 120

Total hours worked by all employees last year 153,064.77

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 823002 MADISON M SC MED MAG

Street 13000 HART ST

City N HOLLYWOOD State CA Zip 91605

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 11

Total hours worked by all employees last year 12,801.42

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 823003 MADISON COMPUTER SCI ENG DESIGN MAGNET

Street 13000 HART ST

City NORTH HOLLYWOOD State CA Zip 91342

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 14

Total hours worked by all employees last year 16,921.36

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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.

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 82301 STU HLTH-PUPILSV ATT-ITINERANT

Street 121 N BEAUDRY AVE

City LOS ANGELES State CA Zip 90012

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 829

Total hours worked by all employees last year 1,265,910.06

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	1	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
3	123
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	1

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Establishment Information

Your establishment 823501 MARINA DEL REY MS

Street 12500 BRADDOCK DR

City LOS ANGELES State CA Zip 90066

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 58

Total hours worked by all employees last year 72,427.08

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 823502 MARINA DEL REY MS PRF ARTS

Street 12500 BRADDOCK DR

City LOS ANGELES State CA Zip 90066

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 8

Total hours worked by all employees last year 9,508.49

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	5	2	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
169	102
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	10	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 823701 MARKHAM INT

Street 1650 E 104TH ST

City LOS ANGELES State CA Zip 90002

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 80

Total hours worked by all employees last year 102,746.13

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 823702 MARKHAM HLTH CAR MAG

Street 1650 E 104TH ST

City LOS ANGELES State CA Zip 90002

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 7

Total hours worked by all employees last year 7,225.31

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 823703 MARKHAM MS VISUAL PERFORMING ARTS MAGNET

Street 1650 E 104TH ST

City LOS ANGELES State CA Zip 90002

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6,182.98

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	0	5
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
123	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	6	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	1

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Establishment Information

Your establishment 823801 LOUIS ARMSTRONG MIDDLE SCHOOL

Street 5041 SUNNYSLOPE AVE

City SHERMAN OAKS State CA Zip 91423

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 83

Total hours worked by all employees last year 101,417.84

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 823802 MILLIKAN PER ART MAG

Street 5041 SUNNYSLOPE AVE

City SHERMAN OAKS State CA Zip 91423

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 18,637.87

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 823804 MILLIKAN CMS SGE MAG

Street 5041 SUNNYSLOPE AVE

City SHERMAN OAKS State CA Zip 91423

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 7

Total hours worked by all employees last year 8,846.11

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	5	1	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
382	129
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	7	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 824001 MT GLEASON MS

Street 10965 MT GLEASON AVE

City SUNLAND State CA Zip 91040

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 61

Total hours worked by all employees last year 79,376.89

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 824002 MT GLEASON MS GFTD HI ABLTY

Street 10965 MT GLEASON AVE

City SUNLAND State CA Zip 91040

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 11,580.29

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 824003 MOUNT GLEASON MIDDLE SCHOOL STEAM MAGNET

Street 965 MT GLEASON AVE

City SUNLAND State CA Zip 91040

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 8

Total hours worked by all employees last year 9,735.93

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 82401 MENTAL HLTH SVCS-ITINERANT

Street 333 S. BEAUDRY AVE. 29TH FLOOR

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 717

Total hours worked by all employees last year 1,078,423.47

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	9	3	7
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
252	858
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	16	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	1	(6) All other illnesses	2

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Establishment Information

Your establishment 824501 JOHNNIE L COCHRAN JR MS

Street 4066 W JOHNNIE COCHRAN VISTA

City LOS ANGELES State CA Zip 90019

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 81

Total hours worked by all employees last year 101,127.43

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	4	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
185	38
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	5	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 825501 MUIR MS

Street 5929 S VERMONT AVE

City LOS ANGELES State CA Zip 90044

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 85

Total hours worked by all employees last year 107,396.27

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 825502 MUIR MATH SCI MAG

Street 5929 S VERMONT AVE

City LOS ANGELES State CA Zip 90044

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 6,338.5

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	0	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
194	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	5	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 825901 MULHOLLAND MS

Street 17120 VANOWEN ST

City LAKE BALBOA State CA Zip 91406

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 103

Total hours worked by all employees last year 120,463.74

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 825902 MULHOLLAND MS POLICE ACAD

Street 17120 VANOWEN ST

City LAKE BALBOA State CA Zip 91406

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 11

Total hours worked by all employees last year 12,834

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	1	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
74	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 825903 MULHOLLAND ROBOTICS MAGNET

Street 17120 VANOWEN ST

City VAN NUYS State CA Zip 90745

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 11

Total hours worked by all employees last year 13,693.83

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	4	3	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
72	214
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	10	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 826401 NIGHTINGALE MS

Street 3311 N FIGUEROA ST

City LOS ANGELES State CA Zip 90065

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 91,834.2

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	1

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 826402 NIGHTINGALE MET MAGNET

Street 1311 N FIGUEROA ST

City LOS ANGELES State CA Zip 90065

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 11

Total hours worked by all employees last year 12,746.72

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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.

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...	(M)		
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 826403 NIGHTINGALE G HG HA STEM MAGNET

Street 3311 N FIGUEROA ST

City LOS ANGELES State CA Zip 90065

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 4

Total hours worked by all employees last year 4,482.92

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
5	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 826404 FLORENCE NIGHTINGALE MIDDLE MED HEA KINE

Street 3311 N FIGUEROA ST

City LOS ANGELES State CA Zip 90065

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 5,066.59

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	6	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
42	101
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	5	(6) All other illnesses	0

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Establishment Information

Your establishment 826801 NIMITZ MS

Street 6021 CARMELITA AVE

City HUNTINGTON PARK State CA Zip 90255

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 108

Total hours worked by all employees last year 131,757.61

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 826802 NIMITZ MS MATH SCI MAGNET

Street 6021 CARMELITA AVE

City HUNTINGTON PARK State CA Zip 90255

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 17

Total hours worked by all employees last year 19,430.5

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
307	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 827201 NOBEL MS

Street 9950 TAMPA AVE

City NORTHRIDGE State CA Zip 91324

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 98

Total hours worked by all employees last year 128,647.55

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 827202 NOBEL MATH SCI MAG

Street 9950 TAMPA AVE

City NORTHRIDGE State CA Zip 91324

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 42

Total hours worked by all employees last year 53,949.1

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	3	2	7
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
149	189
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	12	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 828301 NORTHRIDGE MS

Street 17960 CHASE ST

City NORTHRIDGE State CA Zip 91325

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 81

Total hours worked by all employees last year 100,002.19

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 828303 NORTHRIDGE MIDDLE MED HEALTH CAREER MGT

Street 17960 CHASE ST

City NORTHRIDGE State CA Zip 91325

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 8

Total hours worked by all employees last year 9,683.07

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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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 828304 NORTHRIDGE MS LIBERAL ARTS MAGNET

Street 17960 CHASE ST

City NORTHRIDGE State CA Zip 91325

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 4

Total hours worked by all employees last year 4,618.93

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	7	1	4
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
124	41
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	7	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	5	(6) All other illnesses	0

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Establishment Information

Your establishment 828401 NORTHRIDGE EEC

Street 18050 CHASE STREET

City NORTHRIDGE State CA Zip 91325

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 25

Total hours worked by all employees last year 35,642.33

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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.

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	13	2	7
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
533	632
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	19	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	3

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 830601 OLIVE VISTA MS

Street 14600 TYLER ST

City SYLMAR State CA Zip 91342

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 97

Total hours worked by all employees last year 118,975.2

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 830602 OLIVE VISTA STEM MAGNET

Street 14600 TYLER ST

City SYLMAR State CA Zip 91423

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 17,760.82

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 83101 CAFETERIA FISCAL SUP

Street 333 S BEAUDRY AVE, 28TH FLOOR

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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

Total hours worked by all employees last year 20,981.58

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	3	0	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
301	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	6	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 832101 PACOIMA MS

Street 9919 LAUREL CANYON BLVD

City PACOIMA State CA Zip 91331

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 106,671.25

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 832102 PACOIMA TV TH FA MAG

Street 9919 LAUREL CANYON BLVD

City PACOIMA State CA Zip 91331

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 10,696.83

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 832103 PACOIMA COMP MTH MAG

Street 9919 LAUREL CANYON BLVD

City PACOIMA State CA Zip 91331

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 8

Total hours worked by all employees last year 8,685.42

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	1	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	36
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 834001 PALMS MS

Street 10860 WOODBINE ST

City LOS ANGELES State CA Zip 90034

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 70

Total hours worked by all employees last year 90,751.66

Sign here

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Company executive Title

( ) / /
Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 834002 PALMS G HA MAG

Street 10860 WOODBINE ST

City LOS ANGELES State CA Zip 90034

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 19

Total hours worked by all employees last year 23,382.03

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	1	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	180
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 834003 PALMS MS MODERN MEDIA COMM. MAGNETT

Street 10860 WOODBINE ST

City LOS ANGELES State CA Zip 90034

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 11

Total hours worked by all employees last year 13,080.57

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Year 20 2 4

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
0	1	1	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
2	180
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	1	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 834401 WOODLAND HILLS ACADEMY

Street 20800 BURBANK BLVD

City WOODLAND HILLS State CA Zip 91367

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 60

Total hours worked by all employees last year 74,234.25

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
3	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 834402 WOODLAND HILLS ACADEMY HUMANITIES MAGNET

Street 20800 BURBANK BLVD.

City WOODLAND HILLS State CA Zip 91367

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 7

Total hours worked by all employees last year 7,304.27

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 83501 ITD-PROJ MGMT OFF

Street 333 S. BEAUDRY AVE., 10TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 3,428.25

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	8	2	5
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
600	490
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	15	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 835201 PEARY MS

Street 1415 W GARDENA BLVD

City GARDENA State CA Zip 90247

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 113

Total hours worked by all employees last year 146,640.17

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	1	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	83
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 835202 PEARY MATH SCI MAG

Street 1415 W GARDENA BLVD

City GARDENA State CA Zip 90247

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 11,889.59

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...	(M)		
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 835203 PEARY GIFTED MAG

Street 1415 W GARDENA BLVD

City GARDENA State CA Zip 90247

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 3

Total hours worked by all employees last year 3,426.4

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	2	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	196
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 835401 PORTER MS

Street 15960 KINGSBURY ST

City GRANADA HILLS State CA Zip 91344

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 78

Total hours worked by all employees last year 96,237.03

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 835402 PORTER G HA MAG

Street 15960 KINGSBURY ST

City GRANADA HILLS State CA Zip 91344

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 20

Total hours worked by all employees last year 23,645.23

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
161	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 835501 REED MS

Street 4525 IRVINE AVE

City N HOLLYWOOD State CA Zip 91602

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 114

Total hours worked by all employees last year 142,975.75

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 835601 REVERE MS

Street 1450 ALLENFORD AVE

City LOS ANGELES State CA Zip 90049

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 90

Total hours worked by all employees last year 122,488.2

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
59	147
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	1

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Establishment Information

Your establishment 835602 REVERE MATH SCI MAG

Street 1450 ALLENFORD AVE

City LOS ANGELES State CA Zip 90049

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 13

Total hours worked by all employees last year 16,208.8

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	4	1	6
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
44	219
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	11	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 835801 SAN FERNANDO MS

Street 130 N BRAND BLVD

City SAN FERNANDO State CA Zip 91340

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 72

Total hours worked by all employees last year 88,336.03

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	2	1	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
130	206
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	5	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 836301 SEPULVEDA MS

Street 15330 PLUMMER ST

City NORTH HILLS State CA Zip 91343

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 101

Total hours worked by all employees last year 132,997.67

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 836302 SEPULVEDA G HA MAG

Street 15330 PLUMMER ST

City NORTH HILLS State CA Zip 91343

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 13

Total hours worked by all employees last year 16,470.92

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 836303 SEPULVEDA MS KINE SPORTS MEDICINE MAGNET

Street 15330 PLUMMER STREET

City NORTH HILLS State CA Zip 91343

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 7,208.73

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	5	0	5
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
231	134
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	10	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 837701 SOUTH GATE MS

Street 4100 FIRESTONE BLVD

City SOUTH GATE State CA Zip 90280

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 146,551.67

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	1	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	60
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 837702 SO GATE MATH SCIENCE MAGNET

Street 4100 FIRESTONE BLVD

City SOUTH GATE State CA Zip 90280

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 14

Total hours worked by all employees last year 16,366.01

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 83801 ITD - IT SECURITY

Street 333 SOUTH BEAUDRY AVENUE 10TH FLOOR

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 24

Total hours worked by all employees last year 41,415.42

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	2	2	4
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
9	234
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	6	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	2

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Establishment Information

Your establishment 838701 STEVENSON MS

Street 725 S INDIANA ST

City LOS ANGELES State CA Zip 90023

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 96

Total hours worked by all employees last year 120,187.37

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
2	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 838702 STEVENSON G HA MAG

Street 725 S INDIANA ST

City LOS ANGELES State CA Zip 90023

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 6,998.83

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 838703 ROBERT LOUIS STEVENSON COLLEGE

Street 725 S INDIANA ST

City LOS ANGELES State CA Zip 90023

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 7,080.25

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 839001 WALNUT PARK MS A D6

Street 333 S BEAUDRY AVE

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 46

Total hours worked by all employees last year 53,116.36

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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.

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	5
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
20	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	6	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 839601 SUN VALLEY ENG TECH MAGNET

Street 7330 BAKMAN AVE

City SUN VALLEY State CA Zip 91352

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 111

Total hours worked by all employees last year 140,528.58

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
1	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 839602 SUN VALLEY ENV STUDIES MAGNET

Street 7330 BAKMAN AVE

City SUN VALLEY State CA Zip 91352

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 14

Total hours worked by all employees last year 17,430.8

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
53	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	1

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Establishment Information

Your establishment 839603 SUN VALLEY SC EN LEAD MAGNET

Street 7330 BAKMAN AVE

City SUN VALLEY State CA Zip 91352

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 26

Total hours worked by all employees last year 32,205.51

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	4	0	4
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
299	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	7	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	1

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Establishment Information

Your establishment 840601 SUTTER MS

Street 7330 WINNETKA AVE

City CANOGA PARK State CA Zip 91306

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 87

Total hours worked by all employees last year 107,351.99

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 840602 JOHN A SUTTER MIDDLE SCHOOL STEAM MAGNET

Street 7330 WINNETKA AVE

City WINNETKA State CA Zip 91306

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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

Total hours worked by all employees last year 13,880.85

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Company executive Title

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Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 842501 MARK TWAIN MS

Street 2224 WALGROVE AVE

City LOS ANGELES State CA Zip 90066

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 72

Total hours worked by all employees last year 93,538.93

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 842502 MARK TWAIN MS

Street 2224 WALGROVE AVE.

City LOS ANGELES State CA Zip 90066

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 7,546.25

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	5	0	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
392	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	8	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 843401 VAN NUYS MS

Street 5435 VESPER AVE

City VAN NUYS State CA Zip 91411

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 88

Total hours worked by all employees last year 110,810.77

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
73	107
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 843402 VAN NUYS M SC MS MAG

Street 5435 VESPER AVE

City VAN NUYS State CA Zip 91411

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 11

Total hours worked by all employees last year 12,722.03

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	4
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
150	30
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	5	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 846201 VIRGIL MS

Street 152 N VERMONT AVE

City LOS ANGELES State CA Zip 90004

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 92

Total hours worked by all employees last year 115,555.13

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 846202 VIRGIL MED HEALTH SCI MAGNET

Street 152 N VERMONT AVE

City LOS ANGELES State CA Zip 90004

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 17

Total hours worked by all employees last year 20,986.24

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 848101 WEBSTER MS

Street 11330 W GRAHAM PL

City LOS ANGELES State CA Zip 90064

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 50

Total hours worked by all employees last year 64,313.86

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 848102 DANIEL WEBSTER MIDDLE SCHOOL STEAM MAGNE

Street 11330 W GRAHAM PL

City LOS ANGELES State CA Zip 90064

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 11,828.56

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	3	0	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
217	128
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	5	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 848701 WHITE MS

Street 22102 S FIGUEROA ST

City CARSON State CA Zip 90745

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 150,832.54

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 848702 WHITE STEAM MAGNET

Street 22102 S. FIGUEROA ST.

City CARSON State CA Zip 90028

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 19,525.95

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
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Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
8	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 849001 WILMINGTON MS

Street 1700 GULF AVE

City WILMINGTON State CA Zip 90744

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 131

Total hours worked by all employees last year 160,435.63

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 849301 WRIGHT MS

Street 6550 W 80TH ST

City LOS ANGELES State CA Zip 90045

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 51

Total hours worked by all employees last year 64,955.46

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
18	80
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 849303 WRIGHT GIFTED MAG

Street 6550 W 80TH ST

City LOS ANGELES State CA Zip 90045

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 5,606.5

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	1	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
111	117
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 849701 SECONDARY CDS

Street 333 S. BEAUDRY AVE., 18TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 18

Total hours worked by all employees last year 20,812.23

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 850101 LA HIGH SCH OF THE ARTS@RFK

Street 701 S CATALINA ST

City LOS ANGELES State CA Zip 90005

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 43

Total hours worked by all employees last year 52,559.96

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
63	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	1

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 850601 CDS AGGELER

Street 21050 PLUMMER ST

City CHATSWORTH State CA Zip 91311

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 7

Total hours worked by all employees last year 7,891.45

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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.

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 850701 AGGELER HS

Street 21050 PLUMMER ST

City CHATSWORTH State CA Zip 91311

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 19,729.25

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	2	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
242	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 851301 NORTHRIDGE ACADEMY HS

Street 9601 ZELZAH AVE.

City NORTHRIDGE State CA Zip 91325

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 97

Total hours worked by all employees last year 117,912.27

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	4	2	6
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
21	149
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	10	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	2	(6) All other illnesses	0

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Establishment Information

Your establishment 851601 R CORTINEZ S

Street 450 NO GRAND AVE

City LOS ANGELES State CA Zip 90012

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 111

Total hours worked by all employees last year 140,959.94

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
178	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 851701 MIGUEL CONTRERAS LRNG COMPLEX

Street 322 S LUCAS AVE

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 51

Total hours worked by all employees last year 61,762.94

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
83	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 851801 HARBOR TEACHER PREP ACADEMY

Street 1111 FIGUEROA PLACE

City WILMINGTON State CA Zip 90744

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 38

Total hours worked by all employees last year 43,402.14

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 852701 SCHOOL FOR SOCIAL JUSTICE

Street 322 S LUCAS AVE

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 39

Total hours worked by all employees last year 50,428.47

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	1	4	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
2	248
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	8	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 852901 BANNING SH

Street 1527 LAKME AVE

City WILMINGTON State CA Zip 90744

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 208

Total hours worked by all employees last year 264,112.44

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 852902 BANNING CIP MAG

Street 1527 LAKME AVE

City WILMINGTON State CA Zip 90744

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 13

Total hours worked by all employees last year 16,464.78

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 852907 BANNING FIREFIGHTER ACADEMY

Street 1527 LAKME AVENUE

City WIMINGTON State CA Zip 90744

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 8

Total hours worked by all employees last year 9,029

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 852908 PHINEAS BANNING SENIOR HIGH STEAM MAGNET

Street 1527 LAKME AVE

City WILMINGTON State CA Zip 90744

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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

Total hours worked by all employees last year

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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 852909 BANNING HS POLICE ACADEMY MAGNET

Street 1527 LAKME AVE

City WILMINGTON State CA Zip 90744

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 2,693.5

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 853101 AVALON HS

Street 1425 N AVALON BLVD

City WILMINGTON State CA Zip 90744

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 10,165.65

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	3	4
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
23	270
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	9	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 853601 BELL SH

Street 4328 BELL AVE

City BELL State CA Zip 90201

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 177

Total hours worked by all employees last year 224,940.18

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 853614 BELL SR H G HG HA SCI TECH ENGIN MTH M

Street 4328 BELL AVE

City BELL State CA Zip 90201

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 24

Total hours worked by all employees last year 27,478.72

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 85401 FINANCIAL PLANNING AND ANALYSIS

Street 333 S. BEAUDRY AVE. 26TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 2,680

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	4	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
232	132
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	1

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Establishment Information

Your establishment 854301 BELMONT SH

Street 1575 W 2ND ST

City LOS ANGELES State CA Zip 90026

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 94,355.99

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	6	1	8
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
215	47
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	15	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 854401 EDWARD R ROYBAL LEARNG CTR

Street 1200 W COLTON STREET

City LOS ANGELES State CA Zip 90026

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 108

Total hours worked by all employees last year 133,692.77

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	1	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	32
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 854406 ROYBAL LC FILM TELEVISIONMAGNET

Street 1200 W COLTON ST

City LOS ANGELES State CA Zip 90026

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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

Total hours worked by all employees last year 13,514.95

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 854501 NEWMARK HS

Street 134 WITMER ST

City LOS ANGELES State CA Zip 90026

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 13

Total hours worked by all employees last year 16,813.24

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 85501 ITD - IT PARTNERSHIPS SPECIAL PROJECTS

Street 333 SOUTH BEAUDRY AVENUE

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 13

Total hours worked by all employees last year 21,612.25

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 855801 DANIEL PEARL JOURN COMM MAG

Street 6649 BALBOA BLVD

City LAKE BALBOA State CA Zip 91406

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 30

Total hours worked by all employees last year 37,001.13

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 855901 INDEPENDENCE HS

Street 6501 BALBOA BLVD

City LAKE BALBOA State CA Zip 91406

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 20,872.46

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 85601 COVID FISCAL UNIT

Street 333 S. BEAUDRY AVE. 26TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 8

Total hours worked by all employees last year 14,913.75

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 85701 EMPLOYEE SUPPORT LABOR RELATIONS

Street 333 S. BEAUDRY AVE. 14TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 1,797.25

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	2	1	9
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
16	31
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	12	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 857101 CANOGA PARK SH

Street 6850 TOPANGA CANYON BLVD

City CANOGA PARK State CA Zip 91303

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 133

Total hours worked by all employees last year 166,623.76

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 857102 CANOGA PARK ENVR MAG

Street 6850 TOPANGA CANYON BLVD

City CANOGA PARK State CA Zip 91303

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 11

Total hours worked by all employees last year 14,004.96

Sign here

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Company executive Title

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Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 857106 CANOGA PARK HS FOREIGN LANG

Street 6850 TOPANGA CANYON BLVD

City CANOGA PARK State CA Zip 91303

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 12,099.48

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 857301 OWENSMOUTH HS

Street 6921 JORDAN AVE

City CANOGA PARK State CA Zip 91303

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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

Total hours worked by all employees last year 12,587.53

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	3	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	266
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 857501 CARSON SH

Street 22328 S MAIN ST

City CARSON State CA Zip 90745

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 130

Total hours worked by all employees last year 155,117.55

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 857510 CARSON HS MUSICAL ENT DIGITAL ART MAGNET

Street 22328 S MAIN ST

City CARSON State CA Zip 90746

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 10,117

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	4	1	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
53	179
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	6	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 857701 SOTOMAYOR LRNING ACAD LA RIVER SCH

Street 2929 SUNRISE ST.

City LOS ANGELES State CA Zip 90023

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 78

Total hours worked by all employees last year 93,609.28

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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.

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 857801 EAGLE TREE CONTN HS

Street 22628 S MAIN ST

City CARSON State CA Zip 90745

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 6,923.55

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 858001 CENTRAL HS

Street 716 E 14TH ST 2ND FL

City LOS ANGELES State CA Zip 90021

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 49

Total hours worked by all employees last year 51,740.79

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 85801 STRATEGIC DATA EVALUATION BRANCH

Street 333 S. BEAUDRY AVE. 24TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 20

Total hours worked by all employees last year 22,964.58

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	5	2	10
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
215	68
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	16	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	1

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Establishment Information

Your establishment 858301 CHATSWORTH SH

Street 10027 LURLINE AVE

City CHATSWORTH State CA Zip 91311

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 139

Total hours worked by all employees last year 173,774.54

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 858309 CHATSWORTH CHARTER HS GSTEAM MAGNET

Street 10027 LURLINE AVENUE

City CHATSWORTH State CA Zip 91311

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 14

Total hours worked by all employees last year 17,939.83

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 858501 STONEY POINT HS

Street 10010 DE SOTO AVE

City CHATSWORTH State CA Zip 91311

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 13

Total hours worked by all employees last year 16,464.8

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
135	45
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 858801 CLEVELAND EEC

Street 19031 W. STRATHERN ST

City RESEDA State CA Zip 91335

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 24

Total hours worked by all employees last year 36,701.83

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 858901 WILLIAM JOHNSTON CDS

Street 2210 TAPER AVE

City SAN PEDRO State CA Zip 90731

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 17

Total hours worked by all employees last year 20,723.13

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	6	1	5
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
164	61
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	12	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 859001 CLEVELAND SH

Street 8140 VANALDEN AVE

City RESEDA State CA Zip 91335

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 178

Total hours worked by all employees last year 232,913.71

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 859002 CLEVELAND HUMAN MAG

Street 8140 VANALDEN AVE

City RESEDA State CA Zip 91335

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 28

Total hours worked by all employees last year 36,391.92

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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 859007 CLEVELAND GMS MAG

Street 8140 VANALDEN AVE

City RESEDA State CA Zip 91335

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 11

Total hours worked by all employees last year 13,794.58

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 85901 BLACK STUDENT ACHIEVEMENT

Street 333 S. BEAUDRY AVE. 24TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 28

Total hours worked by all employees last year 49,689.5

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
10	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	2	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 859101 JOHN R WOODEN HIGH SCHOOL

Street 18741 ELKWOOD ST

City RESEDA State CA Zip 91335

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 13

Total hours worked by all employees last year 15,298.85

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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U.S. Department of Labor
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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	3	0	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
373	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	5	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 859601 CRENSHAW STEMM MAGNET

Street 5010 11TH AVE

City LOS ANGELES State CA Zip 90043

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 97

Total hours worked by all employees last year 122,033.36

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 859801 YOUNG HS

Street 3051 W 52ND ST

City LOS ANGELES State CA Zip 90043

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 7,399.2

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	3	1	6
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
155	150
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	10	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 860001 DORSEY SH

Street 3537 FARMDALE AVE

City LOS ANGELES State CA Zip 90016

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 102

Total hours worked by all employees last year 124,837.5

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	1	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	112
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 860002 DORSEY MATH SCI MAG

Street 3537 FARMDALE AVE

City LOS ANGELES State CA Zip 90016

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 5,699.32

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 860003 DORSEY LAW GOV MAG

Street 3537 FARMDALE AVE

City LOS ANGELES State CA Zip 90016

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 6,090.33

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 860009 DORSEY HS FIREFIGHTER EMS MAGNET

Street 3537 FARMDALE AVENUE

City LOS ANGELES State CA Zip 90016

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 2,238.1

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 860201 VIEW PARK CONTN HS

Street 4701 RODEO RD

City LOS ANGELES State CA Zip 90016

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6,108.1

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 860601 ELA PERFART@TORRESHS

Street 4211 DOZIER ST

City LOS ANGELES State CA Zip 90063

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 47

Total hours worked by all employees last year 58,106.02

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
12	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 860701 EAST VALLEY HIGH SCHOOL

Street 5525 VINELAND AVE

City N HOLLYWOOD State CA Zip 91601

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 66

Total hours worked by all employees last year 76,456.49

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 860706 EAST VALLEY HS INCL. CREAT. MEDIA MAGNET

Street 5525 VINELAND AVE

City NORTH HOLLYWOOD State CA Zip 91601

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 5,809.52

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 860739 EAST VALLEY SH CAMPUS

Street 5525 VINELAND AVE

City NORTH HOLLYWOOD State CA Zip 91601

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 7

Total hours worked by all employees last year 11,990.15

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
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Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 860901 ARLETA HIGH SCHOOL

Street 14200 VAN NUYS BLVD

City ARLETA State CA Zip 91331

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 116

Total hours worked by all employees last year 145,796.84

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

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0	1	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
1	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 861001 PANORAMA HIGH SCHOOL

Street 8015 VAN NUYS BLVD.

City PANORAMA CITY State CA Zip 91402

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 145

Total hours worked by all employees last year 189,363.42

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 861007 PANORAMA SMIT MAG

Street 8015 VAN NUYS BL

City PANORAMA CITY State CA Zip 91402

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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

Total hours worked by all employees last year 14,556.01

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 861008 PANORAMA HS GIFTED STEAM MAGNET

Street 8015 VAN NUYS BLVD.

City PANORAMA CITY State CA Zip 91402

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6,595.37

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 861009 PANORAMA HS SOCIAL JUSTICE LEAD MAGNET

Street 8015 VAN NUYS BLVD

City PANORAMA CITY State CA Zip 91402

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 4

Total hours worked by all employees last year 4,754.19

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	1

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Establishment Information

Your establishment 861101 SCH OF MATH SCI @ MNDZ LC

Street 1200 PLAZA DEL SOL

City LOS ANGELES State CA Zip 90033

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 101

Total hours worked by all employees last year 126,870.45

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 861201 CAL BURKE HS

Street 14630 LANARK STREET

City PANORAMA CITY State CA Zip 91402

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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

Total hours worked by all employees last year 17,569.25

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 861401 EAGLE ROCK SH

Street 1750 YOSEMITE DR

City LOS ANGELES State CA Zip 90041

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 142

Total hours worked by all employees last year 177,543.96

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 861402 EAGLE ROCK HIGH SCHOOL GIFTED MAGNET

Street 1750 YOSEMITE DR

City LOS ANGELES State CA Zip 90041

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 29

Total hours worked by all employees last year 34,061.82

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	0	4
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
183	6
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	6	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 861801 WILSON SH

Street 4500 MULTNOMAH ST

City LOS ANGELES State CA Zip 90032

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 157

Total hours worked by all employees last year 197,218.87

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 861802 WILSON POLICE ACADEMY MAG

Street 4500 MULTNOMAH ST

City LOS ANGELES State CA Zip 90032

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 7,376.33

Sign here

Knowingly falsifying this document may result in a fine.

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 861803 WILSON ADM LAW MAG

Street 4500 MULTNOMAH ST

City LOS ANGELES State CA Zip 90032

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 11,606.44

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 861810 WILSON FIREFIGHTER ACADEMY

Street 4500 MULTNOMAH STREET

City LOS ANGELES State CA Zip 90032

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 7,435.11

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	2	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	193
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 862101 FAIRFAX SH

Street 7850 MELROSE AVE

City LOS ANGELES State CA Zip 90046

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 122

Total hours worked by all employees last year 157,629.67

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 862102 FAIRFAX VIS ART MAG

Street 7850 MELROSE AVE

City LOS ANGELES State CA Zip 90046

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 17

Total hours worked by all employees last year 21,141.77

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 862108 FAIRFAX SENIOR HIGH POLICE ACADEMY MAGNE

Street 7850 MELROSE AVE

City LOS ANGELES State CA Zip 90046

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 10,828.36

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 862301 WHITMAN HS

Street 7795 ROSEWOOD AVE

City LOS ANGELES State CA Zip 90036

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 8

Total hours worked by all employees last year 9,794.01

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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.

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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
0	5	3	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
201	402
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	9	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	2

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 863601 POLYTECHNIC SH

Street 12431 ROSCOE BLVD

City SUN VALLEY State CA Zip 91352

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 224

Total hours worked by all employees last year 289,458.87

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 863602 POLY MATH SCI MAG

Street 12431 ROSCOE BLVD

City SUN VALLEY State CA Zip 91352

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 18,192.61

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 863801 LEWIS HS

Street 12508 WICKS ST

City SUN VALLEY State CA Zip 91352

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 11,470.09

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	4	1	4
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
235	12
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	6	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	2	(6) All other illnesses	1

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Establishment Information

Your establishment 864301 FRANKLIN SH

Street 820 N AVE 54

City LOS ANGELES State CA Zip 90042

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 114

Total hours worked by all employees last year 145,488.44

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 864302 BENJAMIN FRANKLIN SH SCIENCE TECH MATH M

Street 820 N AVE 54

City LOS ANGELES State CA Zip 90042

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 18,945.54

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 864311 BENJAMIN FRANKLIN HIGH SCHOOL DUAL LANGU

Street 820 N AVENUE 54

City LOS ANGELES State CA Zip 90042

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 11

Total hours worked by all employees last year 12,860.38

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 864501 HIGHLAND PARK HS

Street 928 N AVE 53

City LOS ANGELES State CA Zip 90042

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 7

Total hours worked by all employees last year 8,261.25

Sign here

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Company executive Title

( ) / /
Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	1	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
80	42
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	2

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Establishment Information

Your establishment 865001 FREMONT SH

Street 7676 S SAN PEDRO ST

City LOS ANGELES State CA Zip 90003

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 194

Total hours worked by all employees last year 240,764.99

Sign here

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Company executive Title

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Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 865002 FREMONT MATH SCI MAG

Street 7676 S SAN PEDRO ST

City LOS ANGELES State CA Zip 90003

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 19,274.82

Sign here

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Company executive Title

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Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 865201 HOPE HS

Street 7840 TOWNE AVE

City LOS ANGELES State CA Zip 90003

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 12,107.94

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	2	7
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
5	148
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	11	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 866401 GARDENA SH

Street 1301 W 182ND ST

City GARDENA State CA Zip 90248

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 142

Total hours worked by all employees last year 184,927.51

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 866402 GARDENA FOR LANG MAG

Street 1301 W 182ND ST

City GARDENA State CA Zip 90248

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 11,593.91

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
7	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 866407 GARDENA SENIOR HIGH LAW PUBLIC SERVICE M

Street 1301 W 182ND ST

City GARDENA State CA Zip 90248

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 8

Total hours worked by all employees last year 9,620.09

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 866601 MONETA HS

Street 1230 W 177TH ST

City GARDENA State CA Zip 90248

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 8

Total hours worked by all employees last year 9,125.93

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 867001 RICHARD A. ALONZO CDS

Street 5755 FOUNTAIN AVENUE

City LOS ANGELES State CA Zip 90028

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 11

Total hours worked by all employees last year 13,382.14

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 867701 MONTEREY HS

Street 466 S FRASER AVE

City LOS ANGELES State CA Zip 90022

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 7

Total hours worked by all employees last year 8,268.57

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	1	5
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
180	57
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	6	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	1

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Establishment Information

Your establishment 867901 GARFIELD SH

Street 5101 E 6TH ST

City LOS ANGELES State CA Zip 90022

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 223

Total hours worked by all employees last year 279,729.16

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 867902 GARFIELD COMP SCI MAG

Street 5101 E 6TH ST

City LOS ANGELES State CA Zip 90022

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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

Total hours worked by all employees last year 13,370.44

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	0	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
30	75
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	5	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 868301 GRANT SH

Street 13000 OXNARD ST

City VAN NUYS State CA Zip 91401

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 158

Total hours worked by all employees last year 206,816.81

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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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 868302 GRANT COM TECH MAG

Street 13000 OXNARD ST

City VAN NUYS State CA Zip 91401

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 14

Total hours worked by all employees last year 16,389.82

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 868308 ULYSSES S GRANT SENIOR HIGH HUM FOR INTE

Street 13000 OXNARD ST

City VAN NUYS State CA Zip 91401

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 10,228.78

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 868501 LONDON HS

Street 12924 OXNARD ST

City VAN NUYS State CA Zip 91401

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 11

Total hours worked by all employees last year 11,471.42

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	1	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
11	136
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	1	(6) All other illnesses	0

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Establishment Information

Your establishment 868601 HAMILTON SH

Street 2955 ROBERTSON BLVD

City LOS ANGELES State CA Zip 90034

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 162

Total hours worked by all employees last year 205,698.26

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 868602 HAMILTON MUS ACA MAG

Street 2955 ROBERTSON BLVD

City LOS ANGELES State CA Zip 90034

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 30

Total hours worked by all employees last year 35,719.71

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 868603 HAMILTON HUMAN MAG

Street 2955 ROBERTSON BLVD

City LOS ANGELES State CA Zip 90034

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 13

Total hours worked by all employees last year 15,459.07

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 868801 CHEVIOT HILLS HS

Street 9200 CATTARAUGUS AVE

City LOS ANGELES State CA Zip 90034

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 8

Total hours worked by all employees last year 10,273.28

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	4	0	5
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
148	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	9	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 869301 HOLLYWOOD SH

Street 1521 N HIGHLAND AVE

City LOS ANGELES State CA Zip 90028

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 91

Total hours worked by all employees last year 112,332.21

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 869302 HOLLYWOOD PER ART MG

Street 1521 N HIGHLAND AVE

City LOS ANGELES State CA Zip 90028

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 17,997.83

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 869307 HOLLYWOOD HS NEW MEDIA MAGNET

Street 1521 N HIGHLAND AVE

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 17,671.49

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 869601 HELEN BERNSTEIN HIGH SCHOOL

Street 1309 N WILTON PLACE

City HOLLYWOOD State CA Zip 90028

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 80

Total hours worked by all employees last year 102,558.88

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 869602 HELEN BERNSTEIN SH CINE ARTS CREATIVE TE

Street 1309 N WILTON PL

City HOLLYWOOD State CA Zip 90028

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 10,375.25

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	4	3	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
216	147
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	9	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 870001 HUNTINGTON PK SH

Street 6020 MILES AVE

City HUNTINGTON PARK State CA Zip 90255

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 163

Total hours worked by all employees last year 202,476.76

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 870018 HNTNGTN PK STEAM MAG

Street 6020 MILES AVE

City HUNTINGTON PARK State CA Zip 90255

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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

Total hours worked by all employees last year 14,385.55

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	2	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	101
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 870101 INTERNATIONAL STUDIES LC

Street 5225 TWEEDY BLVD

City SOUTH GATE State CA Zip 90280

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 71

Total hours worked by all employees last year 86,616.66

Sign here

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Company executive Title

( ) / /
Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 870201 SAN ANTONIO HS

Street 2861 RANDOLPH ST

City HUNTINGTON PARK State CA Zip 90255

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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

Total hours worked by all employees last year 13,563.45

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
14	166
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 871001 EARLY COLLEGE ACADEMY

Street 400 W WASHINGTON BLVD

City LOS ANGELES State CA Zip 90015

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 24,865.77

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	3	1	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
30	180
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	6	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 871301 AUGUSTUS F HAWKINS SH

Street 333 S. BEAUDRY AVE.

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 125

Total hours worked by all employees last year 158,592.11

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 871302 HAWKINS HS CRITICAL DESIGN GAMING MAGNET

Street 825 W 60TH ST

City LOS ANGELES State CA Zip 90044

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 11

Total hours worked by all employees last year 13,422.3

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
172	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 871401 JEFFERSON SH

Street 1319 E 41ST ST

City LOS ANGELES State CA Zip 90011

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 88

Total hours worked by all employees last year 112,928.78

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	1	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	52
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 871601 SANTEE EDUCATION COMPLEX

Street 1921 S MAPLE AVE

City LOS ANGELES State CA Zip 90011

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 182

Total hours worked by all employees last year 236,183.79

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	3	1	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
184	191
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	7	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 872101 JORDAN SH

Street 2265 E 103RD ST

City LOS ANGELES State CA Zip 90002

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 103

Total hours worked by all employees last year 129,179

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	1	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	126
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 872301 RODIA HS

Street 2701 SEQUOIA DRIVE

City SOUTH GATE State CA Zip 90280

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 13

Total hours worked by all employees last year 15,331

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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.

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	8	1	5
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
325	144
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	14	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 872501 KENNEDY SH

Street 11254 GOTHIC AVE

City GRANADA HILLS State CA Zip 91344

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 179

Total hours worked by all employees last year 228,767.63

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 872502 KENNEDY HS ARC DIGITAL ARTS

Street 11254 GOTHIC AVE

City GRANADA HILLS State CA Zip 91344

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 17,084.77

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 872508 KENNEDY HS G HG HA MEDICAL MAGNET

Street 11254 GOTHIC AVE

City LOS ANGELES State CA Zip 91364

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 18,602.54

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 872509 KENNEDY HS GLOBAL LEAD ENV ACTION MAGNET

Street 11254 GOTHIC AVE

City GRANADA HILLS State CA Zip 91344

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 8

Total hours worked by all employees last year 9,539.83

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 872601 ADDAMS HS

Street 16341 DONMETZ ST

City GRANADA HILLS State CA Zip 91344

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 14

Total hours worked by all employees last year 16,631.69

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
38	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	1

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Establishment Information

Your establishment 872701 KING DREW MED MAG

Street 1656 E 118TH ST

City LOS ANGELES State CA Zip 90059

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 124

Total hours worked by all employees last year 158,629.62

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	1	4
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	126
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	5	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 872901 LINCOLN SH

Street 3501 N BROADWAY

City LOS ANGELES State CA Zip 90031

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 113

Total hours worked by all employees last year 135,030.84

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 872902 LINCOLN HS MATH SCIENCE

Street 3501 N. BROADWAY

City LOS ANGELES State CA Zip 90031

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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

Total hours worked by all employees last year 13,744.34

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 872908 LINCOLN ESP MAGNET

Street 3501 N BROADWAY

City LOS ANGELES State CA Zip 90031

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 4

Total hours worked by all employees last year 5,222.9

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
7	28
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 873101 PUEBLO DE LA HS

Street 2506 ALTA ST

City LOS ANGELES State CA Zip 90031

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 11

Total hours worked by all employees last year 12,116.21

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	2	0	4
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
48	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	6	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 873601 LOS ANGELES SH

Street 4650 W OLYMPIC BLVD

City LOS ANGELES State CA Zip 90019

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 105

Total hours worked by all employees last year 129,989.86

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 873602 LA MATH SCI MAG

Street 4650 W OLYMPIC BLVD

City LOS ANGELES State CA Zip 90019

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 13

Total hours worked by all employees last year 14,921.93

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	1	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	55
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 873639 LOS ANGELES SH CAMPUS

Street 4650 W OLYMPIC BLVD

City LOS ANGELES State CA Zip 90019

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 7,851.52

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	1	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	6
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 873801 DOWNTWN BUSINESS MG

Street 1081 W TEMPLE ST

City LOS ANGELES State CA Zip 90012

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 55

Total hours worked by all employees last year 71,627.23

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 873803 DOWNTOWN COMPUTER SCI DIGITAL MEDIA ARTS

Street 1081 W TEMPLE ST

City LOS ANGELES State CA Zip 90012

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 13

Total hours worked by all employees last year 15,077.8

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	3	0	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
235	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	5	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 874101 LACES MAG

Street 5931 W 18TH ST

City LOS ANGELES State CA Zip 90035

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 109

Total hours worked by all employees last year 131,023.34

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	4
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	1

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Establishment Information

Your establishment 874301 MANUAL ARTS SH

Street 4131 S VERMONT AVE

City LOS ANGELES State CA Zip 90037

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 120

Total hours worked by all employees last year 153,071.66

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 874302 MANUAL ARTS HS CLLGE PRP MG

Street 4131 S VERMONT AVE

City LOS ANGELES State CA Zip 90037

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 17,613.73

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	0	5
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
3	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	7	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 874801 WEST ADAMS PREPARATORY SH

Street 1500 W. WASHINGTON BLVD.

City LOS ANGELES State CA Zip 90006

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 120

Total hours worked by all employees last year 150,436.67

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 874802 WEST ADAMS PSH FIREFIGHTER EMS MAGNET

Street 1500 W WASHINGTON BL

City LOS ANGELES State CA Zip 90007

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 6,264.45

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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.

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 874803 W ADAMS PA MAG

Street 1500 W WASHINGTON BL

City LOS ANGELES State CA Zip 90007

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 4

Total hours worked by all employees last year 4,416.35

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	2	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
23	373
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	7	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 875001 MARSHALL SH

Street 3939 TRACY ST

City LOS ANGELES State CA Zip 90027

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 166

Total hours worked by all employees last year 207,776.77

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 875002 JOHN MARSHALL SENIOR HIGH GIFTED MAGNET

Street 3939 TRACY ST

City LOS ANGELES State CA Zip 90027

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 17,755.25

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	1	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
18	242
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 875401 BRAVO MEDICAL MAG

Street 1200 N CORNWELL ST

City LOS ANGELES State CA Zip 90033

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 142

Total hours worked by all employees last year 178,510.72

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
3	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	1	(6) All other illnesses	0

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Establishment Information

Your establishment 875701 METROPOLITAN HS

Street 727 S WILSON ST

City LOS ANGELES State CA Zip 90021

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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

Total hours worked by all employees last year 15,975.63

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	1	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	180
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 876001 MIDDLE COLLEGE HS

Street 1600 W IMPERIAL HWY

City LOS ANGELES State CA Zip 90047

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 30

Total hours worked by all employees last year 38,908.4

Sign here

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Company executive Title

( ) / /
Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	4	4
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	279
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	8	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 876801 MONROE SH

Street 9229 HASKELL AVE

City NORTH HILLS State CA Zip 91343

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 199

Total hours worked by all employees last year 252,774.13

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 876802 MONROE POLICE ACADEMY MAG

Street 9229 HASKELL AVE

City NORTH HILLS State CA Zip 91343

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 5,716.7

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 876803 MONROE LAW GOV MAG

Street 9229 HASKELL AVE

City NORTH HILLS State CA Zip 91343

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 11

Total hours worked by all employees last year 13,839.33

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 876812 JAMES MONROE SENIOR HIGH FIREFIGHTER ACA

Street 9229 HASKELL AVE

City NORTH HILLS State CA Zip 91343

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 6,803.92

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 877001 EINSTEIN HS

Street 15938 TUPPER ST

City NORTH HILLS State CA Zip 91343

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 7

Total hours worked by all employees last year 8,902

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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.

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 877401 LA SCHOOL OF GLOBAL STUDIES

Street 322 LUCAS AVE

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 32

Total hours worked by all employees last year 40,795.03

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 877701 FRIDA KAHLO HIGH SCHOOL

Street 1924 S LOS ANGELES ST

City LOS ANGELES State CA Zip 90011

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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

Total hours worked by all employees last year 14,080.77

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	2	7
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
103	105
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	10	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 877901 NARBONNE SH

Street 24300 S WESTERN AVE

City HARBOR CITY State CA Zip 90710

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 130

Total hours worked by all employees last year 163,436.75

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 877902 NARBONNE MATH SC MAG

Street 24300 S WESTERN AVE

City HARBOR CITY State CA Zip 90710

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 19

Total hours worked by all employees last year 23,756.95

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 877911 NARBONNE BET MAG

Street 24300 S WESTERN AVE

City HARBOR CITY State CA Zip 90710

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 7

Total hours worked by all employees last year 9,189.23

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 878101 PATTON HS

Street 24514 S WESTERN AVE

City HARBOR CITY State CA Zip 90710

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 7,536

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	4	4	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
107	221
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	11	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 878601 NORTH HOLLYWOOD SH

Street 5231 COLFAX AVE

City N HOLLYWOOD State CA Zip 91601

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 181

Total hours worked by all employees last year 226,764.79

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 878602 N HLLYWD HG MAG

Street 5231 COLFAX AVE

City N HOLLYWOOD State CA Zip 91601

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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

Total hours worked by all employees last year 13,411.66

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 878603 NHHS LA ZOO BIO MAG

Street 5336 CRYSTAL SPRINGS DR

City LOS ANGELES State CA Zip 90027

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 17,715.43

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 878612 N HOLLYWOOD STEM MAG

Street 5231 COLFAX AVE

City NO HOLLYWOOD State CA Zip 91601

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 11,340.68

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 878801 EARHART HS

Street 5355 COLFAX AVE

City N HOLLYWOOD State CA Zip 91601

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 10,895.05

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	1	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	8
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 880101 CITY OF ANGELS SCHOOL

Street 221 S. EASTMAN AVE

City LOS ANGELES State CA Zip 90063

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 85

Total hours worked by all employees last year 106,044.6

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 880701 RAMONA HS

Street 231 S ALMA AVE

City LOS ANGELES State CA Zip 90063

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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

Total hours worked by all employees last year 15,478.77

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	3	4	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
171	415
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	10	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 881401 RESEDA CHARTER HIGH SCHOOL

Street 18230 KITTRIDGE ST

City RESEDA State CA Zip 91335

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 144

Total hours worked by all employees last year 183,582.17

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 881402 RESEDA HS POLICE ACADEMY

Street 18230 KITTRIDGE ST

City RESEDA State CA Zip 91335

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 11,541.24

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 881403 RESEDA SH SCIENCE MAG

Street 18230 KITTRIDGE ST

City RESEDA State CA Zip 91335

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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

Total hours worked by all employees last year 14,477.84

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	1	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	130
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 881409 RESEDA SH AME MAGNET

Street 18230 KITTRIDGE ST

City RESEDA State CA Zip 91344

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 5,766.8

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 881601 GREY HS

Street 18230 KITTRIDGE ST

City RESEDA State CA Zip 91335

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 12,901.92

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
91	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	1

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Establishment Information

Your establishment 883101 BOYLE HEIGHTS HS

Street 544 S MATHEWS ST

City LOS ANGELES State CA Zip 90033

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 11

Total hours worked by all employees last year 10,273.02

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	2	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
36	136
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 883801 NARBONNE HS-HUMNTIES ARTSOF LA

Street 24300 WESTERN AVE

City HARBOR CITY State CA Zip 90710

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 28

Total hours worked by all employees last year 34,103

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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.

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	1	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
73	126
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	1

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 884201 SHERMAN OAKS CES MAG

Street 18605 ERWIN ST

City RESEDA State CA Zip 91335

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 131

Total hours worked by all employees last year 158,863.93

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	3	1	4
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
65	14
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	8	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 884301 SAN FERNANDO SH

Street 11133 O MELVENY AVE

City SAN FERNANDO State CA Zip 91340

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 159

Total hours worked by all employees last year 199,772.16

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 884302 SAN FERNANDO M SC MAG

Street 11133 O MELVENY AVE

City SAN FERNANDO State CA Zip 91340

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 18,509.77

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 884501 MISSION HS

Street 11015 O MELVENY AVE

City SAN FERNANDO State CA Zip 91340

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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

Total hours worked by all employees last year 15,985.75

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	1	7
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
194	9
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	10	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 885001 SAN PEDRO SH

Street 1001 W 15TH ST

City SAN PEDRO State CA Zip 90731

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 174

Total hours worked by all employees last year 224,811.44

Sign here

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Company executive Title

( ) / /
Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	1	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	7
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 885002 SAN PEDRO HS POLICE ACDMY

Street 1001 W 15TH STREET

City SAN PEDRO State CA Zip 90731

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 8

Total hours worked by all employees last year 11,997.37

Sign here

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Company executive Title

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Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 885003 SAN PEDRO MAR M S MG

Street 1001 W 15TH ST

City SAN PEDRO State CA Zip 90731

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 19,091.08

Sign here

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Company executive Title

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Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	1	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
13	31
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 885010 SAN PEDRO SENIOR HIGH G HG HA STEAM MAGN

Street 1001 W 15TH ST

City SAN PEDRO State CA Zip 90731

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 13

Total hours worked by all employees last year 14,554.71

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
13	75
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 885011 SAN PEDRO VAPA MAG

Street 1001 W 15TH ST

City SAN PEDRO State CA Zip 90731

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 11,654.91

Sign here

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Company executive Title

( ) / /
Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 885201 ANGEL S GATE HS

Street 3607 S GAFFEY ST

City SAN PEDRO State CA Zip 90731

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 8

Total hours worked by all employees last year 9,346.5

Sign here

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Company executive Title

( ) / /
Phone Date

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Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 885301 ORTHOPAEDIC HOSP SH MED MAG

Street 300 WEST 23RD STREET

City LOS ANGELES State CA Zip 90007

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 67

Total hours worked by all employees last year 83,369.19

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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.

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 886601 MARQUEZ SH HPIAM

Street 333 S. BEAUDRY AVE.

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 73

Total hours worked by all employees last year 83,606.56

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
2	32
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 886701 RIVERA LC PUB SRV

Street 333 S. BEAUDRY AVE.

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 57

Total hours worked by all employees last year 68,417.36

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
1	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	1	(6) All other illnesses	0

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Establishment Information

Your establishment 886801 RANCHO DOMGZ PREP SC

Street 4110 SANTA FE AVE.

City LONG BEACH State CA Zip 90810

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 72

Total hours worked by all employees last year 89,990.27

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 886802 RANCHO DOMINGUES PREP SCHOOL LAW GOV PUB

Street 4110 SANTA FE AVE

City LONG BEACH State CA Zip 90810

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 8

Total hours worked by all employees last year 8,419.72

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	2	7
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
48	208
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	11	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 887101 SOUTH GATE SH

Street 3351 FIRESTONE BLVD

City SOUTH GATE State CA Zip 90280

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 173

Total hours worked by all employees last year 212,517.46

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 887110 SOUTH GATE HS PUB SERVICE BIOMED MAGNET

Street 3351 FIRESTONE BL

City SOUTH GATE State CA Zip 90280

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 11,220.34

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 887301 ODYSSEY HS

Street 8693 DEARBORN AVE

City SOUTH GATE State CA Zip 90280

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 11

Total hours worked by all employees last year 12,880

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 887601 EVERGREEN HS

Street 13101 DRONFIELD AVE

City SYLMAR State CA Zip 91342

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 10,929.05

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	3	3	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
70	268
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	6	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	1	(6) All other illnesses	0

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Establishment Information

Your establishment 887801 SYLMAR CHARTER HS

Street 13050 BORDEN AVE

City SYLMAR State CA Zip 91342

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 143

Total hours worked by all employees last year 178,513.36

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 887802 SYLMAR MATH SCI MAG

Street 13050 BORDEN AVE

City SYLMAR State CA Zip 91342

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 17

Total hours worked by all employees last year 20,157.93

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	4	2	9
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
117	62
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	14	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	1

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Establishment Information

Your establishment 888001 TAFT CHTR HS

Street 5461 WINNETKA AVE

City WOODLAND HILLS State CA Zip 91364

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 174

Total hours worked by all employees last year 217,010.3

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 888007 TAFT CHTR HS G STEAM MAG

Street 5461 WINNETKA AVE

City LOS ANGELES State CA Zip 91344

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 19

Total hours worked by all employees last year 23,206.94

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	3	2	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
91	303
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	5	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	1	(6) All other illnesses	0

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Establishment Information

Your establishment 888101 SOUTH EAST HIGH SCHOOL

Street 2650 WISCONSIN AVE

City SOUTH GATE State CA Zip 90280

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 166

Total hours worked by all employees last year 209,655.14

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 888108 SOUTH EAST SH TECH MEDIA MAG

Street 2720 TWEEDY BLVD

City SOUTH GATE State CA Zip 90280

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 24

Total hours worked by all employees last year 28,984.78

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	0	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
158	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 888201 MAYWOOD ACADEMY HIGH SCHOOL

Street 6125 PINE AVE

City MAYWOOD State CA Zip 90270

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 109

Total hours worked by all employees last year 136,723.99

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 888301 THOREAU HS

Street 5429 QUAKERTOWN AVE

City WOODLAND HILLS State CA Zip 91364

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 7

Total hours worked by all employees last year 8,855.97

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	2	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
6	290
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 888601 UNIVERSITY SH

Street 11800 TEXAS AVE

City LOS ANGELES State CA Zip 90025

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 116

Total hours worked by all employees last year 148,960.36

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 888607 UNIVERSITY SH MAST MAG

Street 11800 TEXAS AVE

City LOS ANGELES State CA Zip 90025

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 19

Total hours worked by all employees last year 22,706.48

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 88901 HR-BEG. TCHR GRWTH DEV

Street 333 S.BEAUDRY AVE., 14TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 29

Total hours worked by all employees last year 43,425.21

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	7	2	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
277	262
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	11	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 889301 VAN NUYS SH

Street 6535 CEDROS AVE

City VAN NUYS State CA Zip 91411

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 158

Total hours worked by all employees last year 198,073.29

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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.

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 889302 VAN NUYS MEDICAL MAG

Street 6535 CEDROS AVE

City VAN NUYS State CA Zip 91411

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 11

Total hours worked by all employees last year 12,550.39

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 889303 VAN NUYS M SC SH MAG

Street 6535 CEDROS AVE

City VAN NUYS State CA Zip 91411

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 25,836.71

Sign here

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Company executive Title

( ) / /

Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 889304 VAN NUYS PER ARTS MAG

Street 6535 CEDROS AVE

City VAN NUYS State CA Zip 91411

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 17,041.37

Sign here

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Company executive Title

( ) / /

Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 889501 ROGERS HS

Street 14711 GILMORE ST.

City VAN NUYS State CA Zip 91411

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 19,222.11

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
37	99
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 889801 VALLEY ACA ARTS SCI

Street 10445 BALBOA BLVD

City GRANADA HILLS State CA Zip 91344

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 95

Total hours worked by all employees last year 119,354.01

Sign here

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Company executive Title

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Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 89001 HR-DIST INTERN

Street 333 S.BEAUDRY AVE., 14TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 202

Total hours worked by all employees last year 103,896.5

Sign here

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Company executive Title

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Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 8901 OFF OF LABOR REL OLR

Street 333 S. BEAUDRY AVE.

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 9,068

Sign here

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OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
3	48
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 890101 CHAVEZ LA TCHR PREP ACAD

Street 1001 ARROYO AVE

City SAN FERNANDO State CA Zip 91340

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 43

Total hours worked by all employees last year 53,978.44

Sign here

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Company executive Title

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	1	5
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
236	203
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	8	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 890701 VENICE SH

Street 13000 VENICE BLVD

City LOS ANGELES State CA Zip 90066

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 151

Total hours worked by all employees last year 187,239.29

Sign here

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Company executive Title

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Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 890702 VENICE FOR LANG MAG

Street 13000 VENICE BLVD

City LOS ANGELES State CA Zip 90066

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 18

Total hours worked by all employees last year 21,119.58

Sign here

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Company executive Title

( ) / /
Phone Date

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Summary of Work-Related Injuries and Illnesses

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 890707 VENICE SH STEMM MAGNET

Street 13000 VENICE BLVD.

City LOS ANGELES State CA Zip 90066

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 23,491

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 890901 PHOENIX HS

Street 12971 ZANJA ST

City LOS ANGELES State CA Zip 90066

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 8

Total hours worked by all employees last year 9,815.42

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 89101 HR-NBC TCHRS UNIT

Street 333 S.BEAUDRY AVE., 14TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 13

Total hours worked by all employees last year 18,797

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	4	0	5
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
106	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	8	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	1

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Establishment Information

Your establishment 891401 VERDUGO HILLS SH

Street 10625 PLAINVIEW AVE

City TUJUNGA State CA Zip 91042

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 92

Total hours worked by all employees last year 121,440.25

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	1	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	115
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 891402 VERDUGO HILLS HS MULTIMEDIA

Street 10625 PLAINVIEW AVENUE

City TUJUNGA State CA Zip 91042

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 20

Total hours worked by all employees last year 22,708.81

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 891408 VERDUGO HILLS SH VAPA MAGNET

Street 10625 PLAINVIEW AVE

City TUJUNGA State CA Zip 91042

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 11

Total hours worked by all employees last year 12,205.95

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 891601 MT LUKENS HS

Street 7705 SUMMITROSE ST

City TUJUNGA State CA Zip 91042

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 7

Total hours worked by all employees last year 8,140

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 891701 MAYWOOD CENTER FOR ENRICHED STUDIES

Street 5800 KING AVE

City MAYWOOD State CA Zip 90270

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 112

Total hours worked by all employees last year 133,412.2

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
80	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 892101 LEGACY SH STEAM

Street 5225 TWEEDY BLVD.

City SOUTH GATE State CA Zip 90280

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 55

Total hours worked by all employees last year 64,644.93

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	4	1	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
40	352
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	5	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 892801 WASHINGTON PREP SH

Street 10860 S DENKER AVE

City LOS ANGELES State CA Zip 90047

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 96

Total hours worked by all employees last year 119,085.52

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	1	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	2
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 892803 WASHINGTON M SC MAG

Street 10860 S DENKER AVE

City LOS ANGELES State CA Zip 90047

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 11,772.12

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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.

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
18	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 892839 WASHINGTON PREP HS CAMPUS

Street 10860 S DENKER

City LOS ANGELES State CA Zip 90047

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 13,416.17

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
7	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	1	(6) All other illnesses	0

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Establishment Information

Your establishment 893001 ELLINGTON HS

Street 1541 W 110TH ST

City LOS ANGELES State CA Zip 90047

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 10,359.63

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 89301 ITD FISCAL SUPPORT SERVICES

Street 333 S. BEAUDRY AVE 9TH FLOOR

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 9,693.5

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	2	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
36	374
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	6	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 894301 WESM HLTH SPORTS MED

Street 7400 W MANCHESTER AVE

City LOS ANGELES State CA Zip 90045

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 56

Total hours worked by all employees last year 69,284.15

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
14	77
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 894309 WESM HLTH SPORTS MED

Street 7400 W MANCHESTER AVE

City LOS ANGELES State CA Zip 90045

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 7

Total hours worked by all employees last year 7,756.51

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 894310 WESM ENVIRON NATURAL SC ENG

Street 7400 W MANCHESTER AVE

City LOS ANGELES State CA Zip 90045

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 10,363.88

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 894601 WORK BASED LEARNING SCHOOL

Street 333 S BEAUDRY AVE, 25TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 289

Total hours worked by all employees last year 146,988.09

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	1	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	94
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 894801 YOUTH OPPOR UNLTD ALT HS

Street 915 WEST MANCHESTER AVENUE

City LOS ANGELES State CA Zip 90044

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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

Total hours worked by all employees last year 16,819.64

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 899101 CDS TRI C

Street 716 E 14TH ST 2ND FL

City LOS ANGELES State CA Zip 90021

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 32

Total hours worked by all employees last year 37,887.32

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 901001 WEST VALLEY OCCUPATIONAL CTR

Street 6200 WINNETKA AVE

City WOODLAND HILLS State CA Zip 91367

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 131

Total hours worked by all employees last year 147,126.71

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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.

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	1	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
38	26
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 905801 FRIEDMAN OCCUPATIONAL CENTER

Street 1646 S OLIVE ST

City LOS ANGELES State CA Zip 90015

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 117

Total hours worked by all employees last year 128,931.15

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	1	1	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
180	66
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 908001 EAST LA OCCUPATIONAL CENTER

Street 2100 MARENGO ST

City LOS ANGELES State CA Zip 90033

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 136

Total hours worked by all employees last year 156,606.93

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 909201 EVANS CAS

Street 717 N FIGUEROA ST

City LOS ANGELES State CA Zip 90012

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 101

Total hours worked by all employees last year 113,478.78

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 9101 SP ED SC-NORTHWEST

Street 6505 ZELZAH AVENUE

City RESEDA State CA Zip 91335

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 28

Total hours worked by all employees last year 44,561.8

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 916501 GARDENA EEC

Street 1350 WEST 177TH STREET

City GARDENA State CA Zip 90248

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 30

Total hours worked by all employees last year 43,976.74

Sign here

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Company executive Title

( ) / /
Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	3	0	7
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
238	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	10	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 918001 HARBOR OCCUPATIONAL CENTER

Street 740 N PACIFIC AVE

City SAN PEDRO State CA Zip 90731

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 95

Total hours worked by all employees last year 109,956.75

Sign here

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Company executive Title

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Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 9201 SP ED SRVC CTR-W

Street 2635 COLBY AVE

City LOS ANGELES State CA Zip 90064

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 17

Total hours worked by all employees last year 26,167

Sign here

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	1	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
8	55
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 928901 LOS ANGELES TECHNOLOGY CENTER

Street 3721 W. WASHINGTON BLVD.

City LOS ANGELES State CA Zip 90018

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 101

Total hours worked by all employees last year 105,566.81

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 9301 SPEC EDUC-REGIONAL OFF-EAST

Street 2151 N. SOTO ST

City LOS ANGELES State CA Zip 90032

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 24

Total hours worked by all employees last year 37,533.1

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 930901 ADULT EDUCATION VIRTUAL ACADEMY

Street 333 S BEAUDRY AVE, 18TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 41

Total hours worked by all employees last year 28,490.58

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 932801 RICHARD N SLAWSON SE OCC CTR

Street 5600 RICKENBACKER RD

City BELL State CA Zip 90201

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 105

Total hours worked by all employees last year 119,903.11

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...

	(M)		(M)
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 932901 N VALLEY OCCUPATIONAL CTR

Street 11450 SHARP AVE

City MISSION HILLS State CA Zip 91345

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 98

Total hours worked by all employees last year 128,606.88

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 938201 SLAWSON-APPRENTICESHIP

Street 5500 RICKENBACKER RD.

City BELL State CA Zip 90040

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 15,370.67

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 9401 SPEC EDUC-REGIONAL OFF-SOUTH

Street 1208 MAGNOLIA AVENUE

City GARDENA State CA Zip 90247

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 18

Total hours worked by all employees last year 28,591.75

Sign here

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Company executive Title

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Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 94201 OFF OF CHIEF ACADEMIC OFFICER

Street 333 S BEAUDRY AVE, 25TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 15,540.79

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 944001 4TH STREET EEC

Street 421 SOUTH HILLVIEW AVE

City LOS ANGELES State CA Zip 90022

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 26

Total hours worked by all employees last year 39,450.91

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	0	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
103	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	5	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 944101 ESTRELLA EEC

Street 120 E. 57TH STREET

City LOS ANGELES State CA Zip 90011

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 33

Total hours worked by all employees last year 48,166.57

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	2	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
14	28
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	5	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	1

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Establishment Information

Your establishment 944301 GRATTS EARLY ED CTR

Street 1415 W 5TH ST

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 44,494.1

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
24	31
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 944701 PARKS HUERTA EEC

Street 1020 WEST 58TH PLACE

City LOS ANGELES State CA Zip 90044

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 25

Total hours worked by all employees last year 36,772.3

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 94501 DEPUTY SUPERINTENDENT, INSTRUCTION

Street 333 S BEAUDRY AVE 24TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 4

Total hours worked by all employees last year 7,200

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 945601 CAPISTRANO SPS

Street 8118 CAPISTRANO AVE

City WEST HILLS State CA Zip 91304

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2

Total hours worked by all employees last year 2,747.85

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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.

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 945701 GLASSELL PARK EEC

Street 3003 N. CARLYLE ST

City LOS ANGELES State CA Zip 90065

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 27

Total hours worked by all employees last year 42,392.75

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 945801 ESCALANTE EARLY EDUCATION CTR

Street 7221 S ATLANTIC AVE

City CUDAHY State CA Zip 90201

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 35

Total hours worked by all employees last year 51,259.12

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
180	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 945901 CHRISTA MCAULIFFE EARLY EDUCATION CENTER

Street 8914 HUNT AVE

City SOUTH GATE State CA Zip 90280

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 34

Total hours worked by all employees last year 49,682.54

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	4
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
19	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	1

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Establishment Information

Your establishment 946001 CHASE EEC

Street 8635 COLBATH AVE

City PANORAMA CITY State CA Zip 91402

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 32

Total hours worked by all employees last year 47,429.27

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 949101 CLEVELAND INFANT CENTER

Street 19031 W. STRATHERN ST

City RESEDA State CA Zip 91335

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 6

Total hours worked by all employees last year 6,951

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	4	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
430	4
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	5	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 949601 BILL CRUZ EEC

Street 1020 S. VALENCIA ST.

City LOS ANGELES State CA Zip 90015

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 23

Total hours worked by all employees last year 34,209.88

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 949701 DAVID ROBERTI EEC

Street 1156 E VERNON AVE

City LOS ANGELES State CA Zip 90011

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 31,230.25

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	3	0	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
281	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	5	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 950001 ALBION ST EEC

Street 348 S AVE 18

City LOS ANGELES State CA Zip 90031

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 29,451.6

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 950101 ALEXANDRIA AVE EEC

Street 4304 ROSEWOOD AVE

City LOS ANGELES State CA Zip 90004

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 19

Total hours worked by all employees last year 29,140.64

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 950301 ARMINTA ST EEC

Street 7911 GOLL AVE

City N HOLLYWOOD State CA Zip 91605

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 23

Total hours worked by all employees last year 32,388.65

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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.

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
2	154
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 950801 CABRILLO AVE EEC

Street 741 W EIGHTH ST

City SAN PEDRO State CA Zip 90731

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 33,393.72

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 951001 CASTELAR EEC

Street 840 YALE ST

City LOS ANGELES State CA Zip 90012

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 29

Total hours worked by all employees last year 43,848.97

Sign here

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Company executive Title

( ) / /
Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 95101 ACCESS, EQUITY, ACCELERATION

Street 333 S. BEAUDRY AVE., 25TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 16,429.9

Sign here

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Company executive Title

( ) / /

Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
5	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	1	(6) All other illnesses	0

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Establishment Information

Your establishment 951201 DACOTAH ST EEC

Street 3142 LYDIA DR

City LOS ANGELES State CA Zip 90023

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 24

Total hours worked by all employees last year 35,578.98

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
7	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 951301 DAYTON HEIGHTS EEC

Street 3919 CLINTON ST

City LOS ANGELES State CA Zip 90004

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 27

Total hours worked by all employees last year 39,252.92

Sign here

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Company executive Title

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Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
39	263
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 951401 DOLORES ST EEC

Street 22309 CATSKILL AVE

City CARSON State CA Zip 90745

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 25

Total hours worked by all employees last year 34,733.97

Sign here

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Company executive Title

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Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 951501 EASTMAN AVE EEC

Street 1266 S GAGE AVE

City LOS ANGELES State CA Zip 90023

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 30,936.84

Sign here

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
241	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 951601 ESTHER COLLINS EEC

Street 901 W 52ND ST

City LOS ANGELES State CA Zip 90037

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 31,468.92

Sign here

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Company executive Title

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Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	4
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
2	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	5	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 951701 GLENFELIZ BLVD EEC

Street 3745 DOVER PL

City LOS ANGELES State CA Zip 90039

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 19

Total hours worked by all employees last year 26,668.31

Sign here

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Company executive Title

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Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
3	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 951801 GRAHAM EEC

Street 8332 S ELM ST

City LOS ANGELES State CA Zip 90001

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 20

Total hours worked by all employees last year 28,901.71

Sign here

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Company executive Title

( ) / /
Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 951901 GRANT EEC

Street 1559 N ST ANDREWS PL

City LOS ANGELES State CA Zip 90028

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 33,318.29

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
66	56
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 952101 WILLIAM R ANTON EEC

Street 831 N BONNIE BEACH PL

City LOS ANGELES State CA Zip 90063

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 32

Total hours worked by all employees last year 47,041.87

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 952201 HAWAIIAN AVE EEC

Street 501 HAWAIIAN AVE

City WILMINGTON State CA Zip 90744

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 24

Total hours worked by all employees last year 35,580.38

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 952401 HOLMES AVENUE EEC

Street 1810 E 52ND ST

City LOS ANGELES State CA Zip 90058

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 18

Total hours worked by all employees last year 26,039.65

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	3	0	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
278	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	5	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 952501 HOOPER EEC

Street 1224 E 52ND ST

City LOS ANGELES State CA Zip 90011

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 28

Total hours worked by all employees last year 41,057.34

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	2	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	200
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 952701 HYDE PARK BLVD EEC

Street 6428 11TH AVE

City LOS ANGELES State CA Zip 90043

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 23

Total hours worked by all employees last year 35,632.9

Sign here

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Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 952801 KENTWOOD EEC

Street 8376 DUNBARTON AVE

City LOS ANGELES State CA Zip 90045

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 21,486.67

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
15	19
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 952901 LAUREL EEC

Street 8023 WILLOUGHBY AVE

City LOS ANGELES State CA Zip 90046

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 20

Total hours worked by all employees last year 29,447.96

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 953001 LEMAY STREET EEC

Street 17553 LEMAY ST

City LAKE BALBOA State CA Zip 91406

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 31,824.12

Sign here

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Company executive Title

( ) / /
Phone Date

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Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 95301 ITD-COS ITINERANTS

Street 2155 N SOTO ST.

City LOS ANGELES State CA Zip 90032

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 290

Total hours worked by all employees last year 531,601.36

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	6	1	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
271	74
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	6	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	4	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 953101 LOCKE EEC

Street 320 E 11TH ST

City LOS ANGELES State CA Zip 90061

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 36

Total hours worked by all employees last year 49,434.1

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	3	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
209	241
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 953201 LOGAN STREET EEC

Street 1712 W MONTANA ST

City LOS ANGELES State CA Zip 90026

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 25

Total hours worked by all employees last year 41,187.8

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 953301 MARINA EEC

Street 4908 WESTLAWN AVE

City LOS ANGELES State CA Zip 90066

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 32,043.71

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 953401 MERIDIAN EEC

Street 6124 RUBY PL

City LOS ANGELES State CA Zip 90016

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 30,843.42

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
4	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	1	(6) All other illnesses	0

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Establishment Information

Your establishment 953501 MILES AVENUE EEC

Street 2855 SATURN AVE

City HUNTINGTON PARK State CA Zip 90255

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 46,333.67

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	1	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
25	24
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 953601 MIRAMONTE EEC

Street 1341 E 70TH ST

City LOS ANGELES State CA Zip 90001

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 28

Total hours worked by all employees last year 40,896.55

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
180	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 953701 MURCHISON ST EEC

Street 1537 MURCHISON ST

City LOS ANGELES State CA Zip 90033

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 30

Total hours worked by all employees last year 45,236.06

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
175	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 953801 NINETY-FIFTH ST EEC

Street 1027 W 96TH ST

City LOS ANGELES State CA Zip 90044

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 31,501.26

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
12	67
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 953901 97TH STREET EEC

Street 430 W COLDEN AVE

City LOS ANGELES State CA Zip 90003

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 19

Total hours worked by all employees last year 26,745.67

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	3	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
58	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 954001 NOBLE AVENUE EEC

Street 8445 NOBLE AVE

City NORTH HILLS State CA Zip 91343

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 30

Total hours worked by all employees last year 44,713.88

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 95401 OFFICE OF VIRTUAL ACADEMY

Street 333 S. BEAUDRY AVE 24TH FLOOR

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 13

Total hours worked by all employees last year 22,471

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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 954101 NORMANDIE AVE EEC

Street 4407 RAYMOND AVE

City LOS ANGELES State CA Zip 90037

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 30,971.66

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	1	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	167
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 954201 VANALDEN AVE EEC

Street 6212 VANALDEN AVE

City RESEDA State CA Zip 91335

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 25

Total hours worked by all employees last year 37,924.94

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
4	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	1	(6) All other illnesses	1

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Establishment Information

Your establishment 954301 NORMONT EEC

Street 25028 PETROLEUM AVE

City HARBOR CITY State CA Zip 90710

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 30

Total hours worked by all employees last year 42,964.82

Sign here

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Company executive Title

( ) / /
Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 954501 102ND STREET EEC

Street 1925 E 102ND ST

City LOS ANGELES State CA Zip 90002

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 18

Total hours worked by all employees last year 26,571.98

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	1	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	97
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 954601 112TH STREET EEC

Street 1319 E 112TH ST

City LOS ANGELES State CA Zip 90059

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 19

Total hours worked by all employees last year 29,064.23

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	4	2	6
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
10	78
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	12	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 954701 PACOIMA EEC

Street 11059 HERRICK AVE

City PACOIMA State CA Zip 91331

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 25

Total hours worked by all employees last year 35,865.64

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	1	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	7
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 954801 PARK WESTERN PL EEC

Street 1220 PARK WESTERN PL

City SAN PEDRO State CA Zip 90732

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 19

Total hours worked by all employees last year 30,032.26

Sign here

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Company executive Title

( ) / /
Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	1	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	44
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 954901 PINEWOOD AVE EEC

Street 7051 VALMONT ST

City TUJUNGA State CA Zip 91042

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 23

Total hours worked by all employees last year 35,176.23

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 955101 RAMONA INFANT

Street 231 S ALMA AVE

City LOS ANGELES State CA Zip 90063

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 11,600.46

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
24	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 955301 ROSEMONT AVE EEC

Street 430 N ROSEMONT AVE

City LOS ANGELES State CA Zip 90026

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 23

Total hours worked by all employees last year 37,178.32

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	1	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	37
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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 955501 SAN FERNANDO EEC

Street 1204 WOODWORTH ST

City SAN FERNANDO State CA Zip 91340

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 47,811.18

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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.

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	4	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
30	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	4	(6) All other illnesses	0

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Establishment Information

Your establishment 955601 ROOSEVELT INFANT

Street 456 S MATTHEWS ST

City LOS ANGELES State CA Zip 90033

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 8,608

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	3	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
39	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	2	(6) All other illnesses	0

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Establishment Information

Your establishment 955701 LOCKE INFANT

Street 320 E 111TH ST

City LOS ANGELES State CA Zip 90061

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 7

Total hours worked by all employees last year 5,369.33

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 955801 75TH STREET EEC

Street 242 W 75TH ST

City LOS ANGELES State CA Zip 90003

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 27

Total hours worked by all employees last year 39,912.87

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 955901 SHENANDOAH ST EEC

Street 8861 BEVERLYWOOD ST

City LOS ANGELES State CA Zip 90034

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 31,060.42

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 95601 OFFICE OF THE MEDICAL DIRECTOR

Street 333 S BEAUDRY AVE., 18TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 7

Total hours worked by all employees last year 11,658.5

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	2	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	66
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 956101 66TH STREET EEC

Street 405 E 67TH ST

City LOS ANGELES State CA Zip 90003

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 29,754.86

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	3	0	5
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
236	100
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	7	(4) Poisonings	0
(2) Skin disorders	1	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 956301 STATE STREET EEC

Street 3210 BROADWAY

City HUNTINGTON PARK State CA Zip 90255

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 29,436.12

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 956501 SYLVAN PARK EEC

Street 15011 DELANO ST

City VAN NUYS State CA Zip 91411

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 30

Total hours worked by all employees last year 44,725.73

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 956601 36TH STREET EEC

Street 3556 S ST ANDREWS PL

City LOS ANGELES State CA Zip 90018

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 32,218.25

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
29	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 956801 TOLUCA LAKE EEC

Street 4915 STROHM AVE

City N HOLLYWOOD State CA Zip 91601

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 24

Total hours worked by all employees last year 36,078.99

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 956901 TRINITY STREET EEC

Street 3816 TRINITY ST

City LOS ANGELES State CA Zip 90011

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 19

Total hours worked by all employees last year 26,595.16

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	4	1	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
289	15
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	6	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 957001 24TH STREET EEC

Street 2101 W 24TH ST

City LOS ANGELES State CA Zip 90018

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 20

Total hours worked by all employees last year 28,163.86

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
180	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 957201 VAUGHN STREET EEC

Street 11480 HERRICK AVE

City PACOIMA State CA Zip 91331

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 28

Total hours worked by all employees last year 40,963.84

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...	(M)		
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 957401 VINE ST EEC

Street 6312 ELEANOR AVE

City LOS ANGELES State CA Zip 90038

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 28

Total hours worked by all employees last year 42,256.2

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
10	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 957501 WADSWORTH AVE EEC

Street 1047 E 41ST ST

City LOS ANGELES State CA Zip 90011

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 31,036.58

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	4	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
323	5
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 957601 WESTMINSTER AVE EEC

Street 1010 MAIN ST

City VENICE State CA Zip 90291

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 18

Total hours worked by all employees last year 27,387.78

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	1	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	143
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	1

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Establishment Information

Your establishment 957701 WILTON PLACE EEC

Street 4030 W LEEWARD AVE

City LOS ANGELES State CA Zip 90005

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 31,600.6

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
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Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
7	53
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 957801 GLEDHILL STREET EEC

Street 16058 GLEDHILL ST

City NORTH HILLS State CA Zip 91343

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 26

Total hours worked by all employees last year 38,240.58

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 957901 BROOKLYN AVE EEC

Street 329 N ARIZONA AVE

City LOS ANGELES State CA Zip 90022

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 31,985.41

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 958001 TELFAIR AVE EEC

Street 10915 TELFAIR AVE

City PACOIMA State CA Zip 91331

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 30,833.55

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	1	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	72
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 958101 EL SERENO EEC

Street 3802 PUEBLO AVE

City LOS ANGELES State CA Zip 90032

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 20

Total hours worked by all employees last year 30,309.22

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
28	8
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 958201 FAIR AVE EEC

Street 11300 KITTRIDGE ST

City N HOLLYWOOD State CA Zip 91606

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 30,321.7

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
19	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 958301 HOBART BLVD EEC

Street 982 S SERRANO AVE

City LOS ANGELES State CA Zip 90066

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 34,417.66

Sign here

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Company executive Title

( ) / /
Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
3	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 958401 MARVIN AVE EEC

Street 2341 S CURSON AVE

City LOS ANGELES State CA Zip 90016

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 28

Total hours worked by all employees last year 43,757.76

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
41	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 958501 WILMINGTON PARK EEC

Street 1419 YOUNG ST

City WILMINGTON State CA Zip 90744

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 30

Total hours worked by all employees last year 43,766.26

Sign here

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Company executive Title

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OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 958601 EVERGREEN AVE EEC

Street 1027 N EVERGREEN AVE

City LOS ANGELES State CA Zip 90033

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 28

Total hours worked by all employees last year 41,005.74

Sign here

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Company executive Title

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
180	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 958701 BROADOUS H EEC

Street 11736 BROMONT AVE

City PACOIMA State CA Zip 91331

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 24

Total hours worked by all employees last year 36,450.51

Sign here

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Company executive Title

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Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 958801 HADDON AVE EEC

Street 10085 HADDON AVE

City PACOIMA State CA Zip 91331

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 30

Total hours worked by all employees last year 44,495.16

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
1	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 958901 GATES STREET EEC

Street 2306 THOMAS ST

City LOS ANGELES State CA Zip 90031

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 20

Total hours worked by all employees last year 27,423.95

Sign here

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Company executive Title

( ) / /
Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	1	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
3	22
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 959001 MONTE VISTA EEC

Street 5509 ASH ST

City LOS ANGELES State CA Zip 90042

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 28

Total hours worked by all employees last year 41,683.19

Sign here

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Company executive Title

( ) / /
Phone Date

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Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	2	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
14	339
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 959101 MIKES, WANDA A EEC

Street 7720 S VERMONT AVE

City LOS ANGELES State CA Zip 90044

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 29,962.79

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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.

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	2	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
24	62
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 959201 CANOGA PARK EEC

Street 7355 VASSAR AVE

City CANOGA PARK State CA Zip 91303

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 34

Total hours worked by all employees last year 48,889.56

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 959301 37TH STREET EEC

Street 1204 W 36TH PL

City LOS ANGELES State CA Zip 90007

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 19

Total hours worked by all employees last year 29,993.08

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	1	1	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
102	50
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 959501 28TH STREET EEC

Street 747 E 28TH ST

City LOS ANGELES State CA Zip 90018

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 28

Total hours worked by all employees last year 42,255.72

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

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Year 20 2 4

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 959701 CRESCENT HEIGHTS BLVD EEC

Street 1700 S ALVIRA ST

City LOS ANGELES State CA Zip 90035

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 29,163.61

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 96301 LD WEST COS ITINERANT

Street 11380 W GRAHAM PL

City LOS ANGELES State CA Zip 90064

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 1

Total hours worked by all employees last year 304

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 96901 OFF OF CURR, INSTRUC SCHL SUPP

Street 333 S BEAUDRY AVE, 25TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 4

Total hours worked by all employees last year 7,549

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 97201 SEC COUNSELORS-OPTION SCHLS

Street 333 S. BEAUDRY AVE. 11TH FLOOR

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 11,948.16

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 98101 S.E.P.A. CENTER

Street 1339 ANGELINA ST

City LOS ANGELES State CA Zip 90026

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 7,259.08

Sign here

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Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 98601 GIFTED TALENTED PROGRAMS

Street 333 S. BEAUDRY AVE., 25TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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

Total hours worked by all employees last year 15,169.09

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 98701 CONSERVATORY FINE ARTS-CSULA

Street 333 S. BEAUDRY AVE., 16TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 32

Total hours worked by all employees last year 4,741.42

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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.

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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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 988101 BRADLEY EEC

Street 10925 S CENTRAL AVE

City LOS ANGELES State CA Zip 90059

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 23

Total hours worked by all employees last year 34,215.2

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 988501 SAN PEDRO CAS EEC

Street 950 W SANTA CRUZ ST

City SAN PEDRO State CA Zip 90731

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 4

Total hours worked by all employees last year 6,372

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.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 990501 ADULT ED-UNASSIGNED

Street 333 S. BEAUDRY AVE, 18TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 128

Total hours worked by all employees last year 20,694.54

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...	(M)		
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 992801 HR-DISTRICTWIDE LIST

Street 333 S. BEAUDRY AVE., 15TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 1

Total hours worked by all employees last year 48

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) Phone / / Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	12	5	38
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
494	615
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	52	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	3

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Establishment Information

Your establishment 995001 HR-CERT-K-12 SUB

Street 333 S. BEAUDY AVE, 15TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2,780

Total hours worked by all employees last year 1,972,987.36

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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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
54	200
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 995002 HR-CERT-K-12 SUB

Street 333 S BEAUDRY AVE, 15TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 24

Total hours worked by all employees last year 19,776.08

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	1	1	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
3	207
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 995003 HR CERT CONTRACT POOL-EAST

Street 333 S. BEAUDRY AVE

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 52

Total hours worked by all employees last year 48,603.15

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	1

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Establishment Information

Your establishment 995004 HR CERT CONTRACT POOL-WEST

Street 333 S BEAUDRY AVE, 15TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 7,520.2

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	0	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
19	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	1	(6) All other illnesses	2

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Establishment Information

Your establishment 995005 HR CERT CONTRACT POOL-SOUTH

Street 333 S. BEAUDRY AVE

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 26

Total hours worked by all employees last year 22,028.23

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 99501 MULTINGL MULTIC ED

Street 333 S. BEAUDRY AVE., 25TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

8 2 1 1

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 30

Total hours worked by all employees last year 48,570.36

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.

Company executive Title

( ) / /

Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

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
0	2	2	6
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
51	195
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	10	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment 995501 HR-POOL-CHLD DEV SUB

Street 333 S. BEAUDRY AVE

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 441

Total hours worked by all employees last year 320,516.72

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...	(M)
(1) Injuries	0
(2) Skin disorders	0
(3) Respiratory conditions	0
(4) Poisonings	0
(5) Hearing Loss	0
(6) All other illnesses	0

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Establishment Information

Your establishment 995901 HR-POOL-ADMIN ASMTS

Street 333 S. BEAUDRY AVE., 14TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 1

Total hours worked by all employees last year 126

Sign here

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Company executive Title

( ) / /

Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 996001 POOL - PROCESS CTRL

Street 333 S. BEAUDRY AVE 12TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 2,190.2

Sign here

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	9	3	15
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
468	285
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	27	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 996201 POOL - UNIT B

Street 333 S. BEAUDRY AVE 12TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 378

Total hours worked by all employees last year 305,514.56

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Company executive Title

( ) / /
Phone Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 2 4

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
180	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment Information

Your establishment 996501 POOL-UNIT D S

Street 333 S. BEAUDRY AVE 12TH FL

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 122

Total hours worked by all employees last year 103,663.75

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Company executive Title

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Phone Date

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	11	2	8
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
425	43
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	20	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	1

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Establishment Information

Your establishment 996701 POOL - UNIT C E

Street 333 SOUTH BEAUDRY AVENUE 12TH FLOOR

City LOS ANGELES State CA Zip 90017

Industry description (*e.g., Manufacture of motor truck trailers*)

Elementary and Secondary Schools

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 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 675

Total hours worked by all employees last year 633,211.78

Sign here

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Company executive Title

( ) / /
Phone Date