## **Summary of Work-Related Injuries and Illnesses**



Year: 2022

All establishments covered by CCR Title 8 Section 14300 must complete this Annual Summary, 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 Cal/ OSHA Form 300 in its entirety. They also have limited access to the Cal/ OSHA Form 301 or its equivalent. See CCR Title 8 Section 14300.35, in Cal/ 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 cas with job transfer or restriction	es	otal number of other recordable cases
0	0	0		0
(G)	(H)	(1)		(J)
Number of Days				
Total number of days away from work	Total number of day job transfer or restri	(d)		
0 (K)	0 (L)			
Injury and Illness Types Total number of				
(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 Annual Summary from February 1 to April 30 of the year following the year covered by the form.

Facility Informat	ion	,		
Establishment name:	SECC Corporation			
Street	502 N Sheridan St			
City	Corona	State CA	ZIP	92878
Industry description:	Commu	nication Construc	tion	
*				
Standard Industrial Cla				6325
If known (e.g., SIC 371	15)			
Employment Info	ormation e figures, use the optional \	Vorksheet to estin	nate)	
Annual average numb	er of employees			59
Total hours worked by	all employees last year			125,903
Sign here	held	_		
	this document may result	in a fine.		
I certify that I have exa entries are true, accura	mined this document and thate, and complete.	nat to the best of i	my knowled	dge the
Michael Aranda		Preside	ent	
Company executive	1		Title	
(909) 393-5419		1/06/2	023	

Phone

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Year: 2022

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Total number of deaths	Total number of cases with days away from work	Total number of cas with job transfer o restriction		Total number of other recordable cases
0 (G)	0 (H)	0 (I)	_	(J)
Number of Days				
Total number of days away from work	Total number of days job transfer or restric			
0 (K)	0 (L)			
Injury and Illness Types	-			ć
(M)				
1) Injuries	)	(4) Poisonings	0	
2) Skin Disorders	)	(5) Hearing loss	0	đ
(3) Respiratory Conditions	)	(6) All other illnesses	0	•

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

Facility Information						
Establishment name:	SECC Corporation	- Corona Locatio	n			
Street	502 N Sheridan					
City	Corona	State	CA	ZIP	92878	
Industry description:		Communication C	onstruct	ion		
Standard Industrial Cla					6325	
If known (e.g., SIC 371	15)					
Employment Information (If you don't have these figures, use the optional Worksheet to estimate)						
Annual average number of employees15						
Total hours worked by all employees last year 28,041						
Sign here  Knowingly falsifying this document may result in a fine.  I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.						
Michael Aranda	-		Preside	ent		
Company executive Title						
(909) 393-5419			1/06/20	)23	8	

## **Summary of Work-Related Injuries and Illnesses**

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#### **Number of Cases** Total number of Total number of Total number of cases other Total number of deaths cases with days with job transfer or recordable away from work restriction cases 0 (G) (H) (J) **Number of Days** Total number of days away Total number of days of job transfer or restriction from work (K) Injury and Illness Types Total number of... (M) (1) Injuries (4) Poisonings (2) Skin Disorders (5) Hearing loss (3) Respiratory Conditions (6) All other illnesses

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



Year: 2022

Facility Information					
•	Facility Information				
Establishment name: SECC Corporation	Establishment name: SECC Corporation - Mentone Location				
Street 1500 Crafton Av	Street 1500 Crafton Ave., Wing D				
City Mentone		State CA	ZIP	92359	
Industry description:	Communicat	ion Construct	ion		
Standard Industrial Classification (SIC)				6325	
If known (e.g., SIC 3715)		-			
Employment Information					
(If you don't have these figures, use the	optional Work	sheet to estin	nate)		
Annual average number of employees				28	
Total hours worked by all employees last year 60.915					
Total hours worked by all employees last year 60,915					
Sign here					
Knowingly falsifying this document may result in a fine.					
I certify that I have examined this document and that to the best of my knowledge the					
entries are true, accurate, and complete	·.				
Michael Aranda		Preside	ent		
Company executive			Title		
(909) 393-5419		1/06/20	023		
Phone			Date		

# **Summary of Work-Related Injuries and Illnesses**



Year: 2022

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Number of Cases				
Total number of deaths	Total number of cases with days away from work	Total number of cas with job transfer o restriction		Total number of other recordable cases
0 (G)	0 (H)	0 (I)		0 (J)
(G)	(ロ)	(1)		(3)
Number of Days				
Total number of days away from work	Total number of da job transfer or restr			
0 (K)	0 (L)	<u> </u>		
Injury and Illness Types	í			
Total number of (M)				
(1) Injuries	0	(4) Poisonings	0	-
(2) Skin Disorders	0	(5) Hearing loss	0	-10 II
(3) Respiratory Conditions	0	(6) All other illnesses	0	-

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

Facility Informati	on		¥6		
Establishment name: SECC Corporation - Victorville Location					
Street	13235 Pol Access Ro	ad			
City	Victorville	State CA	ZIP 92394		
Industry description:	Cor	mmunication Construc	tion		
Standard Industrial Cla	, ,		6325		
If known (e.g., SIC 371	(5)				
Employment Info	rmation				
(If you don't have these	e figures, use the optic	onal Worksheet to estin	mate)		
Annual average numb	er of employees		16		
Total hours worked by	all employees last yea	ır	35,291		
Sign here					
Knowingly falsifying	this document may re	esult in a fine.			
I certify that I have examined this document and that to the best of my knowledge the					
entries are true, accura	ate, and complete.				
Michael Aranda		Preside	ent		
Company executive	a.e.		Title		
(000) 303 5410		1/06/20	122		