LABOR COMPLIANCE PROGRAM ANNUAL REPORT

Format for Awarding Body that enforces its own Labor Compliance Program for some but not all projects

Report for the reporting period 07/01/2012 (mm/dd/yyyy) to 06/30/2013 (mm/dd/yyyy)

1. Name of Labor Compliance Program (LCP) :
Trabuco Canyon Water District

2. LCP I.D. Number (assigned by DIR):	3. Date of Initial Approval:
2011.01103	March 21, 2012

4. Contact person (include name, title, address, telephone, fax, and e-mail, if available):

Hector Ruiz, District Engineer/LCO
32003 Dove Canyon Drive
Trabuco Canyon, CA 92679

Phone: 949-858-0277 x117
Fax: 949-858-3025
Email: hruiz@tcwd.ca.gov

5. Did LCP perform any LC § 1771.5 enforcement activities during the 12 months in the reporting period?

Please check one: ☐ Yes If Yes, proceed to item 6 on the next page

☑ No If No, complete the information below, sign the form and submit to DIR, Office of the Director, Attn: LCP Special Assistant, 455 Golden Gate Avenue, 10th Floor, San Francisco CA 94102

What suggestions do you have for the Department of Industrial Relations to better assist you with your program in the coming year? (attach additional sheets if necessary)

SUBMITTED BY:

Signature	Name and Title	Date
	Hector Ruiz, District Engineer / LCO	8-19-2013