STATE OF CALIFORNIA
DEPARTMENT OF TRANSPORTATION
Form HC-10A (Rev. 6/80)

Job Stamp
04-0120F4
SFOBB SAS

Const. Calendar Day No. 483
Project Work Day No. 693
Date **Wednesday** **04/9/2008**
Shift Hours Start 06:00 Stop 14:30

ASSISTANT RESIDENT ENGINEER'S **CONTRACTOR – ABFJV**

EQUIPMENT AND/OR LABOR:

Equip. #	NO. MEN	DESCRIPTION (Of Equipment or Labor)	HOURS - ITEM NO.									IDLE OR DOWN	REMARKS Name	REMARKS Contractor

- **Attended Team Concrete meeting.I**
- **Reviewed contractor's survey notes**
- **Reviewed SUB 665 R00, E2 Survey Plan**

David Bradd, Assistant Resident Engineer

REC'D '08 APR-19 #004317