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

Job Stamp
04-0120F4
SFOBB SAS

Const. Calendar Day No. 519
Project Work Day No. 729
Date **Thursday** **5/15/2008**
Shift Hours Start _____ Stop _____

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	Contractor

- **Safety meeting—sun safety.**
- **Locate anchor bolts at tower B2**
- **Elevate piles A3, A4, B3, B4**

David Bradd, Assistant Resident Engineer

REC'D '08 MAY-31 #004866