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

Job Stamp
04-0120F4
SFOBB SAS

Const. Calendar Day No. 621
Project Work Day No. 831
Date **Monday** **08/25/2008**
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	REMARKS Contractor

No work—I was sick.

David Bradd, Assistant Resident Engineer

REC'D 08 SEP-06 #006448