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

Job Stamp
04-0120F4
SFOBB SAS

Const. Calendar Day No. 644
Project Work Day No. 854
Date **Wednesday 09/17/2008**
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 |
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- **Attended meeting with ABF re: survey issues relating to position of terminal girder.**
- **Witnessed ABF survey of terminal girder.**

David Bradd, Assistant Resident Engineer

REC'D '08 OCT-29 #007449