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

Job Stamp
04-0120F4
SFOBB SAS

Const. Calendar Day No. 785
Project Work Day No. 995
Date **Thursday 2/5/2009**
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

- **Organize survey records**
- **Review contractor survey field notes**

David Bradd, Assistant Resident Engineer

REC'D '09 MAR-16 #009068