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

Job Stamp
04-0120F4
SFOBB SAS

Const. Calendar Day No. 805
Project Work Day No. 1015
Date **Wednesday** **2/25/2009**
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

- **Review ABF survey notes transmittals for data to be included in Caltrans project survey binder.**

David Bradd, Assistant Resident Engineer

REC'D '09 MAR-16 #009082