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

Job Stamp
04-0120F4
SFOBB SAS

Const. Calendar Day No. 989
Project Work Day No. 1199
Date **Friday 8/28/2009**
Shift Hours Start _____ Stop _____

ASSISTANT RESIDENT ENGINEER'S **CONTRACTOR - ABFJV**

EQUIPMENT AND/OR LABOR:			HOURS - ITEM NO.										IDLE OR DOWN	REMARKS			
Equip. #	N O - M E N	DESCRIPTION (Of Equipment or Labor)															Name

- **W2: Contractor continues removal of formwork from jacking saddle void area. See Lalit Mathur's diary of this date for time, materials, and equipment.**

(Handwritten signature)

David Bradd, Assistant Resident Engineer