

dkm

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

Job Stamp  
04-0120F4  
SFOBB SAS

Const. Calendar Day No. 25  
Project Work Day No. 235  
Date **Saturday 10/3/2009**  
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

• Weekend—No Work



David Bradd, Assistant Resident Engineer