

dkm

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

Job Stamp  
04-0120F4  
SFOBB SAS

Const. Calendar Day No. 47  
Project Work Day No. 957  
Date **Sunday 10/25/2009**  
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

DA

David Bradd, Assistant Resident Engineer