



Both the Contractor and the Inspector must submit a separate copy of this form directly to DSA. File this report at completion of project, when services in connection with the project are terminated, when work stops for more than one month, or when any building of the project is occupied.

Check all applicable boxes: <input checked="" type="checkbox"/> Final - Work 100% complete <input type="checkbox"/> Terminating <input type="checkbox"/> Work not completed (indicate at "*" below) <input type="checkbox"/> Building(s) _____ occupied <input type="checkbox"/> Work Stopped	DSA File No. <b>33-21</b> DSA Application No. <b>04-102976</b>
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This report includes all construction work through the date of: 4th month 30th day 2002 year

School District/Owner **Hemet USD** Project Name (School) **Acacia Middle School**

Scope of Work **1 toilet Bldg & 5 relocatables** Contract Amount \$ **34,300.00**

INDICATE IN EACH APPLICABLE CATEGORY	% COMPLETE	INDICATE IN EACH APPLICABLE CATEGORY	% COMPLETE
Site work	100	Fire Alarm System	100
Foundation	100	Fire Sprinklers & Suppression Systems	N/A
Structural Frame	N/A	Access, Gates & Fire Flow	N/A
Electrical (including grounding systems)	100	Accessible Parking	N/A
Plumbing	N/A	Ramps/Elevators/Lifts	100
Mechanical	N/A	Accessible Restrooms	100
Finishes	100	Accessibility Signage	100
<b>Total Project Completion (estimate total percentage of completion for projects where work is not complete):</b>			<b>100</b>

\*List work to be completed (attach additional pages as necessary):

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Total Number of Change Orders at Close of Project: 2

**This section to be completed by Project Inspector or Contractor:**  
 I know of my own personal knowledge that all construction has, in every material respect, been performed in compliance with the DSA approved documents. I declare under penalty of perjury that I prepared this report and that all statements are true.

Signature *Bill R. Bunting Jr.* Print Name Bill R. Bunting Jr. Date 4-30-02  
 Title Inspector (Inspector, Assistant Inspector, Contractor, School District/Owner)  
 Business Address 12105 Graham St.  
 City Moreno Valley State CA Zip \_\_\_\_\_

**Contractor or representative of district performing own work must also complete the following:**  
 I am an authorized official of \_\_\_\_\_ (Contracting Firm, Corporation, or School District performing work)  
 working in the capacity of \_\_\_\_\_ (Owner, Partner, President, Vice-president, Superintendent)  
 with personal knowledge of the work of construction. I have been authorized by said firm or corporation to sign this report.

Submit completed form to the DSA Regional Office where this project was filed:

<input type="checkbox"/> DSA San Francisco Bay Area Region 1515 Clay Street, Suite 1201 Oakland, CA 94612	<input type="checkbox"/> DSA Sacramento Region 1225 R Street Sacramento, CA 95814	<input type="checkbox"/> DSA Los Angeles Basin Region 311 S. Spring Street, Suite 1301 Los Angeles, CA 90013	<input checked="" type="checkbox"/> DSA San Diego Region 16680 West Bernardo Drive San Diego, CA 92127
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