

CALIFORNIA DEPARTMENT OF GENERAL SERVICES
DIVISION OF THE STATE ARCHITECT



VERIFIED DSA-6
REPORT

Rev. 1-02

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	DSA File No. 33-21
	<input type="checkbox"/> Work not completed (indicate at "*" below)		DSA Application No. A04-104505
	<input type="checkbox"/> Building(s) _____ occupied	<input type="checkbox"/> Work Stopped	

This report includes all construction work through the date of: 9 month 30 day 2002 year

School District/Owner **Hemet Unified School Dist.** Project Name (School) **Hamilton Elem.**

Scope of Work **Relocatable set up** Contract Amount \$ **43,786.63**

INDICATE IN EACH APPLICABLE CATEGORY	% COMPLETE	INDICATE IN EACH APPLICABLE CATEGORY	% COMPLETE
Site work	N/A	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	100	Ramps/Elevators/Lifts	100
Mechanical	N/A	Accessible Restrooms	N/A
Finishes	100	Accessibility Signage	N/A

Total Project Completion (estimate total percentage of completion for projects where work is not complete): **100**

*List work to be completed (attach additional pages as necessary): **Observed ground rod test of less then 10 ohms.**

Modular A46643 - 4983 and A 46643 - 4984

Total Number of Change Orders at Close of Project: **None**

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 Richard C. Navarro Print Name **Richard C. Navarro** Date 10-4-02

Title **Project Inspector DSA #1695** (Inspector, Assistant Inspector, Contractor, School District/Owner)

Business Address **11663 Vista Lane**

City **Youcaipa** State **CA** Zip **92399**

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:

- DSA San Francisco Bay Area Region
1515 Clay Street, Suite 1201
Oakland, CA 94612
- DSA Sacramento Region
1225 R Street
Sacramento, CA 95614
- DSA Los Angeles Basin Region
311 S. Spring Street, Suite 1301
Los Angeles, CA 90013
- DSA San Diego Region
16680 West Bernardo Drive
San Diego, CA 92127