| DATE | | CONDITION OF WORK-REMARKS | · |
|------|-----------------------|--|-----------|
| | | | |
| | | | |
| | | | |
| | | •. | |
| | | | |
| | | The state of the s | |
| | | | , |
| | | | |
| | | | |
| | COMPLETE AND O. K. | | INSPECTOR |