

THE CITY OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF AIR, NOISE & HAZARDOUS MATERIALS

DAY FRIDAY

SECTION ASBESTOS & LEAD CONTROL PROGRAM

DATE JANUARY 5, 2001

DIST. # 5000

This undersigned certify that they were present and engaged in the business of the office during the hours placed opposite their respective names.

NAME	ARR.	SIGNATURE	LUNCH		DEP.	SIGNATURE	REMARKS
FULL TIME			OUT	IN			
8:00 SHIFT							
		9 & 1 OFF PAY FRIDAY					
B. DAVIDOVITZ							

Supervisor's initials
required for other than
scheduled work hours.

CERTIFICATION OF ACCURACY

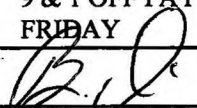
Supervisor *L. Radu*

B

THE CITY OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF AIR, NOISE & HAZARDOUS MATERIALS

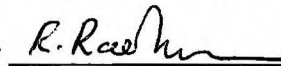
DAY THURSDAYSECTION ASBESTOS & LEAD CONTROL PROGRAMDATE JANUARY 4, 2001DIST. # 5000

This undersigned certify that they were present and engaged in the business of the office during the hours placed opposite their respective names.

NAME	ARR.	SIGNATURE	LUNCH		DEP.	SIGNATURE	REMARKS
FULL TIME			OUT	IN			
8:00 SHIFT							
		9 & 1 OFF PAY FRIDAY					
B. DAVIDOVITZ	8:00		12	1	4:30		

Supervisor's initials
required for other than
scheduled work hours.

CERTIFICATION OF ACCURACY

Supervisor 


THE CITY OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF AIR, NOISE & HAZARDOUS MATERIALS

DAY WEDNESDAYSECTION ASBESTOS & LEAD CONTROL PROGRAMDATE JANUARY 3, 2001DIST. # 5000

This undersigned certify that they were present and engaged in the business of the office during the hours placed opposite their respective names.

NAME	ARR.	SIGNATURE	LUNCH		DEP.	SIGNATURE	REMARKS
FULL TIME			OUT	IN			
8:00 SHIFT							
		9 & 1 OFF PAY FRIDAY					
B. DAVIDOVITZ	8:30	<i>B.D.</i>	12	1	4:30	<i>B.D.</i>	

Supervisor's initials
required for other than
scheduled work hours.

CERTIFICATION OF ACCURACY

Supervisor *R. Radin*


THE CITY OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF AIR, NOISE & HAZARDOUS MATERIALS

DAY TUESDAYSECTION ASBESTOS & LEAD CONTROL PROGRAMDATE JANUARY 2, 2001DIST. # 5000

This undersigned certify that they were present and engaged in the business of the office during the hours placed opposite their respective names.

NAME	ARR.	SIGNATURE	LUNCH		DEP.	SIGNATURE	REMARKS
FULL TIME			OUT	IN			
8:00 SHIFT							
		9 & 1 OFF PAY FRIDAY					
B. DAVIDOVITZ	8 ⁰⁰	<i>BD.</i>	12	1	4 ³⁰	<i>BD.</i>	

Supervisor's initials
required for other than
scheduled work hours.

CERTIFICATION OF ACCURACY

Supervisor *R. Radwin*
