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 R. Rad

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

DAY THURSDAY SECTION ASBESTOS & LEAD CONTROL PROGRAM

DATE JANUARY 4, 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	8:00	B. D	12	1	4:30	B. D	

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

CERTIFICATION OF ACCURACY

Supervisor R. Rad

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

DAY WEDNESDAY SECTION ASBESTOS & LEAD CONTROL PROGRAM

DATE JANUARY 3, 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	8:30	B. D.	12	1	4:30	B. D.	

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

CERTIFICATION OF ACCURACY

Supervisor R. Rad

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

DAY TUESDAY SECTION ASBESTOS & LEAD CONTROL PROGRAM

DATE JANUARY 2, 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	8⁰⁰	BD.	12	1	4³⁰	B.	

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

CERTIFICATION OF ACCURACY

Supervisor R. Radhu