

DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF ENFORCEMENT COMPLIANCE  
TRAINING & CERTIFICATION UNIT

DAY FRIDAY

SECTION: ASBESTOS & LEAD PROGRAM

DATE Oct. 12, 2001

DIST. # 5000

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

REGULAR & 4-1 TIME SHEET

| NAME             | ARR  | SIGNATURE  | LUNCH |      | DEP  | SIGNATURE   | REMARKS     |
|------------------|------|------------|-------|------|------|-------------|-------------|
| FULL TIME        |      |            | out   | in   |      |             |             |
| 8:00-4:00        |      |            |       |      |      |             |             |
| CASTER, PATRICIA |      |            |       |      |      |             | ERC<br>Deen |
| 8:30-4:30        |      |            |       |      |      |             |             |
| MEJIA, HADEE     | 8:30 | Hmeja      | 1-2   | 4:30 |      | Hmeja       |             |
| 9:00-5:00        |      |            |       |      |      |             |             |
| BRUTON, RHONDA   | 9:30 | R.Bruton   | 1     | 2    | 5    | R.Bruton    |             |
| TYRA, SANDERS    | 9:00 | T.Sanders  | 1:30  | 2:30 | 5:00 | T.Sanders   |             |
| WYATT, LISETTE   | 9:00 | RWyatt     | 1     | 2    | 5    | for L.WYATT | LAB         |
| 4 - 1            |      |            |       |      |      |             |             |
| GARRISON, HEDY   | 8    | H.Garrison | 1     | 2    | 6    | H.Garrison  |             |
| 8:00-6:00        |      |            |       |      |      |             |             |

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

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CERTIFICATION OF ACCURACY

Supervisor: 

DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF ENFORCEMENT COMPLIANCE  
TRAINING & CERTIFICATION UNIT

DAY THURSDAY

SECTION: ASBESTOS & LEAD PROGRAM

DATE Oct 11, 2001

DIST. # 5000

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

REGULAR & 4-1 TIME SHEET

| NAME             | ARR   | SIGNATURE   | LUNCH |       | DEP        | SIGNATURE   | REMARKS                |
|------------------|-------|-------------|-------|-------|------------|-------------|------------------------|
| FULL TIME        |       |             | out   | in    |            |             |                        |
| 8:00-4:00        |       |             |       |       |            |             |                        |
| CASTER, PATRICIA | 9:30  | P. Caster   | 12    | 1-530 | P. Caster  |             | 11:00 AM<br>w/ out per |
| 8:30-4:30        |       |             |       |       |            |             |                        |
| MEJIA, HADEE     | 8:30  | H. Mejia    | 1-2   | 4:30  | H. Mejia   |             |                        |
| 9:00-5:00        |       |             |       |       |            |             |                        |
| BRUTON, RHONDA   | 9:30  | R. Bruton   | 1     | 2.5   | R. Bruton  |             | ETRAIN                 |
| TYRA, SANDERS    | 9:00  | T. Sanders  | 1-2   | 5:00  | T. Sanders |             |                        |
| WYATT, LISETTE   | 9:05  | L. Wyatt    | 1:00  | 2:00  | 4:35       | R. Wyatt    | 1/2 hr<br>per          |
| 4 - 1            |       |             |       |       |            |             |                        |
| GARRISON, HEDY   | 11:35 | H. Garrison | 1     | 2     | 6:00       | H. Garrison |                        |
| 8:00-6:00        |       |             |       |       |            |             |                        |

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

CERTIFICATION OF ACCURACY

Supervisor: [Signature]

[Signature]

DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF ENFORCEMENT COMPLIANCE  
TRAINING & CERTIFICATION UNIT

DAY WEDNESDAY

SECTION: ASBESTOS & LEAD PROGRAM

DATE Oct 10, 2001

DIST. # 5000

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

REGULAR & 4-1 TIME SHEET

| NAME             | ARR  | SIGNATURE   | LUNCH |      | DEP  | SIGNATURE   | REMARKS                                |
|------------------|------|-------------|-------|------|------|-------------|----------------------------------------|
| FULL TIME        |      |             | out   | in   |      |             |                                        |
| 8:00-4:00        |      |             |       |      |      |             |                                        |
| CASTER, PATRICIA | 8:00 | P. Caster   | 12-1  | 4:00 |      | P. Caster   |                                        |
| 8:30-4:30        |      |             |       |      |      |             |                                        |
| MEJIA, HADEE     | 8:30 | Hmeja       | 1-2   | 7:00 |      | Hmeja       | 2 1/2 hrs<br>0.75                      |
| 9:00-5:00        |      |             |       |      |      |             |                                        |
| BRUTON, RHONDA   |      |             |       |      |      |             | Doctor's<br>Appt<br>2 1/2 hrs<br>Punct |
| TYRA, SANDERS    | 9:00 | T. Sanders  | 1-2   | 7:30 |      | T. Sanders  |                                        |
| WYATT, LISETTE   | 8:50 | R Wyatt     | 1:00  | 2:00 | 5:00 | R Wyatt     |                                        |
| 4 - 1            |      |             |       |      |      |             |                                        |
| GARRISON, HEDY   | 1:35 | H. Garrison | 1-2   | 5    |      | H. Garrison |                                        |
| 8:00-5:00        |      |             |       |      |      |             |                                        |

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

CERTIFICATION OF ACCURACY,

Supervisor

DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF ENFORCEMENT COMPLIANCE  
TRAINING & CERTIFICATION UNIT

DAY TUESDAY  
DATE Oct 9, 2001

SECTION: ASBESTOS & LEAD PROGRAM  
DIST. # 5000

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

**REGULAR & 4-1 TIME SHEET**

| NAME             | ARR  | SIGNATURE   | LUNCH |      | DEP  | SIGNATURE   | REMARKS |
|------------------|------|-------------|-------|------|------|-------------|---------|
| FULL TIME        |      |             | out   | in   |      |             |         |
| 8:00-4:00        |      |             |       |      |      |             |         |
| CASTER, PATRICIA | 7:55 | P. Caster   | 12-1  | 1:40 |      | P. Caster   |         |
| 8:30-4:30        |      |             |       |      |      |             |         |
| MEJIA, HADEE     | 8:30 | H. Mejia    | 1-2   | 4:30 |      | H. Mejia    |         |
| 9:00-5:00        |      |             |       |      |      |             |         |
| BRUTON, RHONDA   | 10   | R. Bruton   | 1:30  | 2:30 | 5    | R. Bruton   |         |
| TYRA, SANDERS    | 9:15 | T. Sanders  | 2:00  | 3:00 | 5:15 | T. Sanders  |         |
| WYATT, LISETTE   | 9:00 | R. Wyatt    | 1:00  | 2:00 | 5:00 | R. Wyatt    |         |
|                  |      |             |       |      |      |             |         |
| 4 - 1            |      |             |       |      |      |             |         |
| GARRISON, HEDY   | 7:25 | H. Garrison | 1     | 2    | 6    | H. Garrison |         |
| 8:00-6:00        |      |             |       |      |      |             |         |

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

CERTIFICATION OF ACCURACY

[Signature]  
Supervisor: \_\_\_\_\_

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**DEPARTMENT OF ENVIRONMENTAL PROTECTION**  
**BUREAU OF ENFORCEMENT COMPLIANCE**  
**TRAINING & CERTIFICATION UNIT**

DAY MONDAY

SECTION: ASBESTOS & LEAD PROGRAM

DATE Oct 8, 2001

DIST. # 5000

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

**REGULAR & 4-1 TIME SHEET**

| NAME                | ARR | SIGNATURE | LUNCH |    | DEP | SIGNATURE | REMARKS |
|---------------------|-----|-----------|-------|----|-----|-----------|---------|
|                     |     |           | out   | in |     |           |         |
| FULL TIME           |     |           |       |    |     |           |         |
| 8:00-4:00           |     |           |       |    |     |           |         |
| CASTER,<br>PATRICIA |     |           |       |    |     |           |         |
| 8:30-4:30           |     |           |       |    |     |           |         |
| MEJIA,<br>HADEE     |     |           |       |    |     |           |         |
| 9:00-5:00           |     |           |       |    |     |           |         |
| BRUTON,<br>RHONDA   |     |           |       |    |     |           |         |
| TYRA,<br>SANDERS    |     |           |       |    |     |           |         |
| WYATT,<br>LISETTE   |     |           |       |    |     |           |         |
|                     |     |           |       |    |     |           |         |
| 4 - 1               |     |           |       |    |     |           |         |
| GARRISON,<br>HEDY   |     |           |       |    |     |           |         |
| 8:00- :00           |     |           |       |    |     |           |         |
| DAY OFF             |     |           |       |    |     |           |         |

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

CERTIFICATION OF ACCURACY

Supervisor: 

