

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

DAY FRIDAY

SECTION: ASBESTOS & LEAD PROGRAM

DATE April 27, 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 | 7:55 | P. Caster  | 12-1  | 4:00 |      | P. Caster  |             |
| 8:30-4:30        |      |            |       |      |      |            |             |
| MEJIA, HADEE     |      |            |       |      |      |            | new<br>A/L  |
| 9:00-5:00        |      |            |       |      |      |            |             |
| BRUTON, RHONDA   | 9:30 | R Bruton   | 1     | 2    | 5    | R Bruton   | TRAIN<br>FR |
| TYRA, SANDERS    | 9:00 | T. Sanders | 1     | 2:00 | 5:00 | T. Sanders |             |
| WYATT, LISETTE   | 9:00 | L Wyatt    | 1:30  | 2:30 | 5:00 | L Wyatt    | ECB/ER      |
|                  |      |            |       |      |      |            |             |
| 4 - 1            |      |            |       |      |      |            |             |
| GARRISON, HEDY   |      |            |       |      |      |            | new         |
| 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 THURSDAY

SECTION: ASBESTOS & LEAD PROGRAM

DATE April 26, 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 |      |                    |       |      |      |                    | <i>Chen</i>      |
| 8:30-4:30        |      |                    |       |      |      |                    |                  |
| MEJA, HADEE      | 8:30 | <i>Hadee</i>       | 1     | 2    | 3:30 | <i>Hadee</i>       | <i>1 hr 5/12</i> |
| 9:00-5:00        |      |                    |       |      |      |                    | <i>DeW</i>       |
| BRUTON, RHONDA   | 9:05 | <i>R. Bruton</i>   | 1     | 2    | 5    | <i>R. Bruton</i>   |                  |
| TYRA, SANDERS    | 9:00 | <i>T. Sanders</i>  | 1     | 2    | 5:00 | <i>T. Sanders</i>  |                  |
| WYATT, LISETTE   | 9:05 | <i>L Wyatt</i>     | 1:00  | 2:00 | 5:00 | <i>L Wyatt</i>     | <i>ER</i>        |
|                  |      |                    |       |      |      |                    |                  |
| 4 - 1            |      |                    |       |      |      |                    |                  |
| GARRISON, HEDY   | 8    | <i>H. Garrison</i> | 1     | 2    | 6    | <i>H. Garrison</i> |                  |
| 8:00-6:00        |      |                    |       |      |      |                    |                  |

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

CERTIFICATION OF ACCURACY

Supervisor: *[Signature]*

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

DAY WEDNESDAY

SECTION: ASBESTOS & LEAD PROGRAM

DATE April 25, 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 |      |             |       |      |      |             | comp Time       |
| 8:30-4:30        |      |             |       |      |      |             |                 |
| MEJIA, HADEE     | 8:30 | Hmejia      |       |      | 1:30 | Hmejia      | 2 hrs S/L       |
| 9:00-5:00        |      |             |       |      |      |             |                 |
| BRUTON, RHONDA   | 9:30 | R Bruton    | 1:20  | 2:20 | 5    | R Bruton    | E+F Train       |
| TYRA, SANDERS    | 9:15 | T Sanders   | 1:20  | 2:20 | 5:15 | T Sanders   | see this worked |
| WYATT, LISETTE   | 9:00 | L Wyatt     | 1:20  | 1:30 | 5:00 | L Wyatt     | Audit ER        |
|                  |      |             |       |      |      |             |                 |
| 4 - 1            |      |             |       |      |      |             |                 |
| GARRISON, HEDY   | 8-   | 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

SECTION: ASBESTOS & LEAD PROGRAM

DATE April 24, 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        |       |                   |         |      |                  |                   | <i>P. Caster</i>         |
| CASTER, PATRICIA | 8:00  | <i>P. Caster</i>  | 12-1    | 7:30 | <i>P. Caster</i> |                   | 3 1/2 hrs OT             |
| 8:30-4:30        |       |                   |         |      |                  |                   |                          |
| MEJIA, HADEE     | 8:30  | <i>Hmejia</i>     | 1-2     | 7:00 | <i>Hmejia</i>    |                   | 2 1/2 hrs OT             |
| 9:00-5:00        |       |                   |         |      |                  |                   | <i>SK</i>                |
| BRUTON, RHONDA   | 9:10  | <i>R Bruton</i>   | 1       | 2    | 5                | <i>R Bruton</i>   | ETCIN                    |
| TYRA, SANDERS    | 9:00  | <i>T. Sanders</i> | 1       | 2    | 5:00             | <i>T. Sanders</i> |                          |
| WYATT, LISETTE   | 11:02 | <i>L Wyatt</i>    | pu 2:00 | 5:00 |                  | <i>L Wyatt</i>    | Field ER                 |
| 4 - 1            |       |                   |         |      |                  |                   | <i>called on Sick SK</i> |
| GARRISON, HEDY   |       |                   |         |      |                  |                   |                          |
| 8:00-6:00        |       |                   |         |      |                  |                   | <i>SK</i>                |

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

CERTIFICATION OF ACCURACY

Supervisor: *[Signature]*

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

DAY MONDAY

SECTION: ASBESTOS & LEAD PROGRAM

DATE April 23, 2001

DIST. # 5000

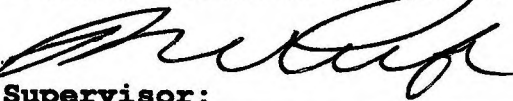
The undersigned certify that they were present and engaged in the business of the office during the hours placed opposite their respective names.

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 | Hmejia    | 1     | 2    | 4:30 | Hmejia    |                          |
| 9:00-5:00        |      |           |       |      |      |           |                          |
| BRUTON, RHONDA   | 10   | R Bruton  | 1     | 2    | 5    | R Bruton  | new 1AL                  |
| TYRA, SANDERS    |      |           |       |      |      |           | 55 called in field (new) |
| WYATT, LISETTE   | 9:05 | R Wyatt   | 1:30  | 2:30 | 5:00 | R Wyatt   | EK                       |
| 4 - 1            |      |           |       |      |      |           |                          |
| GARRISON, HEDY   |      |           |       |      |      |           |                          |
| 8:00- :00        |      |           |       |      |      |           | DAY OFF                  |

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

CERTIFICATION OF ACCURACY

  
Supervisor: \_\_\_\_\_

AB