

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

WEEK ENDING

11/17/9

SECTION
DIST. #

LABORATORY UNITS
5000

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

STANDBY SHEET
ASBESTOS ANALYST

	NAME	ARR.	SIGNATURE	LUNCH		DEP.	SIGNATURE	REMARK
				OUT	IN			
SUNDAY	Greg Frickman	8A	MF	—		12M	MF	165
MONDAY								
TUESDAY								
WEDNESDAY								
THURSDAY								
FRIDAY								
SATURDAY								

Supervisor's initials
required for other than
scheduled work hours

CERTIFICATION OF ACCURACY

Supervisor

B. Attalony

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