

**DEPARTMENT OF ENVIRONMENTAL PROTECTION**

DAY Saturday  
DATE 8/25/01

SECTION ALCP

**DIST.#** 5000

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

# STANDBY

[illegible]

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

### Certification of Accuracy

Supervisor [Signature]



**DEPARTMENT OF ENVIRONMENTAL PROTECTION**

DAY Friday  
DATE 8/24/01

**SECTION ALCP**

**DIST.#** 5000

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

# STANDBY

[illegible]

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

### Certification of Accuracy

Supervisor A. J. [Signature]



**DEPARTMENT OF ENVIRONMENTAL PROTECTION**

**DAY** Thursday

DATE 8/23/01

**SECTION** ALCP

**DIST.#** 5000

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

# STANDBY

[illegible]

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

### Certification of Accuracy

**Supervisor**

RS

**DEPARTMENT OF ENVIRONMENTAL PROTECTION**

DAY WEDNESDAY

DATE 8/22/01

**SECTION** ALCP

**DIST.#** 5000

**The undersigned certify that they were present and engaged in the business of the office during the hours place  
- opposite their respective name.**

# STANDBY

[illegible]

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

### Certification of Accuracy

Supervisor *[Signature]* *Bo*

**DEPARTMENT OF ENVIRONMENTAL PROTECTION**

DAY TUESDAY

DATE 8/2/01

SECTION ALCP

**DIST.#** 5000

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

**STANDBY**

[illegible]

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

### Certification of Accuracy

Supervisor: [Signature]

AD.

**DEPARTMENT OF ENVIRONMENTAL PROTECTION**

DAY MONDAY

DATE 8/28/0

**SECTION** ALCP

**DIST.#** 5000

**The undersigned certify that they were present and engaged in the business of the office during the hours place  
• opposite their respective name.**

# STANDBY

[illegible]

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

### Certification of Accuracy

Supervisor *[Signature]*



**DEPARTMENT OF ENVIRONMENTAL PROTECTION**

DAY Sunday  
DATE 8/19/01

**SECTION** ALCP

**DIST.#** 5000

**The undersigned certify that they were present and engaged in the business of the office during the hours place  
• opposite their respective name.**

# STANDBY

[illegible]

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

### Certification of Accuracy

Supervisor: Ale

70

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

WEEK ENDING 8/25/01

SECTION LABORATORY UNITS  
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.

STANDBY SHEET  
ASBESTOS ANALYST

|           | NAME          | ARR. | SIGNATURE | LUNCH |     | DEP. | SIGNATURE | REMARK       |
|-----------|---------------|------|-----------|-------|-----|------|-----------|--------------|
|           |               |      |           | OUT   | IN  |      |           |              |
| SUNDAY    |               |      |           |       |     |      |           |              |
| MONDAY    | Greg Fruchman | 6P   | M7        | —     | 12M | M7   |           | 69/B = 3     |
| TUESDAY   |               | 6P   | M7        | —     | 12M | M7   |           | 69/B = 3     |
| WEDNESDAY |               | 6P   | M7        | —     | 12M | M7   |           | 69/B = 3     |
| THURSDAY  |               | 6P   | M7        | —     | 7P  | M7   |           | 15/B = 30m   |
|           |               | 7P   | M7        | —     | 11P | M7   |           | 46/B         |
|           |               | 11P  | M7        | —     | 12M | M7   |           | 19/B = 30m   |
| FRIDAY    |               | 6P   | M7        | —     | 12M | M7   |           | 69/B = 3     |
| SATURDAY  |               | 8A   | M7        | —     | 11A | M7   |           | 39/B = 1 1/2 |
|           |               | 11A  | M7        | —     | 3P  | M7   |           | 46/B         |
|           |               | 3P   | M7        | —     | 12M | M7   |           | 99/B = 2     |

Supervisor's initials  
required for other than  
scheduled work hours

CERTIFICATION OF ACCURACY

Supervisor 8. Atteloney

*[Signature]*