

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

WEEK ENDING

8/4/01

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								
MONDAY	L. Wyatt	5:00	L. Wyatt	—	9:00	L. Wyatt	4hrsER	
	L. Wyatt	9:00	R. Wyatt	—	12:00	L. Wyatt	3hrsby	
TUESDAY	L. Wyatt	6:00	L. Wyatt	—	12:00	L. Wyatt	6hrsby	
WEDNESDAY	L. Wyatt	5:00	L. Wyatt	—	9:00	L. Wyatt	4hrsER	
	L. Wyatt	9:00	R. Wyatt	—	12:00	L. Wyatt	3hrsby	
THURSDAY	L. Wyatt	6:00	L. Wyatt	—	9:00	L. Wyatt	3hrsby	
	L. Wyatt	9:00	R. Wyatt	—	12:00	L. Wyatt	3hrsER	
FRIDAY	L. Wyatt	12:00	L. Wyatt	—	1:00	L. Wyatt	1hrsER	
	L. Wyatt	6:00	R. Wyatt	—	12:00	L. Wyatt	6hrsby	
SATURDAY	L. Wyatt	12:00	L. Wyatt	—	4:00	L. Wyatt	4hrsER	
	L. Wyatt	8:00	R. Wyatt	—	12:00	L. Wyatt	4hrsER	
	L. Wyatt	12:00	L. Wyatt	—	12:00	L. Wyatt	12hrsby	

Supervisor's initials
required for other than
scheduled work hours

CERTIFICATION OF ACCURACY

Supervisor

S. Atteloney