

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DAY Saturday
 DATE 7/21/01

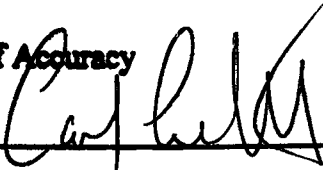
SECTION ALCP
 DIST.# 5000

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

STANDBY

NAME	ARR.	SIGNATURE	LUNCH		DEP.	SIGNATURE	REMARKS
			OUT	IN			
R. Okello	8 ⁰⁰ AM		---	---	12 ⁰⁰ PM		4 HRS FR
R. Okello	12 PM	Aus for R.O	---	---	1 ⁰⁰ PM	Aus for R.O	1 HRS BY
R. Okello	1 ⁰⁰ PM	Aus for R.O	---	---	5 ⁰⁰ PM	Aus for R.O	4 HRS E/R
R. Okello	5 ⁰⁰ PM	Aus for R.O	---	---	6 ⁰⁰ PM	Aus for R.O	1 HRS BY
R. Okello	6 ⁰⁰ PM	Aus for R.O	---	---	10 ⁰⁰ PM	Aus for R.O	4 HRS E/R
A. Plimpton	8 ⁰⁰ AM	Aus for R.O	---	---	12 ⁰⁰ PM	Aus for R.O	4 HRS E/R
A. Plimpton	12 ⁰⁰ PM	Aus for R.O	---	---	2 ⁰⁰ PM	Aus for R.O	2 HRS BY
A. Plimpton	2 ⁰⁰ PM	Aus for R.O	---	---	6 ⁰⁰ PM	Aus for R.O	4 HRS E/R
A. Plimpton	6 ⁰⁰ PM	Aus for R.O	---	---	12 ⁰⁰ PM	Aus for R.O	6 HRS BY
R. Okello	10 ⁰⁰ PM	Aus for R.O	---	---	11 ⁰⁰ PM	Aus for R.O	1 HRS BY
R. Okello	11 ⁰⁰ PM	Aus for R.O	---	---	12 ⁰⁰ AM	Aus for R.O	1 HRS E/R

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

Certification of Accuracy
 Supervisor 

14

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DAY Friday
DATE 7/20/01

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

NAME	ARR.	SIGNATURE	LUNCH		DEP.	SIGNATURE	REMARKS
			OUT	IN			
A. Plimpton	12 MD	<i>[Signature]</i>	—	—	8 ⁰⁰ AM	<i>[Signature]</i>	8 HRS S/BY
A. Plimpton	8 ⁰⁰ AM	<i>[Signature]</i>	1	2	6 ⁰⁰ PM	<i>[Signature]</i>	9 HRS E/R
A. Plimpton	6 ⁰⁰ PM	<i>[Signature]</i>	—	—	12 ⁰⁰ MD	<i>[Signature]</i>	6 HRS S/BY
R. Okello	5 PM	<i>[Signature]</i>	—	—	8 PM	<i>[Signature]</i>	3 HRS S/BY
R. Okello	8 PM	<i>[Signature]</i>	—	—	12 ⁰⁰ MD	<i>[Signature]</i>	4 HRS E/R

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

Certification of Accuracy
Supervisor *[Signature]*

[Handwritten mark]

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

WEEK ENDING

7/21/01

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	GEORGE ANAKHU	12 ^{mid}	George Anakhu	—	—	3 ³⁰	George Anakhu	3 1/2 ER
	"	8 ^{am}	"	—	—	10 ⁰⁰	"	2 SB
	"	10 ^{am}	"	12	1	10 ^{PM}	"	1 ER
	"	10 ^{am}	"	—	—	12 ^{mid}	"	2 SB
MONDAY	L. Wyatt	5 ⁰⁰	L. Wyatt	—	—	9 ⁰⁰	L. Wyatt	4hr ER
	L. Wyatt	9 ⁰⁰	L. Wyatt	—	—	12 ^{mid}	L. Wyatt	3hr Sby
TUESDAY	L. Wyatt	6 ⁰⁰	L. Wyatt	—	—	12 ^{mid}	L. Wyatt	6hr Sby
	L. Wyatt	6 ⁰⁰	L. Wyatt	—	—	7 ⁰⁰	L. Wyatt	1hr Sby
WEDNESDAY	L. Wyatt	7 ⁰⁰	L. Wyatt	—	—	11 ⁰⁰	L. Wyatt	4hr ER
	L. Wyatt	11 ⁰⁰	L. Wyatt	—	—	12 ^{mid}	L. Wyatt	1hr Sby
	L. Wyatt	6 ⁰⁰	L. Wyatt	—	—	8 ⁰⁰	L. Wyatt	2hrs Sby
THURSDAY	L. Wyatt	8 ⁰⁰	L. Wyatt	—	—	12 ^{mid}	L. Wyatt	4hr ER
	L. Wyatt	6 ⁰⁰	L. Wyatt	—	—	12 ^{mid}	L. Wyatt	6hr Sby
FRIDAY	L. Wyatt	6 ⁰⁰	L. Wyatt	—	—	12 ^{mid}	L. Wyatt	6hr Sby
	L. Wyatt	8 ⁰⁰	L. Wyatt	—	—	12 ^{mid}	L. Wyatt	11hr Sby
SATURDAY	L. Wyatt	8 ⁰⁰	L. Wyatt	—	—	12 ^{mid}	L. Wyatt	11hr Sby

Supervisor's initials
required for other than
scheduled work hours

CERTIFICATION OF ACCURACY

Supervisor

[Signature]

[Handwritten initials]

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

WEEK ENDING

7/21/01

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	GEORGE ANAKHU	12 ^{mid}	George Anakhu	—	—	3 ³⁰	George Anakhu	3 1/2 ER
	"	8 ^{AM}	"	—	—	10 ⁰⁰	"	2 SB
	"	10 ^{AM}	"	12	1	10 ^{PM}	"	1 ER
	"	10 ^{PM}	"	—	—	12 ^{mid}	"	2 SB
MONDAY	L. Wyatt	5 ⁰⁰	L. Wyatt	—	—	9 ⁰⁰	L. Wyatt	4 hr ER
	L. Wyatt	9 ⁰⁰	L. Wyatt	—	—	12 ^{mid}	L. Wyatt	3 hr SB
TUESDAY	L. Wyatt	6 ⁰⁰	L. Wyatt	—	—	12 ^{mid}	L. Wyatt	6 hr SB
WEDNESDAY	L. Wyatt	6 ⁰⁰	L. Wyatt	—	—	7 ⁰⁰	L. Wyatt	1 hr SB
	L. Wyatt	7 ⁰⁰	L. Wyatt	—	—	11 ⁰⁰	L. Wyatt	4 hr ER
	L. Wyatt	11 ⁰⁰	L. Wyatt	—	—	12 ^{mid}	L. Wyatt	1 hr SB
THURSDAY	L. Wyatt	6 ⁰⁰	L. Wyatt	—	—	8 ⁰⁰	L. Wyatt	2 hr SB
	L. Wyatt	8 ⁰⁰	L. Wyatt	—	—	12 ^{mid}	L. Wyatt	4 hr ER
FRIDAY	L. Wyatt	6 ⁰⁰	L. Wyatt	—	—	12 ^{mid}	L. Wyatt	6 hr SB
SATURDAY	L. Wyatt	8 ⁰⁰	L. Wyatt	—	—	12 ^{mid}	L. Wyatt	11 hr SB

Supervisor's initials
required for other than
scheduled work hours

CERTIFICATION OF ACCURACY

Supervisor

Leonard A. Helwig
LH