

**DEPARTMENT OF ENVIRONMENTAL PROTECTION**

DAY Saturday  
DATE 7/7/01

**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**

NYC-WTC\_000158231

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DAY Friday  
DATE 7/6/01

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 |          |           |                    |
| S. Nebel  | 6:00 pm  | S. Nebel  | —     |    | 12:00 pm | S. Nebel  | 5 hrs E/R          |
| S. Nebel  | 11:00 pm | S. Nebel  | —     |    | 12:00 MD | S. Nebel  | 1 hr S/By - 30 m   |
| R. Okello | 6:30 pm  | R. Okello | —     |    | 11:50 pm | S. Nebel  | 5 hrs E/R          |
| R. Okello | 11:30 pm | R. Okello | —     |    | 12:00 MD | R. Okello | 1 hr S/By - 30 min |
|           |          |           |       |    |          |           |                    |
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Supervisor's initials required for other than scheduled work hours.

Certification of Accuracy  
Supervisor Carl [Signature]

[Signature]

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DAY Thursday  
DATE 7/5/01

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 |       |           |         |
| S. Nebelun | 6pm  | Ch for SW |       |    | 12:00 | Ch for SW | 623     |
|            |      |           |       |    |       |           |         |
|            |      |           |       |    |       |           |         |
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|            |      |           |       |    |       |           |         |

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

Certification of Accuracy  
Supervisor Carl Luking

BJ









DEPARTMENT OF ENVIRONMENTAL PROTECTION

DAY Sunday  
DATE 7/1/01

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 |         |                  |                |
| S. Nebed    | 8:00 am | S. Nebed         | 1     | 2  | 4:00 pm | S. Nebed         | 7 hrs E/R      |
| S. Nebed    | 4:00 pm | S. Nebed         | —     | —  | 12:00   | S. Nebed         | 8 hrs S/by = 4 |
| R. Okello   | 8:00 am | R. Okello        | 1     | 2  | 4:00 pm | R. Okello        | 7 hrs E/R      |
| R. Okello   | 4:00 pm | R. Okello        | —     | —  | 12:00   | R. Okello        | 8 hrs S/by = 4 |
| Chutchmedit | 10 am   | Carl Chutchmedit | —     | —  | 3 pm    | Carl Chutchmedit | CR 5           |
| Chutchmedit | 7 pm    | Carl Chutchmedit | —     | —  | 11 pm   | Carl Chutchmedit | CR 4           |
|             |         |                  |       |    |         |                  |                |
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Supervisor's initials required for other than scheduled work hours.

Certification of Accuracy  
Supervisor R. Raehn

*RF*

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

WEEK ENDING

7/7/9

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    |               |      |           |       |     |      |           |        |
| MONDAY    | Greg Fruchman | 6P   | M7        | -     | 12M | M7   |           | 65/B   |
| TUESDAY   |               | 6P   | M7        | -     | 12M | M7   |           | 65/B   |
| WEDNESDAY |               | 8A   | M7        | -     | 12M | M7   |           | 165/B  |
| THURSDAY  |               | 6P   | M7        | -     | 12M | M7   |           | 65/B   |
| FRIDAY    |               | 6P   | M7        | -     | 12M | M7   |           | 65/B   |
| SATURDAY  | V             | 8A   | M7        | -     | 12M | M7   |           | 165/B  |

Supervisor's initials  
required for other than  
scheduled work hours

**CERTIFICATION OF ACCURACY**

Supervisor X. Attelony