

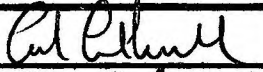
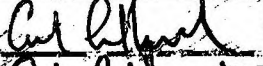
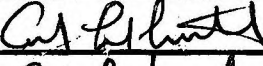
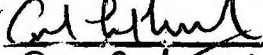
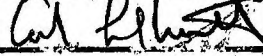
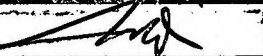
DEPARTMENT OF ENVIRONMENTAL PROTECTION

DAY Saturday
DATE 6/30/01

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			
Carl Litchmedt	8am				12pm		CR 4
C. Litchmedt	12pm				2pm		SB 2 1
Chutchmedt	2pm				6pm		CR 4
Chutchmedt	6pm				12mid		6-7
M. DAVIS	8Am				10 ⁰⁰ Am		SB 2 1
M. DAVIS	10 ⁰⁰ Am				2 ⁰⁰ pm		CR 4
M. DAVIS	2 ⁰⁰ pm				12 ⁰⁰ mid		SB 2 5

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

Certification of Accuracy
Supervisor R. R. [Signature]

By

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DAY Wednesday
DATE 6/27/01

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 R. Rader



DEPARTMENT OF ENVIRONMENTAL PROTECTION

DAY Monday

SECTION ALCP

DATE 6/25/07

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 R. Kaelin

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DAY Sunday
DATE 6/24/01

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 R. Radu

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

WEEK ENDING

6/30/09

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 Fychter	9A	M7	—	—	12A	M7	4.5/B
		12A	M7	—	—	4P	M7	4ER
		4:00P	M7	—	—	4:30P	M7	Lunch
		4:30P	M7	—	—	8:30P	M7	4ER
		8:30P	M7	—	—	12M	M7	3.55/B
MONDAY								1.45
TUESDAY								
WEDNESDAY								
THURSDAY								
FRIDAY								
SATURDAY								

Supervisor's initials
required for other than
scheduled work hours

CERTIFICATION OF ACCURACY

Supervisor S. Atteloney

[Handwritten signature]