

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DAY Saturday
DATE 6/16/04

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. RAMMOHAN	8 ^{am}	<i>R. Rammo</i>	—	—	10 ^{am}	<i>R. Rammo</i>	2 Hrs Stby 1
R. RAMMOHAN	10 ^{am}	<i>R. Rammo</i>	—	—	2 ^{pm}	<i>R. Rammo</i>	4 Hrs ELR
R. RAMMOHAN	2 ^{pm}	<i>R. Rammo</i>	—	—	12 ^{mid}	<i>R. Rammo</i>	10 Hrs Stby 5
R. OKELLO	8 ^{am}	<i>RA for RO</i>	—	—	12 ^{mid}	<i>RA for RO</i>	16 Hrs Stby 8
C. Hutchins	9 ^{am}	<i>C. Hutchins</i>	—	—	1 ^{pm}	<i>C. Hutchins</i>	(CR4)

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

Certification of Accuracy
Supervisor R. Radu

46

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DAY WEDNESDAY

SECTION ALCP

DATE 6-13-01

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_000158264

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DAY TUESDAY

SECTION ALCP

DATE 6/12/01

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]

Ar

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DAY Sunday
DATE 12/10/01

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.

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

WEEK ENDING

6/16/01

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 A							
MONDAY	GEORGE ANAKHU	6 ^{PM}	George Anakhu	7	7 ³⁰	11 ³⁰	George Anakhu	5 ER
	"	11 ³⁰	"	—	—	12 ^{mid}	"	1/2 SB
TUESDAY	GEORGE ANAKHU	6 ^{PM}	George Anakhu	8	8 ³⁰	11 ^{PM}	George Anakhu	4 1/2 ER
	"	11 ^{PM}	"	—	—	12 ^{mid}	"	1 SB
WEDNESDAY	GEORGE ANAKHU	6 ^{PM}	George Anakhu	6	6 ³⁰	12 ^{mid}	George Anakhu	5 1/2 ER
THURSDAY	GEORGE ANAKHU	6 ^{PM}	George Anakhu	—	—	12 ^{mid}	George Anakhu	6 SB
FRIDAY	GEORGE ANAKHU	6 ^{PM}	George Anakhu	—	—	12 ^{mid}	George Anakhu	6 SB
SATURDAY	GEORGE ANAKHU	8 ^{AM}	George Anakhu	—	—	12 ^{mid}	George Anakhu	16 SB

Supervisor's initials
required for other than
scheduled work hours

CERTIFICATION OF ACCURACY

Supervisor

A. A. Delaney