

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DAY Saturday
DATE 04/21/01

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			
A. Phung	8 ⁰⁰ AM	<i>[Signature]</i>	—	—	12 ⁰⁰ PM	<i>[Signature]</i>	4 HR SE/2
A. Phung	12 ⁰⁰ PM	<i>[Signature]</i>	—	—	5 ⁰⁰ PM	<i>[Signature]</i>	5 HR SE/3 1/2
A. Phung	5 ⁰⁰ PM	<i>[Signature]</i>	—	—	9 ⁰⁰ PM	<i>[Signature]</i>	4 HR SE/2
A. Phung	9 ⁰⁰ PM	<i>[Signature]</i>	—	—	2 ⁰⁰ AM	<i>[Signature]</i>	3 HR SE/3 1/2
R. Okello	8 ⁰⁰ AM	<i>[Signature]</i>	—	—	12 ⁰⁰ PM	<i>[Signature]</i>	4 HR SE/2
R. Okello	12 ⁰⁰ PM	<i>[Signature]</i>	—	—	1 ⁰⁰ PM	<i>[Signature]</i>	1 HR SE/30
R. Okello	1 ⁰⁰ PM	<i>[Signature]</i>	—	—	4 ⁰⁰ PM	<i>[Signature]</i>	3 HR SE/2
R. Okello	4 ⁰⁰ PM	<i>[Signature]</i>	—	—	12 ⁰⁰ AM	<i>[Signature]</i>	8 HR SE/4 1/2
							Standby on
							ER
							2
							ER in
							STBY 4 1/2

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

Certification of Accuracy
Supervisor *[Signature]*

[Handwritten mark]

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DAY Sunday
DATE 04/15/01

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DAY Monday

SECTION ALCP

DATE 04/20/01

DIST.# 5000

The undersigned certify that they were present and engaged in the business of the office during the hours placed 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

4/21/01

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								
MONDAY	Greg Fruchman	6P	MF	—	12M	MF	GS/B	
TUESDAY	GEORGE ANATHAN	6PM	George Anathan	—	12M	George Anathan	6 P/R to Kth A line	
WEDNESDAY	Greg Fruchman	6P	MF	—	12M	MF	GS/B	3
THURSDAY		6P	MF	—	12M	MF	GS/B	3
FRIDAY		6P	MF	—	12M	MF	GS/B	3
SATURDAY	✓	8A	MF	—	12M	MF	165/B	8

Supervisor's initials
required for other than
scheduled work hours

CERTIFICATION OF ACCURACY

Supervisor 8. A. A. A. A. A.