

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DAY Saturday
DATE 03-24-01

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

NAME	ARR.	SIGNATURE	LUNCH		DEP.	SIGNATURE	REMARKS
			OUT	IN			
A. Plungtre	8 ⁰⁰ AM	A. Plungtre	—	—	12 ⁰⁰ PM	A. Plungtre	4 HRS E/R
A. Plungtre	12 ⁰⁰ PM	A. Plungtre	—	—	1 ⁰⁰ PM	A. Plungtre	1 HRS S/By = 30
A. Plungtre	1 ⁰⁰ PM	A. Plungtre	—	—	5 ⁰⁰ PM	A. Plungtre	4 HRS E/R
A. Plungtre	5 ⁰⁰ PM	A. Plungtre	—	—	12 ⁰⁰ PM	A. Plungtre	7 HRS S/By = 3 1/2
S. Nebed	8 ⁰⁰ AM	S. Nebed	—	—	12 ⁰⁰ PM	S. Nebed	4 HRS E/R
S. Nebed	12 ⁰⁰ PM	S. Nebed	—	—	1 ⁰⁰ PM	S. Nebed	1 HRS S/By = 30
S. Nebed	1 ⁰⁰ PM	S. Nebed	—	—	5 ⁰⁰ PM	S. Nebed	4 HRS E/R
S. Nebed	5 ⁰⁰ PM	S. Nebed	—	—	12 ⁰⁰ PM	S. Nebed	7 HRS S/By = 3 1/2
C. Hutchmehl	8 AM	C. Hutchmehl	—	—	12 PM	C. Hutchmehl	CR 4
C. Hutchmehl	1 PM	C. Hutchmehl	—	—	3 PM	C. Hutchmehl	CR 2

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

Certification of Accuracy
Supervisor [Signature]

[Signature]

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DAY Monday

SECTION ALCP

DATE 03-19-01

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_000158363

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

WEEK ENDING

3/24/9

SECTION

LABORATORY UNITS

DIST. #

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			
	L. Wyatt	8:00	L. Wyatt	—		1:00 PM	L. Wyatt	16 hrs
SUNDAY								
MONDAY								
TUESDAY								
WEDNESDAY								
THURSDAY								
FRIDAY								
SATURDAY								

Supervisor's initials
required for other than
scheduled work hours

CERTIFICATION OF ACCURACY

Supervisor

8. [Signature]