

DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF AIR, NOISE & HAZARDOUS MATERIALS  
TRAINING / CERTIFICATION & LEAD UNIT

DATE: WEEK ENDING: 21<sup>ST</sup>  
MONTH/YEAR: DEC/2001

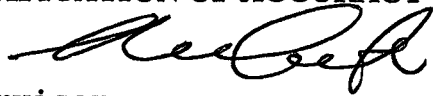
SECTION: ASBESTOS & LEAD PROGRAM  
DIST. # 5000

The undersigned certify that they were present and engaged in the business of the office during the hours placed opposite their respective names.

TCU PART-TIMER

| NAME              | ARR     | SIGNATURE        | LUNCH |      | DEP     | SIGNATURE        | REMARKS |
|-------------------|---------|------------------|-------|------|---------|------------------|---------|
|                   | 8:30 AM |                  | OUT   | in   | 4:30 PM |                  |         |
| MELENDRES, LEONOR |         |                  |       |      |         |                  |         |
| MONDAY            | 8:00    | Leonor Melendres | /     | /    | 12:00   | Leonor Melendres | 4 Hrs   |
| TUESDAY           | 8:30    | Leonor Melendres | 1:00  | 2:00 | 4:30    | Leonor Melendres | 7 Hrs   |
| WEDNESDAY         | 8:30    | Leona Melendres  | 1:00  | 2:00 | 4:30    | Leonor Melendres | 7 Hrs   |
| THURSDAY          | 8:30    | Leonor Melendres | 1:00  | 2:00 | 4:30    | Leonor Melendres | 7 Hrs   |
| FRIDAY            |         |                  |       |      |         |                  |         |

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

CERTIFICATION OF ACCURACY  
  
Supervisor: \_\_\_\_\_



DEPARTMENT OF ENVIRONMENTAL PROTECTION  
TECHNICAL REVIEW UNIT  
PART-TIMERS

WEEK OF December 17- December 21, 2001 SECTION ASBESTOS AND LEAD CONTROL PROGRAM  
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.

| NAME              |      | SIGNATURE    | LUNCH | DEP. | SIGNATURE | REMARKS           |
|-------------------|------|--------------|-------|------|-----------|-------------------|
| FULL TIME         | ARR. |              | OUT   | IN   |           |                   |
| MONDAY            |      |              |       |      |           |                   |
| ROSALBA GILIBERTI | 9:15 | R. Giliberti | 12:15 | 1:00 | 5:00      | R. Giliberti 7/10 |
|                   |      |              |       |      |           |                   |
| TUESDAY           |      |              |       |      |           |                   |
| ROSALBA GILIBERTI | 9:30 | R. Giliberti | //    | //   | 1:30      | R. Giliberti 4/10 |
|                   |      |              |       |      |           |                   |
| WEDNESDAY         |      |              |       |      |           |                   |
| ROSALBA GILIBERTI | 9:30 | R. Giliberti | 12:30 | 1:00 |           |                   |
|                   |      |              |       |      |           |                   |
| THURSDAY          |      |              |       |      |           |                   |
| ROSALBA GILIBERTI | 9:30 | R. Giliberti | 12:30 | 1:00 | 5:00      | R. Giliberti 7/10 |
|                   |      |              |       |      |           |                   |
| FRIDAY            |      |              |       |      |           |                   |
| ROSALBA GILIBERTI | 9:15 | R. Giliberti | 12:15 | 1:00 | 5:00      | R. Giliberti 7/10 |
|                   |      |              |       |      |           |                   |

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

CERTIFICATION OF ACCURACY

Supervisor

*[Signature]*

*[Signature]*

**DEPARTMENT OF ENVIRONMENTAL PROTECTION**

DAY Monday

**SECTION ASBESTOS**

DATE 12/17/01

**DIST.#** 5000

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**The undersigned certify that they were present and engaged in the business of the office during the hours placed opposite their respective names.**

**ENFORCEMENT  
PART-TIME  
8:00AM to 4:00PM**

[illegible]

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

### Certification of Accuracy

**Supervisor**







**DEPARTMENT OF ENVIRONMENTAL PROTECTION**

DAY Friday SECTION ASBESTOS  
DATE 12/21/01 DIST.# 5000

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**The undersigned certify that they were present and engaged in the business of the office during the hours placed opposite their respective names.**

**ENFORCEMENT  
PART-TIME  
8:00AM to 4:00PM**

[illegible]

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

### Certification of Accuracy

**Supervisor**

DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF ENVIRONMENTAL COMPLIANCE

*December 17 -*  
WKENDING *December 21, 2001* UNIT: ASBESTOS

DIST#: 5000 TITLE: ENGR. WORK STUDY

The undersigned certify that they were present and engaged in the business of the office during the hours placed opposite their respective names.

| NAME          | ARR             | SIGNATURE    | LUNCH<br>OUT   IN                  | DEP             | SIGNATURE    | REMARKS |
|---------------|-----------------|--------------|------------------------------------|-----------------|--------------|---------|
| MONDAY / /    |                 |              |                                    |                 |              |         |
| BEDIA, SARAY  | 9 <sup>10</sup> | <i>B. Lj</i> | 12 <sup>10</sup>   1 <sup>00</sup> | 5 <sup>00</sup> | <i>B. Lj</i> |         |
| TUESDAY / /   |                 |              |                                    |                 |              |         |
| BEDIA, SARAY  |                 |              |                                    |                 |              |         |
| WEDNESDAY / / |                 |              |                                    |                 |              |         |
| BEDIA, SARAY  |                 |              |                                    |                 |              |         |
| THURSDAY / /  |                 |              |                                    |                 |              |         |
| BEDIA, SARAY  |                 |              |                                    |                 |              | SL      |
| FRIDAY / /    |                 |              |                                    |                 |              |         |
| BEDIA, SARAY  |                 |              |                                    |                 |              | SL      |

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

Certification of Accuracy

*[Signature]*  
Supervisor's Signature

*AL*

**DEPARTMENT OF ENVIRONMENTAL PROTECTION**

**TECHNICAL REVIEW UNIT**

**CO-OP PROGRAM – 8:30 am – 4:30 pm**

WEEK OF: December 17- December 21, 2001

SECTION: ASBESTOS CONTROL PROGRAM

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.

| NAME          | ARR. | SIGNATURE            | LUNCH |               | DEP. | SIGNATURE            | REMARKS |
|---------------|------|----------------------|-------|---------------|------|----------------------|---------|
| FULL TIME     |      |                      | OUT   | IN            |      |                      |         |
| MONDAY        |      |                      |       |               |      |                      |         |
| Ivelina Ortiz | 9:00 | <i>Ivelina Ortiz</i> | 12:00 | 1:00          | 5:00 | <i>Ivelina Ortiz</i> | Thrs    |
|               |      |                      |       |               |      |                      |         |
|               |      |                      |       |               |      |                      |         |
| TUESDAY       |      |                      |       |               |      |                      |         |
| Ivelina Ortiz | 8:30 | <i>Ivelina Ortiz</i> | 1:00  | 2:00          | 4:30 | <i>Ivelina Ortiz</i> | Thrs    |
|               |      |                      |       |               |      |                      |         |
|               |      |                      |       |               |      |                      |         |
| WEDNESDAY     |      |                      |       |               |      |                      |         |
| Ivelina Ortiz | 9:00 | <i>Ivelina Ortiz</i> | 12:00 | 1:00          | 5:00 | <i>Ivelina Ortiz</i> | Thrs    |
|               |      |                      |       |               |      |                      |         |
|               |      |                      |       |               |      |                      |         |
| THURSDAY      |      |                      |       |               |      |                      |         |
| Ivelina Ortiz | 8:00 | <i>LO</i>            | 12:00 | 1:00          | 4:00 | <i>Ivelina Ortiz</i> | Thrs    |
|               |      |                      |       |               |      |                      |         |
|               |      |                      |       |               |      |                      |         |
| FRIDAY        |      |                      |       |               |      |                      |         |
| Ivelina Ortiz | 8:30 | <i>LO</i>            | 12:00 | 1:00<br>12:55 | 4:30 | <i>Ivelina Ortiz</i> | Thrs    |
|               |      |                      |       |               |      |                      |         |

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

CERTIFICATION OF ACCURACY  
Supervisor *[Signature]*

*[Signature]*