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

DATE: WEEK ENDING: 23 KD SECTION: ASBESTOS & LEAD PROGRAM

MONTH/YEAR: NOV/2001 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	8:30	Leonor Melendres	1:00	2:00	4:30	Leonor Melendres	7 Hrs
TUESDAY	8:30	Leonor Melendres	1:00	2:00	4:30	Leonor Melendres	7 Hrs
WEDNESDAY	8:30	Leonor Melendres	1:00	2:00	4:30	Leonor Melendres	7 Hrs
THURSDAY		Public Holiday					
FRIDAY							4 HRS AL
							25 KD Dec

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

CERTIFICATION OF ACCURACY

Supervisor: [signature]

DEPARTMENT OF ENVIRONMENTAL PROTECTION
TECHNICAL REVIEW UNIT
PART-TIMERS

WEEK OF November 19 - November 23, 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	9:05	R Giliberti	1:05	2:00	5:00	R Giliberti	7 1/2
TUESDAY							
ROSALBA GILIBERTI	9:30	R Giliberti	1:00	2:00	5:00	R Giliberti	6 1/2 hrs
WEDNESDAY							
ROSALBA GILIBERTI	9:15	R. Giliberti	11	11	1:45	R Giliberti	4 1/2 hrs
THURSDAY							
ROSALBA GILIBERTI		Holiday					
FRIDAY							
ROSALBA GILIBERTI	9:N	R. Giliberti	12:15	1:00	5:00	R Giliberti	7 1/2 hrs

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

CERTIFIACTION OF ACCURACY

Supervisor _____

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DAY Monday SECTION ASBESTOS

DATE 11/19/01 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

NAME	ARR.	SIGNATURE	LUNCH		DEP.	SIGNATURE	REMARKS
			OUT	IN			
EVERYDAY 8:00AM TO 4:00PM							
M. WILLIAMS	8:00	M. Williams	1	2	4:00	M. Williams	

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

Certification of Accuracy

Supervisor

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DAY Tuesday SECTION ASBESTOS

DATE 11/20/01 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

NAME	ARR.	SIGNATURE	LUNCH		DEP.	SIGNATURE	REMARKS
			OUT	IN			
EVERYDAY 8:00AM TO 4:00PM							
M. WILLIAMS	9:00	M. Williams	1	2	8:00	M. Williams	

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

Certification of Accuracy

Supervisor

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DAY Wednesday SECTION ASBESTOS

DATE 11/21/01 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

NAME	ARR.	SIGNATURE	LUNCH		DEP.	SIGNATURE	REMARKS
			OUT	IN			
EVERYDAY 8:00AM TO 4:00PM							
M. WILLIAMS	8:00	M. Williams	1	2	4:00	M. Williams	

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

Certification of Accuracy

Supervisor

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DAY Friday SECTION ASBESTOS

DATE 11/22/01 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

NAME	ARR.	SIGNATURE	LUNCH		DEP.	SIGNATURE	REMARKS
			OUT	IN			
EVERYDAY 8:00AM TO 4:00PM							
M. WILLIAMS							A/L

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

Certification of Accuracy

Supervisor _____

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DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF ENVIRONMENTAL COMPLIANCE

WKENDING November 19 – November 23, 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 OUT	LUNCH IN	DEP	SIGNATURE	REMARKS
MONDAY / /							
BEDIA, SARAY							A/L
TUESDAY / /							
BEDIA, SARAY	9:15	B. Bedia	1:15	2:00	5:00	B. Bedia	Thru PC
WEDNESDAY / /							
BEDIA, SARAY							
THURSDAY / /							
BEDIA, SARAY		Holiday					
FRIDAY / /							
BEDIA, SARAY	9:15	B. Bedia	1:30	2:00	5:00	B. Bedia	Thru PC

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

Certification of Accuracy

Peter Lee
Supervisor's Signature

DEPARTMENT OF ENVIRONMENTAL PROTECTION

TECHNICAL REVIEW UNIT

CO-OP PROGRAM – 8:30 am – 4:30 pm

WEEK OF: November 19-November 23, 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	Ivelina Ortiz	12:10	12:30	5:00	Ivelina Ortiz	7 hrs
TUESDAY	8:26	Ivelina Ortiz	1:00	1:30	4:30	Ivelina Ortiz	7 hrs
Ivelina Ortiz							
WEDNESDAY	8:30	Ivelina Ortiz	12:00	12:35	4:30	Ivelina Ortiz	7 hrs
Ivelina Ortiz							
THURSDAY							
Ivelina Ortiz		Holiday					
FRIDAY							
Ivelina Ortiz	8:25	Ivelina Ortiz	12:10	1:00	4:35	Ivelina	7 hrs

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

CERTIFICATION OF ACCURACY

Supervisor _____