

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

DATE: WEEK ENDING: 23RD 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
							2.5 HRS DOV

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

CERTIFICATION OF ACCURACY

Supervisor: [Signature]

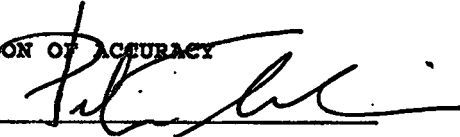
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TECHNICAL REVIEW UNIT
PART-TIMERS

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. Gilberti	1:05	2:00	5:00	R. Gilberti 7/14
TUESDAY						
ROSALBA GILIBERTI	9:30	R. Gilberti	1:00	2:00	5:00	R. Gilberti 6 1/2 hrs
WEDNESDAY						
ROSALBA GILIBERTI	9:15	R. Gilberti	//	//	1:45	R. Gilberti 4 1/2 hrs
THURSDAY						
ROSALBA GILIBERTI		Holiday				
FRIDAY						
ROSALBA GILIBERTI	9:15	R. Gilberti	12:15	1:00	5:00	R. Gilberti 7 1/2 hrs

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

CERTIFICATION OF ACCURACY
Supervisor 



DEPARTMENT OF ENVIRONMENTAL PROTECTION

DAY Monday

SECTION ASBESTOS

DATE 11/19/01

DIST.# 5000

The undersigned certify that they were present and engaged in the business of the office during the hours placed opposite their respective 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 Tuesday SECTION ASBESTOS
 DATE 11/20/01 DIST.# 5000

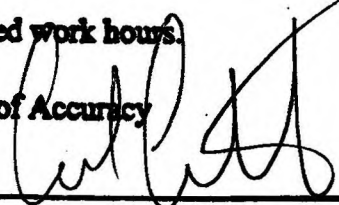
The undersigned certify that they were present and engaged in the business of the office during the hours placed opposite their respective names.

**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

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 11/22/01 DIST.# 5000

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

November 19 -
WKENDING November 23, 2009 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 IN	DEP	SIGNATURE	REMARKS
MONDAY / /						
BEDIA, SARAY						A/L
TUESDAY / /						
BEDIA, SARAY	9 ¹⁵	B. [Signature]	1 ¹⁵ 2 ⁰⁰	5 ⁰⁰	B. [Signature]	
WEDNESDAY / /						
BEDIA, SARAY						
THURSDAY / /						
BEDIA, SARAY		Holiday				
FRIDAY / /						
BEDIA, SARAY	9 ¹⁵	B. [Signature]	1 ³⁰ 2 ⁰⁰	5 ⁰⁰	B. [Signature]	

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

Certification of Accuracy

[Signature]
Supervisor's Signature

[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	<i>Ivelina Ortiz</i>	12:10	12:30	5:00	<i>Ivelina Ortiz</i>	7 hrs
TUESDAY	8:26	<i>Ivelina Ortiz</i>	1:00	1:30	4:30	<i>Ivelina Ortiz</i>	7 hrs
Ivelina Ortiz							
WEDNESDAY	8:30	<i>Ivelina Ortiz</i>	12:00	12:25	4:30	<i>Ivelina Ortiz</i>	7 hrs
Ivelina Ortiz							
THURSDAY							
Ivelina Ortiz		<i>Holiday</i>					
FRIDAY							
Ivelina Ortiz	8:25	<i>Ivelina Ortiz</i>	12:10	1:00	4:35	<i>Ivelina</i>	7 hrs

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

CERTIFICATION OF ACCURACY
Supervisor *[Signature]*

[Handwritten mark]