

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

DATE: WEEK ENDING: 2nd
MONTH/YEAR: NOV/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	8:30	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	8:30	Leonor Melendres	/	/	12:30	Leonor Melendres	4 Hrs
FRIDAY							off

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

CERTIFICATION OF ACCURACY

Supervisor: [Signature]

[Signature]

DEPARTMENT OF ENVIRONMENTAL PROTECTION
TECHNICAL REVIEW UNIT
PART-TIMERS

WEEK OF October 29-November 2, 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. Gilberti	12:15	1:00	5:00	R. Gilberti 7/10/01
TUESDAY						
ROSALBA GILIBERTI	9:05	R. Gilberti	//	//	1:05	R. Gilberti 4/10/01
WEDNESDAY						
ROSALBA GILIBERTI	off					
THURSDAY						
ROSALBA GILIBERTI	9:05	R. Gilberti	12:05	1:00	5:00	R. Gilberti 7/10/01
FRIDAY						
ROSALBA GILIBERTI	9:15	R. Gilberti	12:15	1:00	5:00	R. Gilberti 7/10/01

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

CERTIFIATION OF ACCURACY
Supervisor [Signature]

[Signature]

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DAY Monday

SECTION ASBESTOS

DATE 10/29/01

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 10/30/01

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

NYC-WTC_000158526

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DAY Friday SECTION ASBESTOS
DATE 11/2/01 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**

October 29 -
WKENDING November 2, 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 IN		DEP	SIGNATURE	REMARKS
MONDAY / /							
BEDIA, SARAY							SL
TUESDAY / /							
BEDIA, SARAY							
WEDNESDAY / /							
BEDIA, SARAY							
THURSDAY / /							
BEDIA, SARAY	8 ⁵⁵	<i>B. P.</i>	12 ⁰⁰	1 ⁰⁰	5 ⁰⁰	<i>B. P.</i>	
FRIDAY / /							
BEDIA, SARAY							Called ThngSL

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

Certification of Accuracy

[Signature]
Supervisor's Signature

TS

DEPARTMENT OF ENVIRONMENTAL PROTECTION

TECHNICAL REVIEW UNIT

CO-OP PROGRAM – 9:00 am – 5:00 pm

WEEK OF: October 29, 2001 - November 2, 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							
Maria Erazo	9:00	M. Erazo	1:00	1:55	5:00	M. Erazo	7/hrs
TUESDAY							
Maria Erazo	9:00	M. Erazo	12:00	1:00	5:00	M. Erazo	7/hrs
WEDNESDAY	9:00	M. Erazo	12:10	1:00	5:00	M. Erazo	7/hrs
Maria Erazo							
THURSDAY							
Maria Erazo	9:10	M. Erazo	/	/	12:10	M. Erazo	3/hrs
FRIDAY							
Maria Erazo		Abs					

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

CERTIFICATION OF ACCURACY
Supervisor [Signature]

[Signature]