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

DATE: WEEK ENDING: 26TH SECTION: ASBESTOS & LEAD PROGRAM

MONTH/YEAR: OCT/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	—	—	—	—	—	—	Off
THURSDAY	8:30	Leonor Melendres	1:00	2:00	4:30	Leonor Melendres	7 Hrs
FRIDAY	—	—	—	—	—	SL	4 HRS SL Paid

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 October 22 - October 26, 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	9:00	R Giliberti	12:30	1:30	5:00	R Giliberti	7/hrs
TUESDAY							
ROSALBA GILIBERTI	9:00	R. Giliberti	//	//	1:00	R Giliberti	4/hrs
WEDNESDAY							
ROSALBA GILIBERTI	off						
THURSDAY							
ROSALBA GILIBERTI	9:00	R Giliberti	12:00	1:00	5:30	R Giliberti	RR 7 1/2 hrs
FRIDAY							
ROSALBA GILIBERTI	9:05	R Giliberti	12:05	1:00	5:15	R Giliberti	RR 7/4/hrs

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

CERTIFIACTION OF ACCURACY

Supervisor

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DAY Monday SECTION ASBESTOS

DATE 10/22/01 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

NAME	ARR.	SIGNATURE	LUNCH		DEP.	SIGNATURE	REMARKS
			OUT	IN			
EVERYDAY 8:00AM TO 4:00PM							
M. WILLIAMS	8:10	M. Williams	1	2	4:30	M. Williams	

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

Certification of Accuracy

Supervisor

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DAY Monday SECTION ASBESTOS

DATE 10/22/01 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

NAME	ARR.	SIGNATURE	LUNCH		DEP.	SIGNATURE	REMARKS
			OUT	IN			
EVERYDAY 8:00AM TO 4:00PM							
M. WILLIAMS	8:06	M. Williams	1	2	4:06	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 10/23/01 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	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 Wednesday SECTION ASBESTOS

DATE 10/24/01 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	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 Thursday SECTION ASBESTOS

DATE 10/25/01 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	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 10/26/01 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	8:09	M. Williams		2	4:00	M. Williams	

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

Certification of Accuracy

Supervisor _____

DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF ENVIRONMENTAL COMPLIANCE

WKENDING October 22 – October 26, 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	9 40	B. [signature]	12 20	12 40	3 30	B. [signature]	6hrs 5:15
TUESDAY / /							
BEDIA, SARAY							
WEDNESDAY / /							
BEDIA, SARAY							
THURSDAY / /							
BEDIA, SARAY							S/L
FRIDAY / /							
BEDIA, SARAY	9 30	B. [signature]	12 30	1 00	5 00	B. [signature]	7hrs

9:40 to 2:40 = 5 hrs
2:40 to 3:10 = 30 mins. Lunch
3:10 to 3:30 = 20 mins only get 15 min. left
5:15 you being paid FOR

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: October 22 - October 26, 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	8:20	Ivelina Ortiz	12:00	12:55			
			~~2:00~~				
					4:30	Ivelina Ortiz	
TUESDAY	8:30	Ivelina Ortiz	12:00	12:55	4:35	Ivelina Ortiz	
Ivelina Ortiz							
WEDNESDAY							
Ivelina Ortiz	8:30	Ivelina Ortiz	12:00	12:30	4:30	Ivelina Ortiz	
THURSDAY							
Ivelina Ortiz	8:30	Ivelina Ortiz	12:00	12:28	4:35	Ivelina Ortiz	
FRIDAY							
Ivelina Ortiz	8:30	Ivelina Ortiz	12:00	12:55	4:30	Ivelina Ortiz	

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

CERTIFICATION OF ACCURACY

Supervisor [signature]

[signature]