

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

DATE: WEEK ENDING: 19TH
MONTH/YEAR: OCT / 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: 



DEPARTMENT OF ENVIRONMENTAL PROTECTION
TECHNICAL REVIEW UNIT
PART-TIMERS

WEEK OF October 15-October 19, 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	12:05	1:00	5:00	R. Giliberti 7/hrs
TUESDAY						
ROSALBA GILIBERTI	9:15	R. Giliberti	//	//	1:15	R. Giliberti 4/hrs
WEDNESDAY						
ROSALBA GILIBERTI						
	off					
THURSDAY						
ROSALBA GILIBERTI	9:00	R. Giliberti	12:05	1:00	5:00	R. Giliberti 7/hrs
FRIDAY						
ROSALBA GILIBERTI	9:05	R. Giliberti	12:05	1:00	5:00	R. Giliberti 7/hrs

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

CERTIFICATION OF ACCURACY
Supervisor R. Giliberti

RG

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DAY Monday SECTION ASBESTOS
 DATE 10/15/01 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							A/L
						</	

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

Certification of Accuracy

Supervisor 

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DAY Tuesday

SECTION ASBESTOS

DATE 10/16/01

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 10/19/01

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
BUREAU OF ENVIRONMENTAL COMPLIANCE

WKENDING October 15 - October 19, 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						
TUESDAY / /						
BEDIA, SARAY	9 ⁰⁰		12 ¹⁵ 1 ¹⁵	5 ⁰⁰		
WEDNESDAY / /						
BEDIA, SARAY						
THURSDAY / /						
BEDIA, SARAY	9 ¹⁰		12 ⁴⁵ 1 ¹⁵	5 ⁰⁰		
FRIDAY / /						
BEDIA, SARAY	9 ⁵⁰		- -	4 ⁰⁰		

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

Certification of Accuracy

Supervisor's Signature

DEPARTMENT OF ENVIRONMENTAL PROTECTION

TECHNICAL REVIEW UNIT

CO-OP PROGRAM – 9:00 am – 5:00 pm

WEEK OF: October 15 - October 19, 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	12:00	1:00	5:00	M. Erazo	7/Hrs
TUESDAY							
Maria Erazo	9:00	M. Erazo	12:00	1:00	5:00	M. Erazo	7/Hrs
WEDNESDAY							
Maria Erazo	9:00	M. Erazo	12:00	1:00	5:00	M. Erazo	7/Hrs
THURSDAY							
Maria Erazo	9:00	M. Erazo	12:10	1:00	5:00	M. Erazo	7/Hrs
FRIDAY							
Maria Erazo	9:00	M. Erazo	12:00	1:00	5:00	M. Erazo	7/Hrs

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

CERTIFICATION OF ACCURACY
Supervisor *[Signature]*

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