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

DATE: WEEK ENDING: 12TH SECTION: ASBESTOS & LEAD PROGRAM

MONTH/YEAR: OCT/2004 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~~ Tue	8:30	Leonor Melendres	1:00	2:00	4:30	Leonor Melendres	7 Hrs
~~TUESDAY~~ Wed	8:30	Leonor Melendres	1:00	2:00	4:30	Leonor Melendres	7 Hrs
~~WEDNESDAY~~ Thurs	8:30	Leonor Melendres	12:30		12:30	Leonor Melendres	3 HRS SC 7 HRS TO BE PAID
~~THURSDAY~~ Fri	8:30	Leonor Melendres	/	/	12:30	Leonor Melendres	4 Hrs
FRIDAY							

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 8 - October 12, 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		Holiday					
TUESDAY							
ROSALBA GILIBERTI	9:00	R Giliberti	1:10	2:00	5:00	R Giliberti	7 hrs
WEDNESDAY							
ROSALBA GILIBERTI	9:15	R Giliberti	//	//	1:15	R Giliberti	4 hrs
THURSDAY							
ROSALBA GILIBERTI	9:05	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.

CERTIFIACTION OF ACCURACY

Supervisor

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DAY Tuesday SECTION ASBESTOS

DATE 10/9/01 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 10/10/01 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	8:40	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 10/11/01 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 10/12/01 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	4p		

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

Certification of Accuracy

Supervisor _____

DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF ENVIRONMENTAL COMPLIANCE

WKENDING October 8 – October 12, 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		Holiday					
TUESDAY / /							
BEDIA, SARAY	9:00	B. Bedia	12:25	1:25	5:00	B. Bedia	7
WEDNESDAY / /							
BEDIA, SARAY	—						
THURSDAY / Half Lots							
BEDIA, SARAY	9:50	B. Bedia	12:50	1:00	5:00	B. Bedia	6
FRIDAY / 15m							
BEDIA, SARAY	9:15	B. Bedia	12:30	1:30	5:00	B. Bedia	6:45

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

Certification of Accuracy — Supervisor's Signature

B