

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

DATE: WEEK ENDING: 14<sup>TH</sup> SECTION: ASBESTOS & LEAD PROGRAM  
MONTH/YEAR: SEPTEMBER / 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<br>AM |                  | OUT   | in   | 4:30<br>PM |                  |               |
| MELENDRES, LEONOR |            |                  |       |      |            |                  |               |
| MONDAY            |            |                  |       |      |            |                  |               |
|                   |            |                  |       |      |            |                  | A/L 7 1/2 Hrs |
| TUESDAY           | 8:30       | Leonor Melendres |       |      | 11:00      | Leonor Melendres | 4 1/2 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            |            |                  |       |      |            |                  |               |
|                   |            |                  |       |      |            |                  |               |

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

CERTIFICATION OF ACCURACY

Supervisor: R. Rahn

*[Handwritten signature]*

DEPARTMENT OF ENVIRONMENTAL PROTECTION  
TECHNICAL REVIEW UNIT  
PART-TIMERS

WEEK OF September 10 - September 14, SECTION ASBESTOS AND LEAD CONTROL PROGRAM  
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.

| NAME              |      | SIGNATURE      | LUNCH | DEP.  | SIGNATURE | REMARKS                    |
|-------------------|------|----------------|-------|-------|-----------|----------------------------|
| FULL TIME         | ARR. |                | OUT   | IN    |           |                            |
| MONDAY            |      |                |       |       |           |                            |
| ROSALBA GILIBERTI | 9:15 | R. G. Gilberti | 12:15 | 1:00  | 5:00      | R. G. Gilberti 7/1 hr p.m. |
|                   |      |                |       |       |           |                            |
| TUESDAY           |      |                |       |       |           |                            |
| ROSALBA GILIBERTI | 9:15 | R. G. Gilberti | //    | //    | 1:15      | R. G. Gilberti 4/1 hr.     |
|                   |      |                |       |       |           |                            |
| WEDNESDAY         |      |                |       |       |           |                            |
| ROSALBA GILIBERTI | off  |                |       |       |           |                            |
|                   |      |                |       |       |           |                            |
| THURSDAY          |      |                |       |       |           |                            |
| ROSALBA GILIBERTI | 9:00 | R. G. Gilberti | 12:00 | 1:00  | 5:00      | R. G. Gilberti 7/1 hr.     |
|                   |      |                |       |       |           |                            |
| FRIDAY            |      |                |       |       |           |                            |
| ROSALBA GILIBERTI | 9:30 | R. G. Gilberti | 12:00 | 12:30 | 5:00      | R. G. Gilberti 7/1 hr.     |
|                   |      |                |       |       |           |                            |

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

CERTIFICATION OF ACCURACY  
Supervisor R. G. Gilberti

dy







**DEPARTMENT OF ENVIRONMENTAL PROTECTION**

DAY Thursday

**SECTION ASBESTOS**

DATE 9/13/01

**DIST.#** 5000

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**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**

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**DEPARTMENT OF ENVIRONMENTAL PROTECTION**

DAY Friday SECTION ASBESTOS  
DATE 9/14/01 DIST.# 5000

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**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

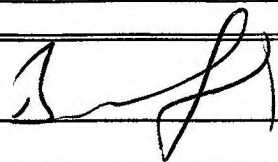
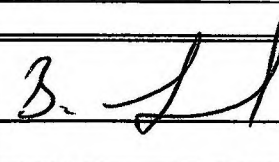
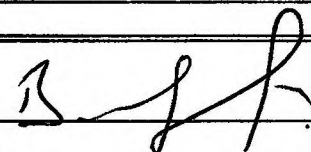
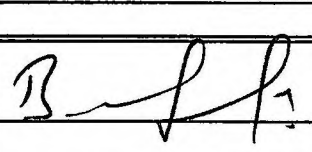
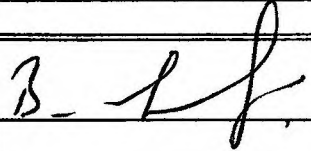
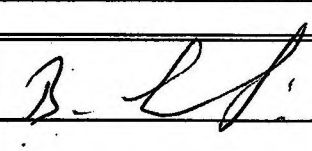
**Supervisor**

DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF ENVIRONMENTAL COMPLIANCE

September 10 -  
WKENDING September 14, 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<br>OUT   IN                  | DEP             | SIGNATURE                                                                            | REMARKS   |
|---------------|-----------------|-------------------------------------------------------------------------------------|------------------------------------|-----------------|--------------------------------------------------------------------------------------|-----------|
| MONDAY / /    |                 |                                                                                     |                                    |                 |                                                                                      |           |
| BEDIA, SARAY  | 9 <sup>05</sup> |    | 12 <sup>20</sup>   1 <sup>20</sup> | 5 <sup>05</sup> |    | 7 hrs     |
| TUESDAY / /   |                 |                                                                                     |                                    |                 |                                                                                      |           |
| BEDIA, SARAY  |                 |    |                                    |                 |                                                                                      |           |
| WEDNESDAY / / |                 |                                                                                     |                                    |                 |                                                                                      |           |
| BEDIA, SARAY  |                 |  |                                    |                 |                                                                                      |           |
| THURSDAY / /  |                 |                                                                                     |                                    |                 |                                                                                      |           |
| BEDIA, SARAY  | 9 <sup>50</sup> |  | 12 <sup>55</sup>   1 <sup>25</sup> | 5 <sup>00</sup> |  | 6 1/2 hrs |
| FRIDAY / /    |                 |                                                                                     |                                    |                 |                                                                                      |           |
| BEDIA, SARAY  | 9 <sup>15</sup> |  | 12 <sup>15</sup>   1 <sup>15</sup> | 5 <sup>00</sup> |  | 6 3/4 hrs |

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

Certification of Accuracy

  
Supervisor's Signature

