

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

DATE: WEEK ENDING: 24TH
MONTH/YEAR: August/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]

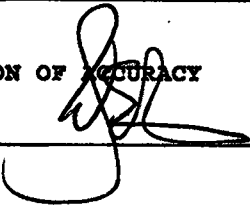
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TECHNICAL REVIEW UNIT
PART-TIMERS

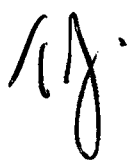
WEEK OF August 20 - August 24, 2001 SECTION ASBESTOS AND LEAD CONTROL PROGRAM
DIST. # 5000

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. Gilberti	12:05	1:00	5:00	R. Gilberti 7/hrs
TUESDAY						
ROSALBA GILIBERTI	9:00	R. Gilberti	12:05	1:00	5:00	R. Gilberti 7/hrs
WEDNESDAY						
ROSALBA GILIBERTI	9:00	R. Gilberti	12:05	1:00	5:00	R. Gilberti 7/hrs
THURSDAY						
ROSALBA GILIBERTI	9:15	R. Gilberti	12:30	1:00	5:00	R. Gilberti 7/hrs
			hr.			hr
FRIDAY						
ROSALBA GILIBERTI	9:15	R. Gilberti	12:30	1:00	5:00	R. Gilberti 7/hrs
			hr			hr

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

CERTIFICATION OF ACCURACY
Supervisor 



DEPARTMENT OF ENVIRONMENTAL PROTECTION

DAY TUESDAY

SECTION ASBESTOS

DATE 8/21/01

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 A. J. [Signature]

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DAY Wednesday

SECTION ASBESTOS

DATE 8/22/01

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**

[illegible]

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

Certification of Accuracy

Supervisor

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DAY Friday SECTION ASBESTOS
DATE 8/24/01 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**

[illegible]

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

Certification of Accuracy

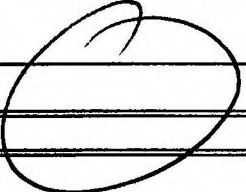
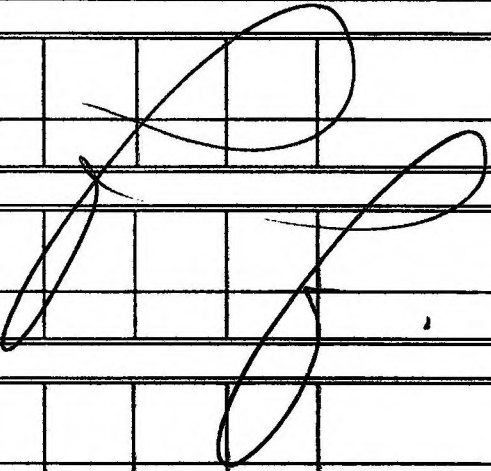
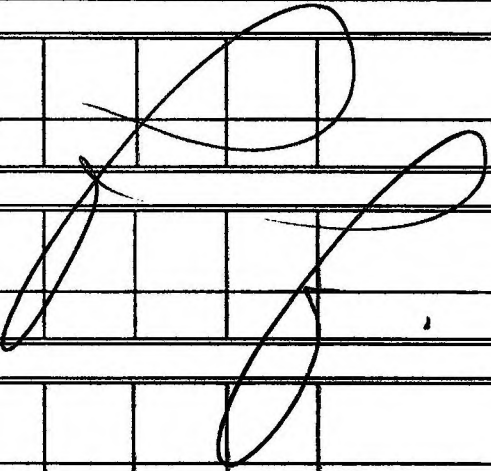
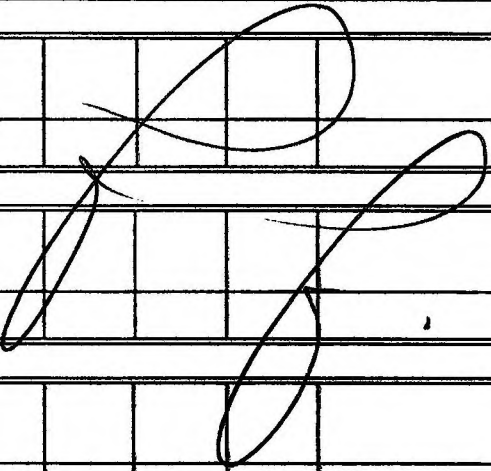
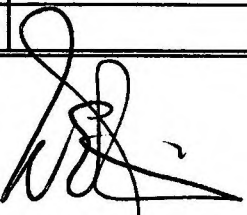
Supervisor

**DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF ENVIRONMENTAL COMPLIANCE**

WKENDING August 20 - August 24, 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						
WEDNESDAY / /						
BEDIA, SARAY						
THURSDAY / /						
BEDIA, SARAY						
FRIDAY / /						
BEDIA, SARAY						

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

WEEK OF August 20- August 24, 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						
YVES NELSON	9:30 A.M.	<i>[Signature]</i>	12:00 P.M.	12:30 P.M.	5:00 P.M.	<i>[Signature]</i>
TUESDAY						
YVES NELSON	8:30 A.M.	<i>[Signature]</i>	12:00 P.M.	1:00 P.M.	4:30 P.M.	<i>[Signature]</i>
WEDNESDAY						
YVES NELSON	8:30 A.M.	<i>[Signature]</i>	11:00 P.M.	12:00 P.M.	4:30 P.M.	<i>[Signature]</i>
THURSDAY						
YVES NELSON						
FRIDAY						
YVES NELSON	9:00 A.M.	<i>[Signature]</i>	11:00 P.M.	12:00 P.M.	5:00 P.M.	<i>[Signature]</i>

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

CERTIFICATION OF ACCURACY
Supervisor *[Signature]*

[Handwritten mark]

DEPARTMENT OF ENVIRONMENTAL PROTECTION
TECHNICAL REVIEW UNIT (9-1 ALTERNATE SCHEDULE)

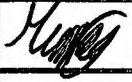
CO-OP PROGRAM

WEEK OF: August 20-August 24, 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
			OUT	IN			
MONDAY							
Mina Magar							
TUESDAY							
Mina Magar	9:12		1:12	2:00	5:09		7hrs and 9 min
WEDNESDAY							
Mina Magar							
THURSDAY							
Mina Magar	10:15		12:05	1:05	5:00		5hrs and 45 min
FRIDAY							
Mina Magar	9:40		12:00	1:15	5:00		6 hrs and 5 min

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

CERTIFICATION OF ACCURACY

Supervisor 