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

DATE: WEEK ENDING: 24th SECTION: ASBESTOS & LEAD PROGRAM

MONTH/YEAR: August/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	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 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. Giliberti	12:05	1:00	5:00	R Giliberti	7/hrs
TUESDAY							
ROSALBA GILIBERTI	9:05	R Giliberti	12:05	1:00	5:00	R Giliberti	7/hrs
WEDNESDAY							
ROSALBA GILIBERTI	9:05	R. Giliberti	12:05	1:00	5:00	R Giliberti	7/hrs
THURSDAY							
ROSALBA GILIBERTI	9:15	R Giliberti	12:30	1:00	5:00	R. Giliberti	7/hrs
			MR.				MR
FRIDAY							
ROSALBA GILIBERTI	9:15	R Giliberti	12:30	1:00	5:00	R Giliberti	7/hrs
			MR				MR

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

CERTIFIACTION OF ACCURACY

Supervisor _____

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DAY Monday SECTION ASBESTOS

DATE 8/20/01 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

NAME	ARR.	SIGNATURE	LUNCH		DEP.	SIGNATURE	REMARKS
			OUT	IN			
EVERYDAY 8:00AM TO 4:00PM							
M. WILLIAMS	8:45	M. Williams	1	2	4:00	M. Williams	

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

Certification of Accuracy

Supervisor

NB

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DAY TUESDAY SECTION ASBESTOS

DATE 8/21/01 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

NAME	ARR.	SIGNATURE	LUNCH		DEP.	SIGNATURE	REMARKS
			OUT	IN			
EVERYDAY 8:00AM TO 4:00PM							
M. WILLIAMS	8:30	M. Williams	1:30	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 8/22/01 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

NAME	ARR.	SIGNATURE	LUNCH		DEP.	SIGNATURE	REMARKS
			OUT	IN			
EVERYDAY 8:00AM TO 4:00PM							
M. WILLIAMS	8:00	M. Williams	1	2	7:30	M. Williams	3½ hrs Rec'd

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

Certification of Accuracy

Supervisor _____

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DAY Thursday SECTION ASBESTOS

DATE 8/23/01 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

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 8/24/01 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

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
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.	yvesnelson	12:00 P.M.	2:30 P.M.	5:00 P.M.	yvesnelson	
TUESDAY							
YVES NELSON	8:30 A.M.	yvesnelson	12:00 P.M.	1:00 P.M.	4:30 P.M.	yvesnelson	
WEDNESDAY							
YVES NELSON	8:30 A.M.	yvesnelson	11:00 P.M.	2:00 P.M.	4:30 P.M.	yvesnelson	
THURSDAY							
YVES NELSON							
FRIDAY							
YVES NELSON	9:00 A.M.	yvesnelson	1:00 P.M.	2:00 P.M	5:00 P.M	yvesnelson	

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

CERTIFIACTION OF ACCURACY

Supervisor _____

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	Mina Magar	1:12	2:00	5:09	Mina Magar	7hrs and 9 min
~~WEDNESDAY~~							
Mina Magar							
THURSDAY							
Mina Magar	10:15	Mina Magar	12:05	1:05	5:00	Mina Magar	5hrs and 45 min
FRIDAY							
Mina Magar	9:40	Mina Magar	12:00	1:15	5:00	Mina Magar	6 hrs and 5 min

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

CERTIFICATION OF ACCURACY

Supervisor _____