

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

DATE: WEEK ENDING: 17th
MONTH/YEAR: AUGUST/2001

SECTION: ASBESTOS & LEAD PROGRAM
DIST. # 5000

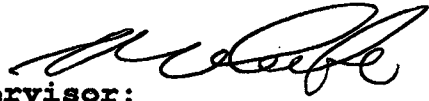
The undersigned certify that they were present and engaged in the business of the office during the hours placed opposite their respective names.

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							

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 13 - August 17, 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	9:05	R. Gilberti	12:05	1:00	5:00	R. Gilberti 7 hrs
TUESDAY						
ROSALBA GILIBERTI	9:00	R. Gilberti	1:00	2:00	5:00	R. Gilberti 7 hrs
WEDNESDAY						
ROSALBA GILIBERTI	9:00	R. Gilberti	12:00	1:00	5:00	R. Gilberti 7 hrs
THURSDAY						
ROSALBA GILIBERTI	9:00	R. Gilberti	1:00	2:00	5:00	R. Gilberti 7 hrs
FRIDAY						
ROSALBA GILIBERTI	9:15	R. Gilberti	12:15	1:00	5:00	R. Gilberti 7 hrs

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

CERTIFICATION OF ACCURACY
Supervisor [Signature]

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DAY WEDNESDAY SECTION ASBESTOS
DATE 8/15/01 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**

[illegible]

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

Certification of Accuracy

Supervisor

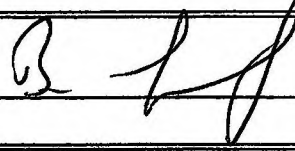
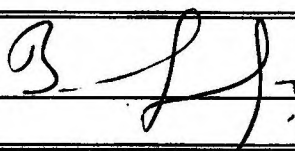
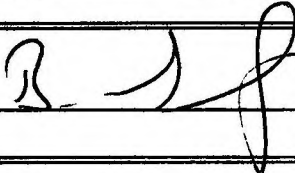
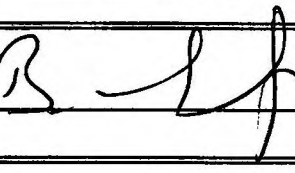
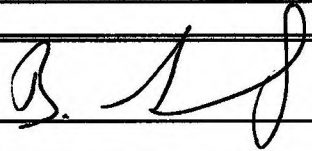
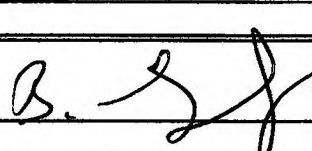
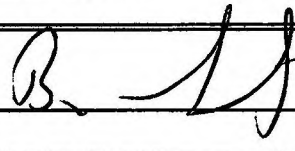
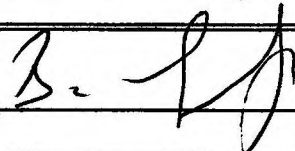
[Signature]

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

WKENDING August 13 - August 17, 2001 **UNIT:** ASBESTOS

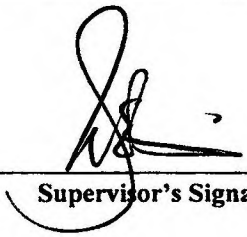
DIST#: 5000 **TITLE:** ENGR. WORK STUDY

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	9 ⁰⁰		12 ¹⁵ 1 ¹⁵	5 ⁰⁰		
TUESDAY / /						
BEDIA, SARAY	9 ¹⁰		12 ⁰⁰ 1 ⁰⁰	5 ¹⁰		
WEDNESDAY / /						
BEDIA, SARAY			-			SL
THURSDAY / /						
BEDIA, SARAY	9 ⁰⁰		12 ⁰⁰ 1 ⁰⁰	5 ⁰⁰		
FRIDAY / /						
BEDIA, SARAY	8 ⁵⁵		12 ⁰⁰ 1 ⁰⁰	5 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

WEEK OF August 13- August 17, 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	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>
TUESDAY						
YVES NELSON	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>
WEDNESDAY						
YVES NELSON	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>
THURSDAY						
YVES NELSON	<u>12:30 P.M.</u>	<u>Yves Nelson</u>	<u>—</u>	<u>5:00 P.M.</u>	<u>Yves Nelson</u>	
FRIDAY						
YVES NELSON	<u>1:00 P.M.</u>	<u>Yves Nelson</u>	<u>—</u>	<u>5:00 P.M.</u>	<u>Yves Nelson</u>	

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

CERTIFICATION OF ACCURACY

Supervisor

[Signature]

Y

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

CO-OP PROGRAM

WEEK OF: August 13 - August 17, 2001

SECTION: ASBESTOS CONTROL PROGRAM

DATE: _____

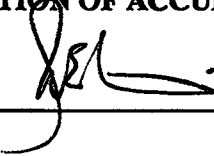
DIST. #: 5000

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	9:34		1:34	2:04	5:04		7 hrs
WEDNESDAY							
Mina Magar							
THURSDAY							
Mina Magar	9:30		1:30	2:30	5:00		7 1/2 hrs and 30 min
FRIDAY							
Mina Magar	9:13		12:35	1:35	5:00		6 hrs and 45 min

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

CERTIFICATION OF ACCURACY

Supervisor 

E.P.