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

DATE: WEEK ENDING: 17Th 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							

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. Giliberti	12:05	1:00	5:00	R. Giliberti	7 hrs
TUESDAY							
ROSALBA GILIBERTI	9:00	R. Giliberti	1:00	2:00	5:00	R Giliberti	7 hrs
WEDNESDAY							
ROSALBA GILIBERTI	9:00	R Giliberti	12:00	1:00	5:00	R Giliberti	7 hrs
THURSDAY							
ROSALBA GILIBERTI	900	R. Giliberti	1:00	2:00	5:00	R Giliberti	7 hrs
FRIDAY							
ROSALBA GILIBERTI	9:15	R. Giliberti	12:15	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 Monday SECTION ASBESTOS

DATE 8/13/07 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	9:00	M. Williams	1	2	4:00	M. Williams	
							1hr
							A/L

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

Certification of Accuracy

Supervisor _____

T.J.

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DAY Tuesday SECTION ASBESTOS

DATE 8/14/01 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

NAME	ARR.	SIGNATURE	LUNCH		DEP.	SIGNATURE	REMARKS
			OUT	IN			
EVERYDAY 8:00AM TO 4:00PM							
M. WILLIAMS	8:10	M. Williams	/		12p	Ch for MW leave	

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

Certification of Accuracy

Supervisor

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DAY WEDNESDAY SECTION ASBESTOS

DATE 8/15/01 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	9:30	M. Williams	1	2	7:30	M. Williams	will be in late

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

Certification of Accuracy

Supervisor

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DAY Thursday SECTION ASBESTOS

DATE 8/16/01 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

10

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DAY Friday SECTION ASBESTOS

DATE August 17, 2001 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 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	LUNCH IN	DEP	SIGNATURE	REMARKS
MONDAY / /							
BEDIA, SARAY	9⁰⁰	B. Bedia	12¹⁵	1¹⁵	5⁰⁰	B. Bedia	
TUESDAY / /							
BEDIA, SARAY	9¹⁰	B. Bedia	12⁰⁰	1⁰⁰	5¹⁰	B. Bedia	
WEDNESDAY / /							
BEDIA, SARAY		—					SL
THURSDAY / /							
BEDIA, SARAY	9⁰⁰	B. Bedia	12⁰⁰	1⁰⁰	5⁰⁰	B. Bedia	
FRIDAY / /							
BEDIA, SARAY	8⁵⁵	B. Bedia	12⁰⁰	1⁰⁰	5⁰⁰	B. Bedia	

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	—	—	—	—		—	—
TUESDAY							
YVES NELSON	—	—	—	—		—	—
WEDNESDAY							
YVES NELSON	—	—	—	—	—	—	—
THURSDAY							
YVES NELSON	12:30 P.M.	[signature]	—	—	5:00 P.M.	[signature]	
FRIDAY							
YVES NELSON	1:00 P.M.	[signature]	—	—	5:00 P.M.	[signature]	

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

CERTIFIACTION OF ACCURACY

Supervisor [signature]

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	9:36	[signature]	1:34	2:04	5:04	[signature]	7hrs
WEDNESDAY							
Mina Magar							
THURSDAY							
Mina Magar	9:30	[signature]	1:30	2:30	5:00	[signature]	7hrs and 30 min
FRIDAY							
Mina Magar	9:13	[signature]	12:35	1:35	5:00	[signature]	6hrs and 45 min

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

CERTIFICATION OF ACCURACY

Supervisor _____