

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

DATE: WEEK ENDING: 3rd

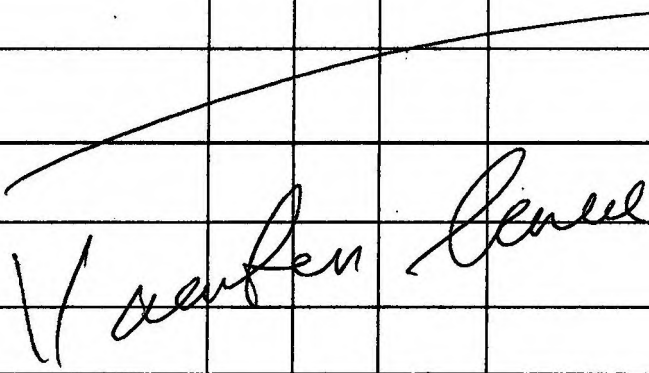
SECTION: ASBESTOS & LEAD PROGRAM

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.

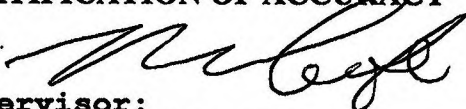
TCU PART-TIMER

NAME	ARR	SIGNATURE	LUNCH		DEP	SIGNATURE	REMARKS
	8:30 AM		OUT	in	4:30 PM		
MELENDRES, LEONOR							
MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
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 July 30 - August 3, 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	9:05	R. Gilberti	11:05	2:00	5:00	R. Gilberti 7/hrs
WEDNESDAY						
ROSALBA GILIBERTI	11:30	R. Gilberti	11	11	5:00	R. Gilberti 5 1/2 hrs
THURSDAY						
ROSALBA GILIBERTI	9:30	R. Gilberti	1:00	1:30	5:00	R. Gilberti 7 1/2 hrs
FRIDAY						
ROSALBA GILIBERTI	9:05	R. Gilberti	12:05	1:00	5:00	R. Gilberti 7 hrs

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

CERTIFICATION OF ACCURACY
Supervisor P. J. Lee

A. J.

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DAY Monday

SECTION ASBESTOS

DATE 7/30/01

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 Thursday
DATE 8/2/01

SECTION ASBESTOS

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 July 30 - August 3, 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	8 ⁵⁵	<i>[Signature]</i>	12 ⁰⁰ 12 ³⁰	5 ⁰⁰	<i>[Signature]</i>	7hr
TUESDAY / /						
BEDIA, SARAY	11 ³⁵	<i>[Signature]</i>	- -	5 ⁴⁵	<i>[Signature]</i>	my schedule 6 hr per
WEDNESDAY / /						
BEDIA, SARAY	9 ¹⁰	<i>[Signature]</i>	12 ²⁰ 1 ⁰⁰	5 ³⁰	<i>[Signature]</i>	7hr
THURSDAY / /						
BEDIA, SARAY	8 ⁵⁰	<i>[Signature]</i>	12 ²⁰ 1 ²⁰	5 ⁰⁰	<i>[Signature]</i>	7hr
FRIDAY / /						
BEDIA, SARAY	8 ⁵⁵	<i>[Signature]</i>	12 ²⁰ 1 ²⁰	5 ⁰⁰	<i>[Signature]</i>	7hr

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

Certification of Accuracy

[Signature]
Supervisor's Signature

[Signature]

DEPARTMENT OF ENVIRONMENTAL PROTECTION
TECHNICAL REVIEW UNIT
CO-OP PROGRAM

WEEK OF July 30-August 3, 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	1:30 P.M.	<i>[Signature]</i>	-	5:00 P.M.	<i>[Signature]</i>	3 1/2 hr pr
TUESDAY						
YVES NELSON	12:10 P.M.	<i>[Signature]</i>	-	5:10 P.M.	<i>[Signature]</i>	1 hr pr
WEDNESDAY						
YVES NELSON	12:40 P.M.	<i>[Signature]</i>	-	5:10 P.M.	<i>[Signature]</i>	4 1/2 hr pr
THURSDAY						
YVES NELSON	12:35 P.M.	<i>[Signature]</i>	-	5:05 P.M.	<i>[Signature]</i>	4 1/2 hr pr
FRIDAY						
YVES NELSON	1:20 P.M.	<i>[Signature]</i>	-	5:00 P.M.	<i>[Signature]</i>	1 hr pr

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

CERTIFICATION OF ACCURACY
Supervisor *[Signature]*

DEPARTMENT OF ENVIRONMENTAL PROTECTION

TECHNICAL REVIEW UNIT (9-1 ALTERNATE SCHEDULE)

CO-OP PROGRAM

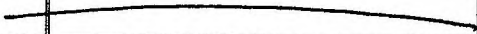
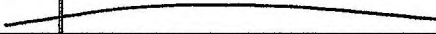
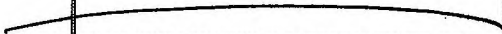
WEEK OF: July 30 - August 3, 2001

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							
WEDNESDAY							
Mina Magar							
THURSDAY							
Mina Magar							
FRIDAY							
Mina Magar							

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

CERTIFICATION OF ACCURACY

Supervisor 