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 Giliberti	12:00	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	11:30	R Giliberti	11	11	5:00	R Giliberti	5 1/2 hrs
THURSDAY							
ROSALBA GILIBERTI	9:30	R Giliberti	1:00	1:30	5:00	R Giliberti	7 hrs (JR)
FRIDAY							
ROSALBA GILIBERTI	9:00	R Giliberti	12:00	1:00	5:00	R Giliberti	7 hrs (JR)

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

CERTIFIACTION OF ACCURACY

Supervisor [signature]

[signature]

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

NAME	ARR.	SIGNATURE	LUNCH		DEP.	SIGNATURE	REMARKS
			OUT	IN			
EVERYDAY 8:00AM TO 4:00PM							
M. WILLIAMS	8:07	M. Williams		2	4:30	M. Williams	

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

Certification of Accuracy

Supervisor [signature]

1/8

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DAY Tuesday SECTION ASBESTOS

DATE 7/31/01 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

NAME	ARR.	SIGNATURE	LUNCH		DEP.	SIGNATURE	REMARKS
			OUT	IN			
EVERYDAY 8:00AM TO 4:00PM							
M. WILLIAMS	8:00	M. Williams	12		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 8/1/01 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

NAME	ARR.	SIGNATURE	LUNCH		DEP.	SIGNATURE	REMARKS
			OUT	IN			
EVERYDAY 8:00AM TO 4:00PM							
M. WILLIAMS	9:00	M. Williams 1	1	2	7:30	M. Williams 2½	

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

Certification of Accuracy

Supervisor

TJ

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DAY Thursday SECTION ASBESTOS

DATE 8/2/01 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

NAME	ARR.	SIGNATURE	LUNCH		DEP.	SIGNATURE	REMARKS
			OUT	IN			
EVERYDAY 8:00AM TO 4:00PM							
M. WILLIAMS	8:00	M. Williams	1	2	5:00	M. Williams	

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

Certification of Accuracy

Supervisor _____

1f

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DAY Friday SECTION ASBESTOS

DATE 8/3/01 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

NAME	ARR.	SIGNATURE	LUNCH		DEP.	SIGNATURE	REMARKS
			OUT	IN			
EVERYDAY 8:00AM TO 4:00PM							
M. WILLIAMS	8:00	M. Williams	1	2	5:00	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 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	LUNCH IN	DEP	SIGNATURE	REMARKS
MONDAY / /							
BEDIA, SARAY	8:55	B. Bedia	12:00	12:30	5:00	B. Bedia	7hr
TUESDAY / /							
BEDIA, SARAY	11:35	B. Bedia	–	–	5:45	B. Bedia	will get lost 2 hrs
WEDNESDAY / /							
BEDIA, SARAY	9:10	B. Bedia	12:20	1:00	5:30	B. Bedia	7hr
THURSDAY / /							
BEDIA, SARAY	8:50	B. Bedia	12:20	1:20	5:00	B. Bedia	7hr
FRIDAY / /							
BEDIA, SARAY	8:55	B. Bedia	12:20	1:20	5:00	B. Bedia	7hr

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

Certification of Accuracy Peter Lee

Supervisor's 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.	yvesnelson	—	—	5:00 P.M.	yvesnelson	3½ hrs pd
TUESDAY							
YVES NELSON	12:10 P.M.	yvesnelson	—	—	5:10 P.M.	yvesnelson	1 hrs pd
WEDNESDAY							
YVES NELSON	12:40 P.M.	yvesnelson	—	—	5:10 P.M.	yvesnelson	4½ hrs pd
THURSDAY							
YVES NELSON	12:35 P.M.	yvesnelson	—	—	5:05 P.M.	yvesnelson	4½ hrs pd
FRIDAY							
YVES NELSON	1:20 P.M.	yvesnelson	—	—	5:30 P.M.	yvesnelson	4 hrs pd

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: 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