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

DATE: WEEK ENDING: 27th SECTION: ASBESTOS & LEAD PROGRAM

MONTH/YEAR: July 27th 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							

Vacation leave

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

CERTIFICATION OF ACCURACY

Supervisor: _____

TJ

DEPARTMENT OF ENVIRONMENTAL PROTECTION
TECHNICAL REVIEW UNIT
PART-TIMERS

WEEK OF July 23-July 27, 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	9:15	R. Giliberti	12:15	1:00	5:00	R. Giliberti	7/hrs
WEDNESDAY							
ROSALBA GILIBERTI	9:30	R. Giliberti	12:00	12:30	5:00	R. Giliberti	7/hrs
THURSDAY							
ROSALBA GILIBERTI	9:05	R. Giliberti	12:05	1:00	5:00	R. Giliberti	7/hrs
FRIDAY							
ROSALBA GILIBERTI	9:05	R. Giliberti	12:05	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 7/23/01 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	9:30	M. Williams	1	2	4:00	M. Williams	

1 hr AL
1/2 [illegible]

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

Certification of Accuracy

Supervisor [signature]

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DAY TUESDAY SECTION ASBESTOS

DATE 7/24/01 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							leave

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

Certification of Accuracy

Supervisor

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DAY Wednesday SECTION ASBESTOS

DATE 7/25/01 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	X

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

Certification of Accuracy

Supervisor

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DAY Thursday SECTION ASBESTOS

DATE 7/26/01 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 7/27/01 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	1	2	4:30	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 23 – July 27, 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	2:45	B. Bedia	–	–	5:30	B. Bedia	2:45
TUESDAY / /							
BEDIA, SARAY	8:50	B. Bedia	12:00	1:00	5:30	B. Bedia	7½
WEDNESDAY / /							
BEDIA, SARAY	8:55	B. Bedia	12:00	1:00	5:00	B. Bedia	7
THURSDAY / /							
BEDIA, SARAY	8:50	B. Bedia	12:50	1:30	5:30	B. Bedia	7½
FRIDAY / /							
BEDIA, SARAY	9:05	B. Bedia	12:30	1:30	5:30	B. Bedia	7h

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 July 23 - July 27, 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	1:00 P.M.	yvesNelson	—	—	5:00 P.M.	yvesNelson	4hrs
TUESDAY							
YVES NELSON	—	—	—	—	—	—	—
WEDNESDAY							
YVES NELSON	12:30 P.M.	yvesNelson	—	—	5:00 P.M.	yvesNelson	4hrs
THURSDAY							
YVES NELSON	—	—	—	—	—	—	—
FRIDAY							
YVES NELSON	12:10 P.M.	yvesNelson	—	—	5:10 P.M.	yvesNelson	Thrs

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

CERTIFIACTION OF ACCURACY

Supervisor Peter Lee

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DEPARTMENT OF ENVIRONMENTAL PROTECTION

TECHNICAL REVIEW UNIT (9-1 ALTERNATE SCHEDULE)

CO-OP PROGRAM

WEEK OF: July 23 – July 27, 2001 **SECTION:** ASBESTOS CONTROL PROGRAM

[redacted]: _____ **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	9:25	[signature]	12:00	1:00	5:00	[signature]	6hrs and 35min
WEDNESDAY							
Mina Magar	9:30	[signature]	12:30	1:30	5:00		6hrs and 30min
THURSDAY							
Mina Magar							
FRIDAY							
Mina Magar	9:24	[signature]	1:00	2:00	5:00	[signature]	6hrs and 30 min

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

CERTIFICATION OF ACCURACY

Supervisor [signature]

[signature]