

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

DATE: WEEK ENDING: 20<sup>th</sup> SECTION: ASBESTOS & LEAD PROGRAM  
MONTH/YEAR: July/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<br>AM |           | OUT   | in | 4:30<br>PM |           |         |
| MELENDRES, LEONOR |            |           |       |    |            |           |         |
| MONDAY            |            |           |       |    |            |           |         |
|                   |            |           |       |    |            |           |         |
| TUESDAY           |            |           |       |    |            |           |         |
|                   |            |           |       |    |            |           |         |
| WEDNESDAY         |            |           |       |    |            |           |         |
|                   |            |           |       |    |            |           |         |
| THURSDAY          |            |           |       |    |            |           |         |
|                   |            |           |       |    |            |           |         |
| FRIDAY            |            |           |       |    |            |           |         |
|                   |            |           |       |    |            |           |         |

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

CERTIFICATION OF ACCURACY

Supervisor: 

*B*

**DEPARTMENT OF ENVIRONMENTAL PROTECTION**  
**TECHNICAL REVIEW UNIT**  
**PART-TIMERS**

WEEK OF July 16, 2001 - July 20, 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 | 1:05  | 2:00 | 5:00      | R. Giliberti 7 hrs     |
|                   |       |              |       |      |           |                        |
| TUESDAY           |       |              |       |      |           |                        |
| ROSALBA GILIBERTI | 12:00 | R. Giliberti | //    | //   | 5:45      | R. Giliberti 5 3/4 hrs |
|                   |       |              |       |      |           |                        |
| WEDNESDAY         |       |              |       |      |           |                        |
| ROSALBA GILIBERTI | 9:05  | R. Giliberti | 12:05 | 1:00 | 5:00      | R. Giliberti 7 hrs     |
|                   |       |              |       |      |           |                        |
| THURSDAY          |       |              |       |      |           |                        |
| ROSALBA GILIBERTI | 9:15  | R. Giliberti | 12:15 | 1:00 | 5:15      | R. Giliberti 7 1/4 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.

CERTIFICATION OF ACCURACY  
Supervisor R. Giliberti  
g



**DEPARTMENT OF ENVIRONMENTAL PROTECTION**

DAY Tuesday

**SECTION ASBESTOS**

DATE 7/17/01

**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 Friday

**SECTION ASBESTOS**

DATE 7/20/01

**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  
BUREAU OF ENVIRONMENTAL COMPLIANCE**

WKENDING Friday July 20 2007 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<br>OUT   IN                   | DEP             | SIGNATURE | REMARKS                        |
|----------------------|------------------|-----------|-------------------------------------|-----------------|-----------|--------------------------------|
| <b>MONDAY</b> / /    |                  |           |                                     |                 |           |                                |
| BEDIA, SARAY         | 9 <sup>00</sup>  | B. Jf.    | 12 <sup>15</sup>   1 <sup>15</sup>  | 5 <sup>00</sup> | B. Jf.    |                                |
|                      |                  |           |                                     |                 |           |                                |
| <b>TUESDAY</b> / /   |                  |           |                                     |                 |           |                                |
| BEDIA, SARAY         | 8 <sup>55</sup>  | B. Jf.    | 12 <sup>30</sup>   1 <sup>30</sup>  | 5 <sup>00</sup> | B. Jf.    |                                |
|                      |                  |           |                                     |                 |           |                                |
| <b>WEDNESDAY</b> / / |                  |           |                                     |                 |           |                                |
| BEDIA, SARAY         | 10 <sup>25</sup> | B. Jf.    | 12 <sup>05</sup>   12 <sup>35</sup> | 5 <sup>30</sup> | B. Jf.    | 5 1/2 hr                       |
|                      |                  |           |                                     |                 |           |                                |
| <b>THURSDAY</b> / /  |                  |           |                                     |                 |           |                                |
| BEDIA, SARAY         | 9 <sup>00</sup>  | B. Jf.    | 12 <sup>00</sup>   1 <sup>00</sup>  | 5 <sup>00</sup> | B. Jf.    |                                |
|                      |                  |           |                                     |                 |           |                                |
| <b>FRIDAY</b> / /    |                  |           |                                     |                 |           |                                |
| BEDIA, SARAY         | 1 <sup>50</sup>  | B. Jf.    | -                                   | 5 <sup>50</sup> | B. Jf.    | collect, will be late<br>4 hrs |
|                      |                  |           |                                     |                 |           |                                |

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

Certification of Accuracy

Supervisor's Signature

*[Handwritten Signature]*

*[Handwritten Initials]*

**DEPARTMENT OF ENVIRONMENTAL PROTECTION**  
**TECHNICAL REVIEW UNIT**  
**CO-OP PROGRAM**

WEEK OF July 16, 2001 - July 20, 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 | 9:30 P.M.  | <i>[Signature]</i> | -     | 5:00 P.M. | <i>[Signature]</i> | Thm pr  |
|             |            |                    |       |           |                    |         |
| TUESDAY     |            |                    |       |           |                    |         |
| YVES NELSON | 9:30 P.M.  | <i>[Signature]</i> | -     | 5:00 P.M. | <i>[Signature]</i> | Thm pr  |
|             |            |                    |       |           |                    |         |
| WEDNESDAY   |            |                    |       |           |                    |         |
| YVES NELSON | 1:30 AM    | <i>[Signature]</i> | -     | 5:30 P.M. | <i>[Signature]</i> | Thm pr  |
|             |            |                    |       |           |                    |         |
| THURSDAY    |            |                    |       |           |                    |         |
| YVES NELSON | 12:00 P.M. | <i>[Signature]</i> | -     | 5:10 P.M. | <i>[Signature]</i> | Thm pr  |
|             |            |                    |       |           |                    |         |
| FRIDAY      |            |                    |       |           |                    |         |
| YVES NELSON | 11:35 A.M. | <i>[Signature]</i> | -     | 4:35 P.M. | <i>[Signature]</i> | Thm pr  |
|             |            |                    |       |           |                    |         |

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

CERTIFICATION OF ACCURACY  
Supervisor *[Signature]*  
*[Signature]*

**DEPARTMENT OF ENVIRONMENTAL PROTECTION**  
**TECHNICAL REVIEW UNIT**  
**CO-OP PROGRAM**

WEEK OF July 16, 2001 - July 20, 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     |       |                                                                                     |       |      |      |                                                                                       |                                                                                            |
| MINA MAGAR |       |                                                                                     |       |      |      |                                                                                       |                                                                                            |
|            |       |                                                                                     |       |      |      |                                                                                       |                                                                                            |
| TUESDAY    |       |                                                                                     |       |      |      |                                                                                       |                                                                                            |
| MINA MAGAR | 10:45 |  | 1:00  | 2:00 | 5:15 |  | Called in the morning 5 hrs and 30 min                                                     |
|            |       |                                                                                     |       |      |      |                                                                                       |                                                                                            |
| WEDNESDAY  |       |                                                                                     |       |      |      |                                                                                       |                                                                                            |
| MINA MAGAR |       |                                                                                     |       |      |      |                                                                                       |                                                                                            |
|            |       |                                                                                     |       |      |      |                                                                                       |                                                                                            |
| THURSDAY   |       |                                                                                     |       |      |      |                                                                                       |                                                                                            |
| MINA MAGAR | 9:35  |  | 1:25  | 1:55 | 5:05 |  | 7hrs  |
|            |       |                                                                                     |       |      |      |                                                                                       |                                                                                            |
| FRIDAY     |       |                                                                                     |       |      |      |                                                                                       |                                                                                            |
| MINA MAGAR |       |                                                                                     |       |      |      |                                                                                       |                                                                                            |
|            |       |                                                                                     |       |      |      |                                                                                       |                                                                                            |

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

CERTIFICATION OF ACCURACY  
Supervisor   
