

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

DATE: WEEK ENDING: 13TH 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 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 July 9, 2001 - July 13, 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	5:15	R. Gilberti 7 1/4 hrs
TUESDAY						
ROSALBA GILIBERTI	9:05	R. Gilberti	12:05	1:00	5:00	R. Gilberti 7 1/2 hrs
WEDNESDAY						
ROSALBA GILIBERTI	9:05	R. Gilberti	12:05	1:00	5:00	R. Gilberti 7 1/2 hrs
THURSDAY						
ROSALBA GILIBERTI	9:05	R. Gilberti	12:05	1:00	5:00	R. Gilberti 7 1/2 hrs
FRIDAY						
ROSALBA GILIBERTI	9:30	R. Gilberti	12:30	1:00	5:30	R. Gilberti 7 1/2 hrs
						PR

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

CERTIFICATION OF ACCURACY
Supervisor R. Gilberti

PR

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DAY Thursday SECTION ASBESTOS
DATE 7/12/01 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 July 9, 2001 - July 13, 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	9 ⁰⁰	<i>B. Jf.</i>	12 ⁰⁰ 1 ⁰⁰	5 ⁰⁰	<i>B. Jf.</i>	
TUESDAY / /						
BEDIA, SARAY	9 ¹⁰	<i>B. Jf.</i>	12 ⁰⁰ 1 ¹⁵	5 ²⁵	<i>B. Jf.</i>	7 hrs pr
WEDNESDAY / /						
BEDIA, SARAY	8 ⁵⁰	<i>B. Jf.</i>	12 ¹⁵ 1 ¹⁵	5 ⁰⁰	<i>B. Jf.</i>	
THURSDAY / /						
BEDIA, SARAY	9 ⁰⁰	<i>B. Jf.</i>	12 ²⁰ 1 ²⁰	5 ⁰⁰	<i>B. Jf.</i>	
FRIDAY / /						
BEDIA, SARAY	8 ⁴⁵	<i>B. Jf.</i>	12 ⁰⁰ 1 ⁰⁰	5 ⁰⁰	<i>B. Jf.</i>	

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

Certification of Accuracy

Pete [Signature]
Supervisor's Signature

[Signature]

DEPARTMENT OF ENVIRONMENTAL PROTECTION
TECHNICAL REVIEW UNIT
CO-OP PROGRAM

WEEK OF July 9, 2001 - July 13, 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	7:00					
YVES NELSON		[Signature]			[Signature]	
TUESDAY						
YVES NELSON	12:00 P.M.	[Signature]	-	5:00 P.M.	[Signature]	thru
WEDNESDAY						
YVES NELSON	12:30 P.M.	[Signature]	-	5:00 P.M.	[Signature]	thru
THURSDAY						
YVES NELSON	12:30 P.M.	[Signature]	-	5:00 P.M.	[Signature]	thru
FRIDAY						
YVES NELSON	12:30 P.M.	[Signature]	-	5:00 P.M.	[Signature]	thru

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 9, 2001 - July 13, 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	9:44		1:00	2:00	5:00	6 hrs and 15 min 
WEDNESDAY						
MINA MAGAR						
THURSDAY						
MINA MAGAR	9:00		1:00	2:00	5:45	7 hrs and 15 min
FRIDAY						
MINA MAGAR	9:45		1:30	2:30	5:15	6 hrs and 30 min 

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

CERTIFICATION OF ACCURACY

Supervisor 

