

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

DATE: WEEK ENDING: 6TH
MONTH/YEAR: JULY/2001

SECTION: ASBESTOS & LEAD 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.

TCU PART-TIMER

NAME	ARR	SIGNATURE	LUNCH		DEP	SIGNATURE	REMARKS
	8:30 AM		OUT	in	4:30 PM		
MELENDRES, LEONOR							
MONDAY							4 Hrs BTL
TUESDAY	8:30	Leonor Melendres	1:00	2:00	4:30	Leonor Melendres	7 Hrs
WEDNESDAY		Public Holiday				Independence Day	
THURSDAY	8:30	Leonor Melendres	1:00	2:00	4:30	Leonor Melendres	7 Hrs
FRIDAY	8:30	Leonor Melendres	1:00	2:00	4:30	Leonor Melendres	7 Hrs

28 Hrs
BTL

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

CERTIFICATION OF ACCURACY

Supervisor: [Signature]

[Signature]

DEPARTMENT OF ENVIRONMENTAL PROTECTION
TECHNICAL REVIEW UNIT
PART-TIMER

WEEK OF July 2 - July 6, 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 h
TUESDAY							
ROSALBA GILIBERTI	9:15	R. Gilberti	12:15	1:00	5:00	R. Gilberti	7 1/2 h
WEDNESDAY							
ROSALBA GILIBERTI		Holiday					
THURSDAY							
ROSALBA GILIBERTI	9:00	R. Gilberti	11:15	2:00	5:00	R. Gilberti	7 1/2 h
FRIDAY							
ROSALBA GILIBERTI	9:05	R. Gilberti	12:05	1:00	5:00	R. Gilberti	7 1/2 h

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

CERTIFICATION OF ACCURACY
Supervisor [Signature]

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DAY Tuesday

SECTION ASBESTOS

DATE 7/3/02

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

on of Accuracy

By

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DAY Friday

SECTION ASBESTOS

DATE 7/6/01

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

on of Accuracy

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**DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF ENVIRONMENTAL COMPLIANCE**

WKENDING July 2 - July 6, 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>B. J. J.</i>	12 ⁰⁰ 1 ⁰⁰	5 ⁰⁰	<i>B. J. J.</i>	
TUESDAY / /						
BEDIA, SARAY	8 ⁵⁵	<i>B. J. J.</i>	12 ³⁰ 1 ³⁰	5 ⁰⁰	<i>B. J. J.</i>	
WEDNESDAY / /						
BEDIA, SARAY		<i>Holiday</i>				
THURSDAY / /						
BEDIA, SARAY	9 ⁰⁰	<i>B. J. J.</i>	12 ⁰⁰ 1 ⁰⁰	5 ⁰⁰	<i>B. J. J.</i>	
FRIDAY / /						
BEDIA, SARAY	9 ¹⁵	<i>B. J. J.</i>	12 ¹⁰ 1 ⁰⁰	5 ⁰⁵	<i>B. J. J. Thompson</i>	

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 02 - July 06, 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	8:30 A.M.	<i>[Signature]</i>	12:00 P.M.	1:00 P.M.	4:30 P.M.	<i>[Signature]</i>
TUESDAY						
YVES NELSON	8:30 A.M.	<i>[Signature]</i>	12:00 P.M.	1:00 P.M.	4:30 P.M.	<i>[Signature]</i>
WEDNESDAY		<i>Holiday</i>				
YVES NELSON	12:00 P.M.	<i>[Signature]</i>	---		5:00 P.M.	<i>[Signature]</i>
THURSDAY						
YVES NELSON	12:00 P.M.	<i>[Signature]</i>	---		5:00 P.M.	<i>[Signature]</i>
FRIDAY						
YVES NELSON	12:00 P.M.	<i>[Signature]</i>	---		5:00 P.M.	<i>[Signature]</i>

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 2 - July 6, 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	9:00	Mina	12:10	1:10	5:00	7 hrs
WEDNESDAY						
MINA MAGAR						
THURSDAY						
MINA MAGAR	9:55	Mina	12:00	1:00	5:00	6 hrs
FRIDAY						
MINA MAGAR	9:33	Mina	12:30	1:30	5:03	6 hrs and 30 min

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

CERTIFICATION OF ACCURACY
Supervisor [Signature]

[Signature]