

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

DATE: WEEK ENDING: 29th SECTION: ASBESTOS & LEAD PROGRAM
MONTH/YEAR: JUNE / 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

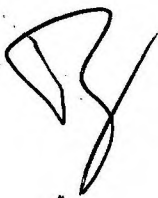
NAME	ARR	SIGNATURE	LUNCH		DEP	SIGNATURE	REMARKS
	8:30 AM		OUT	in	4:30 PM		
MELENDRES, LEONOR							
MONDAY							off
TUESDAY	8:30	Leonor Melendres	1:00	2:00	4:30	Leonor Melendres	7 Hrs
WEDNESDAY	8:30	Leonor Melendres	1:00	2:00	4:30	Leonor Melendres	7 Hrs
THURSDAY	8:30	Leonor Melendres			1:00	Leonor Melendres	4 1/2 Hrs
FRIDAY							6 Hrs EAL

24 1/2 Hrs
New

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 June 25 - June 29, 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	9:00	R. H. White	12:00	1:00	5:00	R. H. White 7 hrs
TUESDAY						
ROSALBA GILIBERTI	9:00	R. H. White	12:00	1:00	5:00	R. H. White 7 hrs
WEDNESDAY						
ROSALBA GILIBERTI	9:00	R. H. White	12:00	1:00	5:00	R. H. White 7 hrs
THURSDAY						
ROSALBA GILIBERTI	9:30	R. H. White	12:00	12:30	5:30	R. H. White 7 1/2 hrs
FRIDAY						
ROSALBA GILIBERTI	9:00	R. H. White	12:15	1:00	5:00	R. H. White 7 hrs

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

CERTIFICATION OF ACCURACY
Supervisor [Signature]

[Signature]

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DAY Tuesday SECTION ASBESTOS
DATE 6/26/01 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 Wednesday

SECTION ASBESTOS

DATE 6/27/01

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 June 25, June 29, 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. Saray</i>	12 ³⁰ 1 ³⁰	5 ⁰⁰	<i>B. Saray</i>	
TUESDAY / /						
BEDIA, SARAY	9 ⁴⁰	<i>B. Saray</i>	12 ³⁰ 1 ⁰⁰	5 ⁰⁰	<i>B. Saray</i>	6 ¹⁴
WEDNESDAY / /						
BEDIA, SARAY	8 ⁵⁵	<i>B. Saray</i>	12 ⁰⁰ 1 ⁰⁰	5 ⁰⁰	<i>B. Saray</i>	
THURSDAY / /						
BEDIA, SARAY	9 ⁰⁰	<i>B. Saray</i>	12 ²⁰ 1 ²⁰	5 ⁰⁰	<i>B. Saray</i>	
FRIDAY / /						
BEDIA, SARAY	8 ⁵⁵	<i>B. Saray</i>	12 ¹⁵ 1 ¹⁵	5 ⁰⁰	<i>B. Saray</i>	

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

Certification of Accuracy

Supervisor's Signature

[Signature]

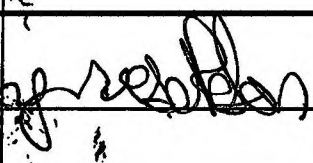
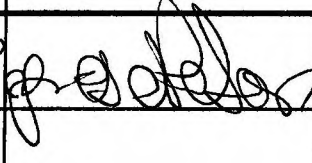
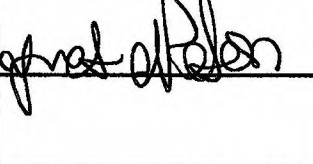
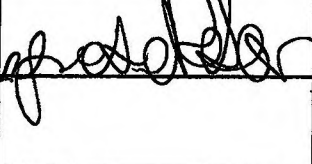
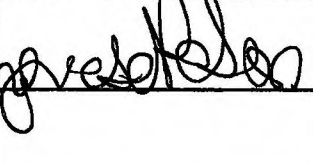
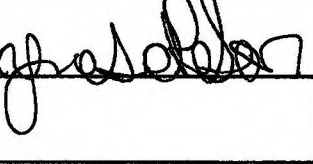
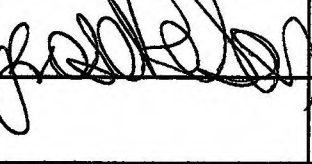
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DEPARTMENT OF ENVIRONMENTAL PROTECTION
TECHNICAL REVIEW UNIT
CO-OP PROGRAM

WEEK OF June 25, 2001 -
June 29, 2001

SECTION ASBESTOS AND LEAD CONTROL PROGRAM
DIST. # 5000

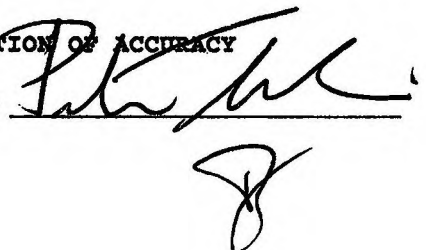
The undersigned certify that they were present and engaged in the business of the office during the hours placed opposite their respective names.

NAME		SIGNATURE	LUNCH	DEP.	SIGNATURE	REMARKS
FULL TIME	ARR.		OUT	IN		
MONDAY						
YVES NELSON	8:30 A.M.		12:00 P.M.	1:00 P.M.	4:30 P.M.	
TUESDAY						
YVES NELSON	8:30 A.M.		12:00 P.M.	1:00 P.M.	4:30 P.M.	
WEDNESDAY						
YVES NELSON	8:30 A.M.		12:00 P.M.	1:00 P.M.	4:30 P.M.	
THURSDAY						
YVES NELSON	8:30 A.M.		12:00 P.M.	1:00 P.M.	4:30 P.M.	
FRIDAY						
YVES NELSON	8:30 A.M.		12:00 P.M.	1:00 P.M.	4:30 P.M.	

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

CERTIFICATION OF ACCURACY

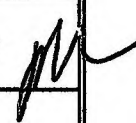
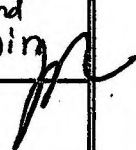
Supervisor



DEPARTMENT OF ENVIRONMENTAL PROTECTION
TECHNICAL REVIEW UNIT
CO-OP PROGRAM

WEEK OF June 25-June 29, 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	9:24		1:30	2:00 5:00		7 hrs 
TUESDAY						
MINA MAGAR	9:05		1:50	2:50 5:05		7 hrs
WEDNESDAY						
MINA MAGAR	9:26		12:06	1:06 5:00		6 hrs. 30 min 
THURSDAY						
MINA MAGAR						Called in the morning went to doctor
FRIDAY						
MINA MAGAR	9:40		2:51	3:51 5:30		6 hrs and 50 min 

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

CERTIFICATION OF ACCURACY
Supervisor 