

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

DATE: WEEK ENDING: 22nd
MONTH/YEAR: JUNE/2001

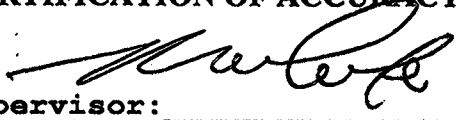
SECTION: ASBESTOS & LEAD PROGRAM
DIST. # 5000

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	8:30	Leonor Melendes	1:00	2:00	4:30	Leonor Melendes	7 Hrs
TUESDAY							7 Hrs SCLDew
WEDNESDAY	8:30	Leonor Melendes	1:00	2:00	4:30	Leonor Melendes	7 Hrs
THURSDAY	8:30	Leonor Melendes	/	/	12:30	Leonor Melendes	4 Hrs
FRIDAY						off	25 Hrs Dew

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 18 - June 21, 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. Gilberti	1:30	2:30	5:00	R. Gilberti 7/1/01
TUESDAY						
ROSALBA GILIBERTI	9:15	R. Gilberti	1:15	2:00	5:00	R. Gilberti 7/1/01
WEDNESDAY						
ROSALBA GILIBERTI	9:05	R. Gilberti	12:05	1:00	5:00	R. Gilberti 7/1/01
THURSDAY						
ROSALBA GILIBERTI	9:15	R. Gilberti	1:15	2:00	5:00	R. Gilberti 7/1/01
FRIDAY						
ROSALBA GILIBERTI	9:00	R. Gilberti	12:00	1:00	5:00	R. Gilberti 7/1/01

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

CERTIFICATION OF ACCURACY

Supervisor

[Signature]

[Handwritten mark]

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DAY Monday SECTION ASBESTOS
DATE 6/18/01 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 Tuesday

SECTION ASBESTOS

DATE 6/19/02

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 A. [Signature] B

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DAY Wednesday

SECTION ASBESTOS

DATE 6/20/01

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

DAY Thursday

SECTION ASBESTOS

DATE 6/21/01

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 18 - June 22, 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		12 ¹⁰	12 ⁴⁰	5 ⁰⁰		
TUESDAY / /							
BEDIA, SARAY	9 ¹⁰		12 ¹⁰	1 ⁰⁰	5 ⁰⁰		
WEDNESDAY / /							
BEDIA, SARAY	9 ⁰⁰		12 ¹⁰	1 ⁰⁰	5 ⁰⁰		
THURSDAY / /							
BEDIA, SARAY	9 ⁰⁰		12 ⁰⁰	1 ⁰⁰	5 ⁰⁰		
FRIDAY / /							
BEDIA, SARAY	8 ⁵⁵		12 ⁰⁰	1 ⁰⁰	5 ⁰⁰		

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 June 18-June 21, 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						
YVES NELSON	8:30 A.M.	<i>[Signature]</i>	12:00 P.M.	1:00 P.M.	4:30 P.M.	<i>[Signature]</i>
THURSDAY						
YVES NELSON	8:30 A.M.	<i>[Signature]</i>	12:00 P.M.	1:00 P.M.	4:30 P.M.	<i>[Signature]</i>
FRIDAY						
YVES NELSON	8:30 A.M.	<i>[Signature]</i>	12:00 P.M.	1:00 P.M.	4:30 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 June 18-June 21, 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	9:20	<i>M. Magar</i>	—	—	2:05 <i>M. Magar</i>	4hrs and ⁴⁵ / _{min}
					9:30 - 1:30 1:30 - 2:00 = ⁴ / ₃₀	4:30
TUESDAY						
MINA MAGAR	9:15	<i>M. Magar</i>	1:20	2:20	5:40 <i>M. Magar</i>	7hrs and ²⁰ / _{min}
						7:15
WEDNESDAY						
MINA MAGAR	9:06	<i>M. Magar</i>	2:00	3:00	5:06 <i>M. Magar</i>	7hrs
THURSDAY						
MINA MAGAR	9:00	<i>M. Magar</i>	12:00	1:00	5:00 <i>M. Magar</i>	7hrs
FRIDAY						
MINA MAGAR	10:10	<i>M. Magar</i>	1:00	2:00	5:10 <i>M. Magar</i>	6hrs

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

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