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

DATE: WEEK ENDING: 13TH SECTION: ASBESTOS & LEAD PROGRAM

MONTH/YEAR: APRIL/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							CHARGE SC
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 April 9- April 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. Giliberti	//	//	1:15	R. Giliberti	4/hrs
TUESDAY							
ROSALBA GILIBERTI	9:05	R. Giliberti	1:05	2:00	5:00	R. Giliberti	7/hrs
WEDNESDAY							
ROSALBA GILIBERTI	off						
THURSDAY							
ROSALBA GILIBERTI	9:05	R. Giliberti	1:20	2:20	5:00	R. Giliberti	7/hrs
FRIDAY							
ROSALBA GILIBERTI	9:15	R. Giliberti	~~1:15~~	1:00	5:00	R. Giliberti	7 hrs R. Giliberti

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

CERTIFIACTION OF ACCURACY

Supervisor

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

DATE: WEEK ENDING: 13th SECTION: ASBESTOS & LEAD PROGRAM

MONTH/YEAR: April / 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-TIMERS

NAME	ARR	SIGNATURE	LUNCH		DEP	SIGNATURE	REMARKS
	8:30 AM		OUT	in	4:30 PM		
KSIDO, ERNEST							
MONDAY							
TUESDAY	8:30	Erne Ksido	—		12:30	Erne Ksido	4
WEDNESDAY	8:15	Erne Ksido	—		12:15	Erne Ksido	4
THURSDAY	8:00	Erne Ksido	—		12:00	Erne Ksido	4
FRIDAY							

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

CERTIFICATION OF ACCURACY

Supervisor: _____

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DAY Monday SECTION ASBESTOS

DATE 04/09/01 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

NAME	ARR.	SIGNATURE	LUNCH		DEP.	SIGNATURE	REMARKS
			OUT	IN			
EVERYDAY 8:00AM TO 4:00PM							
M. WILLIAMS	8:00	M. Williams	1	2	4:00	M. Williams	

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

Certification of Accuracy

Supervisor

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DAY Tuesday SECTION ASBESTOS

DATE 04/10/07 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

NAME	ARR.	SIGNATURE	LUNCH		DEP.	SIGNATURE	REMARKS
			OUT	IN			
EVERYDAY 8:00AM TO 4:00PM							
M. WILLIAMS	8:00	M. Williams	1	3	4:00	M. Williams	1hr AL

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

Certification of Accuracy

Supervisor _____

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DAY Wednesday SECTION ASBESTOS

DATE 04/11/07 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

NAME	ARR.	SIGNATURE	LUNCH		DEP.	SIGNATURE	REMARKS
			OUT	IN			
EVERYDAY 8:00AM TO 4:00PM							
M. WILLIAMS	9:10	M. Williams	1	2	7:30	M. Williams	

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

Certification of Accuracy

Supervisor _____

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DAY Thursday SECTION ASBESTOS

DATE 04/12/01 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

NAME	ARR.	SIGNATURE	LUNCH		DEP.	SIGNATURE	REMARKS
			OUT	IN			
EVERYDAY 8:00AM TO 4:00PM							
M. WILLIAMS	8:00	M. Williams	1	2	4:00	M. Williams	

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

Certification of Accuracy

Supervisor

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DAY Friday SECTION ASBESTOS

DATE 04/13/01 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

NAME	ARR.	SIGNATURE	LUNCH		DEP.	SIGNATURE	REMARKS
			OUT	IN			
EVERYDAY 8:00AM TO 4:00PM							
M. WILLIAMS	8:07	M. Williams	1	2	3:15	M. Williams	

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

Certification of Accuracy

Supervisor

DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF ENVIRONMENTAL COMPLIANCE

WKENDING April 9 – April 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	9:30	B.	12:30	1:00	5:00	B.	R. Rauh
TUESDAY / /							
BEDIA, SARAY	8:55	B.	12:20	1:20	5:00	B.	7
WEDNESDAY / /							
BEDIA, SARAY							
THURSDAY / /							
BEDIA, SARAY							
FRIDAY / /							
BEDIA, SARAY	9:00	B	12:00	1:00	5:00	B.	7

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 April 9 - April 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	8:30 A.M.		12:00 P.M.	1:00 P.M.	4:30 P.M.		
YVES NELSON	8:30 A.M.		12:05 P.M.	1:05 P.M.	4:30 P.M.		
TUESDAY							
YVES NELSON	9:30 A.M.		12:05 P.M.	1:05 P.M.	4:30 P.M.		
WEDNESDAY							
YVES NELSON	8:30 A.M.		12:05 P.M.	1:05 P.M.	4:30 P.M.		
THURSDAY							
YVES NELSON	8:30 A.M.		12:05 P.M.	1:05 P.M.	4:30 P.M.		
FRIDAY							
YVES NELSON	8:30 A.M.		12:10 P.M.	1:10 P.M.	4:30 P.M.		

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

CERTIFIACTION OF ACCURACY

Supervisor _____