

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

DATE:
WEEK ENDING:
23rd

SECTION:
ASBESTOS & LEAD PROGRAM

MONTH/YEAR:
March / 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	8:00	Leonor Melendres	/	/	12:00	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 March 19- March 23, 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	//	//	1:05	R. Gilberti	4/hrs.
TUESDAY							
ROSALBA GILIBERTI	9:05	R. Gilberti	12:05	1:00	5:00	R. Gilberti	7/hrs
WEDNESDAY							
ROSALBA GILIBERTI	off						
THURSDAY	9:05	R. Gilberti	12:05	1:00	5:00	R. Gilberti	7/hrs
ROSALBA GILIBERTI							
FRIDAY							
ROSALBA GILIBERTI	9:05	R. Gilberti	12:00	1:00	5:00	R. Gilberti	7/hrs

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

CERTIFICATION OF ACCURACY
Supervisor [Signature]

A

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

DATE: WEEK ENDING: 23RD
MONTH/YEAR: MARCH/2001
SECTION: ASBESTOS & LEAD PROGRAM
DIST. # 5000

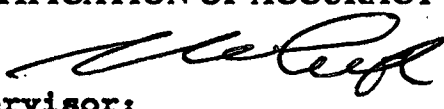
The undersigned certify that they were present and engaged in the business of the office during the hours placed opposite their respective names.

TCU PART-TIMERS

NAME	ARR	SIGNATURE	LUNCH		DEP	SIGNATURE	REMARKS
	8:30 AM		OUT	in	4:30 PM		
KSIDO, ERNEST							
MONDAY							off
TUESDAY	8:00	Ernest Ksido			12:00	Ernest Ksido	
WEDNESDAY	8:00	Ernest Ksido			12:00	Ernest Ksido	
THURSDAY	8:00	Ernest Ksido			11:00	for 8 11:00	
FRIDAY							off

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

CERTIFICATION OF ACCURACY

Supervisor: 

AM

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DAY Monday

SECTION ASBESTOS

DATE 03-19-01

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

A4

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DAY Tuesday

SECTION ASBESTOS

DATE 03-20-01

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 

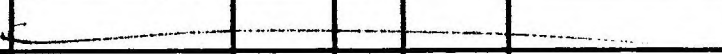
24

DEPARTMENT OF ENVIRONMENTAL PROTECTION

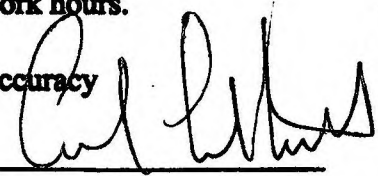
DAY Friday SECTION ASBESTOS
DATE 03-23-01 DIST.# 5000

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							<i>Dean</i>

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

Certification of Accuracy
Supervisor  

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

march 19 to march 23, 2001
WKENDING March 20, 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. J. J.</i>	12 ³⁵ 1 ³⁵	5 ⁰⁰	<i>B. J. J.</i>	7
TUESDAY / /						
BEDIA, SARAY	9 ⁰⁰	<i>B. J. J.</i>	12 ⁰⁰ 1 ⁰⁰	5 ⁰⁰	<i>B. J. J.</i>	7
WEDNESDAY / /						
BEDIA, SARAY						
THURSDAY / /						
BEDIA, SARAY						
FRIDAY / /						
BEDIA, SARAY	9 ⁰⁰	<i>B. J. J.</i>	12 ¹⁵ 1 ¹⁵	5 ⁰⁰	<i>B. J. J.</i>	7

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

Certification of Accuracy

[Signature]
Supervisor's Signature

[Signature]