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

DATE: WEEK ENDING: 26th 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	8:30	Leonor Melendres	/	/	12:30	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 January 22 - January 26, 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	11	11	1:15	R Giliberti	4/hrs
TUESDAY							
ROSALBA GILIBERTI	9:30	R. Giliberti	~~12:30~~ 1:00		5:00	R Giliberti	7/hrs
WEDNESDAY							
ROSALBA GILIBERTI							
THURSDAY							
ROSALBA GILIBERTI	9:05	R. Giliberti	1:05	2:00	5:00	R Giliberti	7/hrs
FRIDAY							
ROSALBA GILIBERTI	9:05	R. Giliberti	12:05	1:00	5:00	R Giliberti	7/hrs

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: 26th SECTION: ASBESTOS & LEAD PROGRAM

MONTH/YEAR: JAN/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						off	
TUESDAY	8:00	Ernest Ksido	—		12:00	Ernest Ksido	
WEDNESDAY	8:00	Ernest Ksido	—		12:00	Ernest Ksido	
THURSDAY						Sick	
FRIDAY					off		

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

CERTIFICATION OF ACCURACY

Supervisor: _____

DEPARTMENT OF ENVIRONMENTAL PROTECTION
TECHNICAL REVIEW UNIT
COLLEGE AIDE

WEEK OF January 22 - January 26, 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							
SHARRAINE WALLACE							
TUESDAY							
SHARRAINE WALLACE	930	SWallace	1	2	5	SWallace	6/2
WEDNESDAY							
SHARRAINE WALLACE	900	SWallace	1	2	5	SWallace	7
THURSDAY							
SHARRAINE WALLACE	930	SWallace	~~130~~	~~200~~	5	SWallace	7 W
FRIDAY							
SHARRAINE WALLACE	930	SWallace	1	2	5	SWallace	6/2

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

CERTIFIACTION OF ACCURACY

Supervisor _____

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DAY Monday SECTION ASBESTOS

DATE 1-22-01 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	8:20	M. Williams	1	2	5:00	M. Williams	

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

Certification of Accuracy

Supervisor Carl Pollard

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DAY Tuesday SECTION ASBESTOS

DATE 01-23-00 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	5:00	M. Williams	8 hrs 01

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

Certification of Accuracy

Supervisor _____

AJ

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DAY Wednesday SECTION ASBESTOS

DATE 01-24-01 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							D Ed
M. WILLIAMS	8:00	M. Williams	1	2	7:30	M. Williams	3½ hrs

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

Certification of Accuracy

Supervisor

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DAY Thursday SECTION ASBESTOS

DATE 01-25-01 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	5:00	M. Williams	

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

Certification of Accuracy

Supervisor

A4

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DAY Friday SECTION ASBESTOS

DATE 01-26-01 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

NAME	ARR.	SIGNATURE	LUNCH		DEP.	SIGNATURE	REMARKS
			OUT	IN			
EVERYDAY 8:00AM TO 4:00PM							
M. WILLIAMS	8:00	M. Williams	1	2	5:00	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 Jan 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	LUNCH IN	DEP	SIGNATURE	REMARKS
MONDAY / /							
BEDIA, SARAY							
TUESDAY / /							
BEDIA, SARAY	9:00	B. Lf	12:00	1:00	5:00	B. Lf	
WEDNESDAY / /							
BEDIA, SARAY	9:00	B. Lf	12:00	1:00	5:00	B. Lf	
THURSDAY / /							
BEDIA, SARAY							
FRIDAY / /							
BEDIA, SARAY	9:00	B. Lf	12:00	1:00	5:00	B. Lf	

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

Certification of Accuracy _____

Supervisor's Signature