THE STATE OF SOUTH CAROLINA
In the Court of Appeals

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SC Court of Appeals

APPEAL FROM RICHLAND COUNTY
Court of Common Pleas
Alison R. Lee, Circuit Court Judge

Appellate Case No. 2016-001031

Alvin L. Menie, ... Appellant,

v.

State Accident Fund, ...Respondent.

RECORD ON APPEAL
VOLUME I OF II

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DECISION AND ORDER

OF THE

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO.: 0307461

Alvin L. Menie,

Employee/Claimant,

-vs-

State Accident Fund,

Employer and Carrier, Defendant.

HEARING:	Held on January 30, 2012, in Columbia, South Carolina per notices timely and properly served upon all parties of interest and pursuant to a stipulation of the parties as to venue.
APPEARANCES:	Preston F. McDaniel, Esquire of Columbia, South Carolina appearing on behalf of the Claimant. Andrew E. Haselden, Esquire of Charleston, South Carolina appearing on behalf of the Defendant.
PURPOSE OF THE HEARING:	To determine the issues as set forth on the Forms 50 and 51.
DECISION AND ORDER:	By: Commissioner G. Bryan Lyndon
FILED:	*April 11, 2012*

STATEMENT OF THE CASE

This matter was heard before the undersigned Commissioner on January 30, 2012, in Columbia, South Carolina pursuant to a Form 50 (Employee's Request for Hearing) filed on behalf of the Claimant on or about May 12, 2011, and the Defendants' Form 51 (Employer's Answer to Request for Hearing) filed on behalf of the Defendants on or about June 9, 2011. One or more prior Hearings had been set on the aforementioned Forms 50 and 51; however, those Hearings were cancelled and/or postponed due to various procedural and/or circumstantial reasons that are not relevant to the issues that were before the undersigned Commissioner on January 30, 2012.

The claim involves a denied claim of a cardiac injury and/or condition, which the Claimant alleges to have resulted from unusual and extraordinary conditions of employment. More specifically, the Claimant alleges he was required to do the work of three premium auditors by the State Accident Fund for a period of time from on or about January 1, 2003 until on or about March 3, 2003. The Defendant denies the Claimant's work conditions during the aforementioned period were unusual and/or extraordinary, and they further deny the Claimant is entitled to any medical benefits, indemnity benefits, temporary disability benefits, and/or permanency benefits secondary to his heart condition, which the Defendant claims is totally unrelated to his employment conditions.

Although the Claimant's Form 50 (Request for Hearing) and Form 58 (Pre-Hearing Brief) also alluded to an alleged psychological injury resulting from the same allegedly unusual and extraordinary work conditions; the Claimant's position at the January 30, 2012 Hearing was limited to his contentions that unusual and extraordinary work conditions at the State Accident Fund from on or about January 1, 2003 to March 3, 2003, had caused him to suffer an acute onset of atrial fibrillation on March 3, 2003 and that condition was compensable under § 42-1-160 of the South Carolina Workers' Compensation Act (hereinafter "the Act") and common law jurisprudence

interpreting the compensability of heart attacks and other cardiac conditions resulting from unusual and extraordinary conditions of employment.

The Claimant further maintained, represented and stipulated that he was not making any claim for back due or ongoing temporary total disability compensation, nor was he making any claim that he was permanently and totally disabled in accordance with § 42-9-10 of the Act as a result of his cardiac contention. Rather, the Claimant sought payment of all past causally related medical expenses, as well as all future causally related and compensable medical expenses pursuant to § 42-15-60 of the Act and/or Dodge v. Bruccoli, Clark, Layman, Inc., 334 S.C. 574, 514 S.E.2d 593 (Ct. App. 1999). With regard to permanency, the Claimant maintained, represented and stipulated that he was only seeking an award of scheduled permanent partial disability benefits of up to 250 weeks pursuant to R.67-1101 of the South Carolina Code of Regulations. Finally, the Claimant maintained he had an expert medical opinion to support his contentions as to the causality and compensability of his cardiac injury and/or condition.

The Defendant took the position that the events of on or about January 1, 2003 to on or about March 3, 2003 did not in any way constitute unusual and extraordinary circumstances and/or conditions of employment. The Defendant further indicated the Claimant's personnel records reflected that the Claimant had never worked more than a forty hour work week during the period in question. In addition, the Defendant maintained the Claimant had previously attempted to allege his cardiac condition was related to his military service during the Vietnam War when the Claimant submitted an application for Veterans Disability Benefits to the United States Department of Veterans Affairs (hereinafter referred to as "the V.A.").

In light of these contentions, the Defendant further maintained the Claimant could not meet his burden of proof under § 42-1-160 of the Act and/or common law jurisprudence interpreting the compensability of heart attacks and other cardiac conditions resulting from unusual and

extraordinary conditions of employment. The Defendant's' denial of compensability was also based upon the testimony of the Claimant's former co-workers and/or supervisors regarding the Claimant's work conditions and work responsibilities during the period in question.

Finally, the Defendants addressed its interpretation of the common law jurisprudence relevant to the case at bar by presenting the undersigned Commissioner with a Memorandum of Law regarding the Defendant's contention that the facts of the present case are clearly governed by the holdings in the cases of Sims v. S.C. State Commission of Forestry, 235 S.C. 1, 109 S.E.2d 701 (1959), West v. City of Spartanburg, 236 S.C. 553, 115 S.E.2d. 295 (1960), and Lockridge v. Santens of America, Inc., 344 S.C. 511, 544 S.E.2d 842 (Ct. App. 2001). In addition, the Defendant's Memorandum of Law summarized the Defendant's contention that the medical causation statement(s)/questionnaire(s) obtained from Charles W. Hendricks, M.D., a cardiologist, were of no evidentiary value to the case at bar because they constituted medical opinion testimony based on hypothetical facts that were not supported by facts in evidence; and therefore, should not be considered by the undersigned Commissioner pursuant to the holdings in Brown v. La France Industries, 286 S.C. 319, 333 S.E.2d 348 (Ct. App. 1985) and Young v. Tide Craft, Inc., 270 S.C. 453, 242 S.E.2d 671 (1978).

STIPULATIONS

There were no objections to jurisdiction, venue or the vast majority of the parties' APA Submissions. To the extent there were any objections to the parties' APA Submissions, those will be addressed hereinbelow. The parties further stipulated to an average weekly wage of Seven Hundred Seventy-Five and 11/100 ($775.11) Dollars, with a resulting compensation rate of Five Hundred Sixteen and 77/100 ($516.77) Dollars. It was further stipulated that the Commission's file became part of the record, with the exception of self-serving declarations and unstipulated medical reports. Finally, the Claimant's attorney stipulated that he was responsible for paying to the

Defendant the sum of Two Hundred Sixteen and 38/100 ($216.38) Dollars for outstanding copying and processing charges associated with the expenses incurred by the Defendant in responding to a SCWCC Form 27 (Subpoena) served upon the Defendant commanding production of an extensive array of documents related to the case at bar.

ADMINISTRATIVE PROCEDURES ACT SUBMISSIONS

As indicated above, there was an objection raised by the Claimant's attorney to the Defendant's Exhibit "B" submitted as part of the Defendant's APA Submission. This Exhibit (Defendant's APA Submissions, pgs. 34-41) consisted of an article regarding atrial fibrillation that was posted on the website *CardioSmart* (www.cardiosmart.org). The undersigned Commissioner ruled that Defendant's Exhibit "B" was an admissible and permissible submission; however, he further indicated the article would be given very little weight when the undersigned Commissioner decided this matter.

With the Defendant's Exhibit "B" allowed into evidence, the parties' APA Submissions, which were otherwise stipulated to being admissible and permissible APA Submissions, consisted of the following:

Claimant's APA Submissions

1. Medical Correspondence and Opinions/Questionnaires prepared and/or completed by Charles W. Hendricks, M.S. and dated March 24, 2005 – December 7, 2010 (Claimant's APA Submissions pgs. 1 - 10);

2. Medical/EMS Report dated March 3, 2003 (Claimant's APA Submissions pgs. 11 – 12);

3. Medical Reports from Lexington Medical Center dated March 4, 2003 through September 24, 2008 (Claimant's APA Submissions pgs. 13 – 56);

4. Medical Reports from Charles W. Hendricks dated March 21, 2003 through September 24, 2008 (Claimant's APA Submissions pgs. 57 – 105);

5. Medical/Psychological Report of Selman Watson, Ph.D. dated July 16, 2003 (Claimant's APA Submissions pgs. 106 – 111); and

6. Documents and Records from the State Accident Fund (Claimant's APA Submissions pgs. 112 – 190).

Defendant's APA Submissions

1. Medical Reports from Lexington Medical Center dated March 3, 2003 through March 7, 2003 (Defendant's APA Submissions pgs. 1 – 4);

2. Medical Reports from Columbia Heart Clinic, P.A. dated March 21, 2003 through February 3, 2011 (Defendant's APA Submissions pgs. 5 – 19);

3. Medical Opinion Statement/Letter of Michael R. Zile, M.D. dated August 11, 2011 (Defendant's APA Submissions pg. 20); and

4. Medical Reports and Documents Regarding Claimant's V.A. Benefits from Dorn V.A. Medical Center dated November 19, 2009 through September 17, 2011 (Defendant's APA Submissions pgs. 150 – 173).

Defendant's Exhibits

"A." Affidavit of Counsel dated August 10, 2011 (Defendant's APA Submission's pgs. 21 – 33);

"B." Article on Atrial Fibrillation from *CardioSmart* dated June 10, 2011 (Defendant's APA Submissions pgs. 34 – 41);

"C." Personal Locator Forms for Claimant dated January 1, 2002 through March 31, 2003 (Defendant's APA Submissions pgs. 42 – 56);

"D." Monthly Timesheets for Carla Johnson dated January 3, 2003 through March 31, 2003 (Defendant's APA Submissions pgs. 57 – 59);

"E." Monthly Timesheets for Claimant dated January 1, 2002 through August 31, 2004 (Defendant's APA Submissions pgs. 60 – 91); and

"F" Request for Leave Forms dated February 28, 2002 through September 3, 2004 (Defendant's APA Submissions pgs. 92 – 149).

EVIDENCE SUMMARY

The Claimant presented the testimony of Ms. Shawn Holman, a former employee of the Defendant. The Claimant testified on his own behalf at the conclusion of Ms. Holman's testimony. He did not present any other witness testimony (including any expert testimony via any deposition(s)). The Defendant presented the testimony of two fact witnesses, Mr. Gerald Allen Murphy and Mr. Kirk J. Adair, both of whom are presently employed by the Defendant. Mr. Murphy was also employed by the Defendant during all periods relevant to this matter.

Ms. Holman was the first witness called by the Claimant. Ms. Holman testified she was employed by the Defendant for a period of approximately fifteen years, and that she was working as a premium auditor at the time she resigned her position with the Defendant on or about December 31, 2002 (Tr. p. 12). Ms. Holman explained and testified the Defendant, at some point prior to her departure, initiated an organizational plan known as "Team Concept," which consisted of dividing the State of South Carolina into three[1] geographic regions and assigning a team of adjusters, adjusters' assistants, and other personnel essential to the Defendant's claims management and premium auditing processes to each region (Tr. p. 13). Each team was responsible for roughly 200 accounts (i.e., various state agencies, counties, municipalities, etc. who received their workers'

[1] Ms. Holman actually testified the State of South Carolina was divided into three or four regions as part of "Team Concept;" however, the testimony of all the various witnesses appears to rather strongly indicate the State was divided into just three regions.

compensation insurance coverage from the Defendant), and there was only a single premium auditor assigned to each team. (Tr. p. 13). According to Ms. Holman's testimony, only premium auditors could address e-mails pertaining to premium issues, and the premium auditors were also responsible for conducting an audit at the end of each the insureds' policy periods. (Tr. pp. 13, 14).

Ms. Holman further testified that the premium auditors were responsible for taking an individual insured's experience modifier (hereinafter "E-Mods") and calculating the insured's premium increase based thereon; these E-Mods often resulted in an insured's premiums being increased by two or three times the original quoted premium according to Ms. Holman. (Tr. pp. 14 – 16). Premium auditors were also responsible for meeting with representatives from each individual insured to discuss their respective premium increases; it was commonplace for an insured to want to challenge premium increases and/or their E-Mods. (Tr. pp. 15 – 17).

Ms. Holman further testified and explained that the Defendant's insureds were broken up into two distinct groups; the first group being state agencies, which were on a July 1st to June 30th fiscal year, and the second group being other entities/political subdivisions such as counties, cities, municipalities, etc., which operated on a fiscal year based on the standard calendar year (i.e., January 1st to December 31st). (Tr. pp. 18 – 19). Ms. Holman testified she typically performed 200 audits per year. (Tr. p. 19). At this point, the Claimant's attorney presented Ms. Holman with Page 113 of the Claimant's APA Submissions, which was a letter issued by the Defendant notifying its insured of a 24.7% increase in their base premiums that would be going into effect on January 1, 2003 (Tr. pp. 20, 21). After reviewing said letter, Ms. Holman testified there had been no "significant" increase in base premiums made by the Defendant from 1996 until this increase in 2003 (Tr. pp. 20, 21). Although she was not employed by the Defendant at the time this base premium increase would have taken effect, Ms. Holman testified and speculated the Defendant's insureds would have been

upset, confused and/or in need of clarification with respect to this base premium rate increase. (Tr. pp. 21 – 23).

With regard to the number of premium auditors employed by the Defendant at the time Ms. Holman resigned in December of 2002, Ms. Holman testified the Defendant had employed three premium auditors at that time (Ms. Holman, the Claimant and Ms. Carla Johnson). (Tr. p. 23). Ms. Holman further testified she was a member of the United States Army Reserve at this time; and therefore, the Claimant would have to cover for her when she was fulfilling her military obligations. (Tr. pp. 24, 25). Ms. Holman also testified the Defendant's computer program it employed to help produce E-Mods and perform other calculations essential to the auditing of premiums was still new in 2002 and was experiencing considerable technical glitches. (Tr. pp. 25, 26).

With regard to Carla Johnson, Ms. Holman testified Ms. Johnson was in poor health and "probably" would have had spotty attendance at work in late 2002. (Tr. pp. 27, 28). Ms. Holman further testified that she and the Claimant would cover for Ms. Johnson when Ms. Johnson's health rendered her unable to work. (Tr. p. 28). Finally, the Claimant's attorney presented Ms. Holman with Page 186 of the Claimant's APA Submission, which was a positive job evaluation the Claimant had received from his superiors at the Defendant on or about October 10, 2003; and in response to questioning regarding the same, Ms. Holman agreed the Claimant was a good employee during the time they worked together for the Defendant. (Tr. pp. 30 – 33).

Prior to Ms. Holman's cross-examination by the Defendant's attorney, she was examined by the undersigned Commissioner. In response to the Commissioner's questioning, Ms. Holman agreed that the volume and intensity of the premium auditors' workloads would vary; that work would sometime come in fits and starts; and that it was typical for the premium auditors to assist one another when circumstances warranted. (Tr. pp. 34-36). The Commissioner also asked Ms. Holman about the Claimant's contention he was required to handle premium auditing functions on

all of the approximately 600 insureds' accounts for a period from on or about January 1, 2003 until March 3, 2003. In response to these questions, Ms. Holman indicated that dealing with all 600 accounts would be possible but that some of the other duties of a premium auditor would have to be neglected. (Tr. pp. 37, 38). The Commissioner further questioned Ms. Holman as to what, if any, penalty a premium auditor would be subject to for not having a certain number of audits completed by a certain point in the calendar year, and Ms. Holman testified she was never personally punished for such issues. (Tr. pp. 38, 39).

Following a brief re-direct examination, Ms. Holman was cross-examined by the Defendant's attorney. In response to this questioning, she indicated that meetings between premium auditors and angry representatives from the individual insureds "went on all of the time," and not just after the base premium increase instituted at the beginning of 2003. (Tr. p. 45). Ms. Holman further conceded that insureds were almost never happy when they received notification of any premium increase. (Tr. p. 45). Ms. Holman further conceded there had been a 10.9% base premium increase in 2001. (Tr. pp. 46, 47). More importantly, Ms. Holman conceded that premium auditors have up to 180 days to perform a premium audit following the close of a policy period. (Tr. pp. 46, 47). Likewise, Ms. Holman could not dispute the 'new' computer system she alluded to on her direct examinations had come on line by May 25, 1999. (Tr. pp. 47, 48). In addition, Ms. Holman had no direct knowledge to dispute that Mr. Warren Farray, who the Defendant hired as a premium auditor effective March 4, 2003, had in excess of twenty years experience as a premium auditor and underwriter. (Tr. pp. 48, 49). Finally, Ms. Holman acknowledged that other employees of the Defendant could answer phone calls during times of high call volume. (Tr. p. 49).

The Claimant then testified on his own behalf. The Claimant is 68 years old and married with no dependent children or other dependents besides his wife. (Tr. p. 51). He has a B.A. in Economics, as well as Associates Degrees in Accounting and Business Management, and he served

three years in the United States Army during the Vietnam War. (Tr. p. 53). The Claimant does not dispute being exposed to Agent Orange during the Vietnam War, and following the filing of claim for V.A. Disability Benefits in July of 2009; the Claimant began receiving V.A. Disability Benefits secondary to health conditions resulting from said exposure. (Tr. pp. 52-54). The Claimant became a resident of the State of South Carolina in July of 1968, and he went to work for the Defendant on March 17, 1984. (Tr. p. 55). The Claimant testified he became a premium auditor in May of 1993. (Tr. p. 57). The Claimant further testified the Defendant's computer system was still having issues at the times relevant to the case at bar, and he specifically testified these glitches would require E-Mods to be verified and rerun. (Tr. pp. 58-60). The Claimant did not dispute that only the Defendant's insureds that were counties, cities, municipalities, and/or other local political entities would have been being audited during the period the Claimant alleges to have been exposed to unusual and extraordinary conditions of employment, and he admitted that none of the audits for said insured had to be done any earlier than 180 days from the end of their policy period (i.e., December 31st). (Tr. p. 62). The Claimant testified that Carla Johnson went out of work on December 27, 2002; and therefore, when the Claimant returned to work following the Christmas and New Year's Holliday(s) on or about January 2, 2003; he was presented with a significant amount of phone calls, voicemails, etc. pertaining to the 24.7% base premium increase. (Tr. pp. 62, 63, 68, and 69). The Claimant testified his own personal estimates/calculations was that he spent 58% of his work hours during the period from January 2, 2003 until March 3, 2003 covering for the duties and responsibilities of the other two premium auditors. (Tr. p. 70).

The Claimant testified the new auditor hired to replace Ms. Johnson started on or about March 3, 2003, which was the same day the Claimant alleges to have first experienced symptoms of his atrial fibrillation. (Tr. p. 72). When asked why the Claimant felt the need to devote so much time to the duties of the other auditors, the Claimant testified that "...with [his] ego [he] thought

[he] could handle everything that came forth in [January and February of 2003]..." (Tr. p. 75). In addition, the Claimant indicated his perception of the temporary increase in his workload experienced in January and February of 2003 was that it was manageable and that he "...could handle all of those..." (Tr. p. 75).

With regard to his atrial fibrillation, the Claimant testified that he has been hospitalized on three subsequent occasions (i.e., in addition to March 3, 2003), and he testified that he suffers from fatigue and extreme loss of the ability to walk even limited distances. (Tr. pp. 87-90). The Claimant's current medications being taken to treat his atrial fibrillation are set forth on Page 85 of the Claimant's APA Submissions. (Tr. pp. 87, 88). The Claimant acknowledged (notwithstanding any of his medical conditions and/or the cause(s) thereof) that he worked for the Defendant herein until May 1, 2009. (Tr. p. 93). The Claimant's estimated out-of-pocket medical expenses that he alleges to be causally related and compensable total roughly $40,000.00 according to the Claimant's testimony. (Tr. p. 96).

The Claimant was then briefly cross-examined. During cross-examination, the Claimant admitted he first treated with Dr. Hendricks on March 3, 2003, at Lexington Medical Center and had continued treating with him since that date. (Tr. pp. 98, 99). When asked to present some tangible/documentary evidence of his allegedly excessive and/or increased work duties from January 1, 2003 to March 3, 2003; the Claimant acknowledged he had no such documentation in his APA Submissions (Tr. pp. 101-104). Although the Claimant contended that 1/6 of his audits were supposed to be done by the end of January each year, the Claimant could point to no specific instance where he was punished or demoted for failing to do so. (Tr. pp. 104, 105). Likewise, the Claimant admitted he had no documentation to substantiate his claim of having sustained $40,000.00 in allegedly causally related and compensable medical expenses, at which point the

Claimant's attorney stipulated the Claimant had no such documentation in the record. (Tr. pp. 106 – 107).

The undersigned Commissioner then conducted his own rather extensive verbal examination of the Claimant. In response to the Commissioner's questions, the Claimant testified that he did request assistance once Ms. Johnson had gone out on leave and Ms. Holman had resigned, and the Claimant admits the Defendant hired a new employee/trainee on March 3, 2003. (Tr. pp. 107, 108). The Claimant also admitted the Defendant provided him with his own in-office printer to reduce the time the Claimant spent traversing the hallways to and from the printer, and the Claimant admitted he was still able to take thirty minutes for lunch each day during the period in question. (Tr. pp. 108, 109).

In addition, the Claimant admitted the decision to take on the extra work was his own, and he acknowledged there would have been no adverse consequences to simply refusing to take on the other auditors' work. (Tr. p. 10). The Claimant confirmed his atrial fibrillation had required a total of four hospitalizations over the last nine years, and he acknowledged his kidney disease and diabetes were causally related to exposure to Agent Orange. (Tr. p. 112). The Claimant testified he received $941.00 in V.A. Disability Benefits, and he confirmed for the Commissioner that he voluntarily retired in 2009 as part of the State of South Carolina's TERI Plan. (Tr. p. 113).

During a brief re-direct examination, the Claimant clarified that his limitations and complications resulting from his atrial fibrillation are not limited to those requiring hospitalization. (Tr. pp. 114, 115). The Claimant's case was then concluded.

The Defendant's first witness was Mr. Gerald Allen Murphy. Mr. Murphy has been employed by the Defendant since March of 1995, and he is presently the Defendant's Manager of Administrative Services. (Tr. p. 117, 123). Mr. Murphy testified the Defendant utilized a program known as "Locator" to track, monitor and compile employee attendance. (Tr. p. 118). Mr. Murphy

testified he used this program to compare and contrast the Claimant's work hours in January and February of 2002 with the Claimant's work hours in January and February of 2003. (Tr. p. 119). This study of the Locator data established the Claimant worked an average of sixteen extra minutes per day in January and February of 2003 than he had during those same two months of the prior year. (Tr. p. 119). Mr. Murphy also indicated the Locator data reflected the Claimant was working as the lone premium auditor for a sum total of twenty-five business days during the period in question. (Tr. p. 119). Page 58 of the Defendant's APA Submissions and Mr. Murphy's testimony also establish Ms. Carla Johnson returned from medical leave on February 10, 2003, and Mr. Farray (who had in excess of twenty years of premium auditing and underwriting experience) started on March 3, 2003. (Tr. pp. 119, 120).

With regard to the issue of whether the employer could function with one premium auditor, Mr. Murphy testified the Defendant did so from November of 2009 until January of 2010 and again from February of 2010 until September of 2010. (Tr. pp. 120, 121). The Defendant has never returned to three premium auditors at any point following the Claimant's retirement (in 2009). (Tr. p. 121).

Mr. Murphy did not dispute the fact the Claimant was a well-liked and gregarious employee during his tenure with Defendant. (Tr. p. 122). However, Mr. Murphy did not agree with and/or confirm the Claimant's testimony about having to have 1/6 of his audits done by the end of January. (Tr. p. 123). In fact, Mr. Murphy explained and testified that January is typically a month where the total number of audits performed is very low due to the lack of the requisite information needed from the insureds to do the audit. (Tr. p. 125). Mr. Murphy indicated his review of various data and documents in the Defendant's possession had indicated there were no premium audits done in January of 2002. (Tr. p. 125). Although the Claimant's medical opinion(s)/questionnaire(s) from Dr. Hendricks are premised on a contention/allegation that the number of audits the Claimant was

asked to do increased "threefold during the time of January through March of 2003, Mr. Murphy disputed it would have been possible for such an increase in audits to have incurred since the requisite data would not have been available to do the audits. (Tr. p. 125).

Finally, Mr. Murphy addressed the basis and rationale for the Claimant receiving the pay increase memorialized and summarized in a letter issued to the Claimant on April 15, 2003 (Claimant's APA Submissions, p. 112), and Mr. Murphy explained the Defendant was obligated to have objective reasons for the pay increase or it otherwise could not have given it to the Claimant. (Tr. pp. 125-128). The undersigned Commissioner then interjected with a question of Mr. Murphy regarding the efforts to which the Defendant went to in order to keep similarly situated employees at similar salaries, and Mr. Murphy confirmed the Defendant does try to do so. (Tr. p. 129).

The final witness was Mr. Kirk J. Adair, who is presently employed by the Defendant as a premium auditor. (Tr. p. 142). Mr. Adair came to the Defendant after many years working for various private sector insurers as a premium auditor. (Tr. p. 142). Mr. Adair testified he worked as the lone premium auditor from January 14, 2011 through March 14, 2011 without virtually any tangible difficulty, and he described his current position as being noticeably less stressful than similar positions in the private sector. (Tr. pp. 142-144). Mr. Adair also confirmed he continues to do premium audits for all of the Defendant's insureds with the assistance of only one additional premium auditor. (Tr. p. 144).

Mr. Adair also explained the current audit process to the Commissioner via his testimony, and on cross-examination confirmed the current audits are done using N.C.C.I. Classifications whenever possible and that the auditors no longer have to create their own codes. (Tr. pp. 146. 147). Following the conclusion of Mr. Adair's testimony, the Defendant's case was presented.

The medical evidence submitted by the parties speaks for itself. To the extent the medical evidence had any impact on the undersigned Commissioner's decision; the undersigned Commissioner will address those reports in his Findings of Fact set forth hereinbelow.

CONCLUSION

The undersigned Commissioner has thoroughly reviewed the evidence in the record, considered the testimony summarized hereinabove and reached a decision. Based on the evidence presented, I find that the Claimant has failed to meet his burden of proof with regard to his alleged heart injury/condition as is required by § 42-1-160 of the Act and the common law of this State; therefore, the Claimant is not entitled to any past or future medical benefits; temporary disability benefits; and/or any permanent disability of any kind or nature secondary to his alleged heart injury/condition.

Accordingly, the Claimant is not entitled to any further benefits under the South Carolina Workers' Compensation Act secondary to the above-captioned matter.

FINDINGS OF FACT

1. All parties to this proceeding are subject to and bound by the terms and provisions of the South Carolina Workers' Compensation Act (hereinafter and hereinbefore "the Act").

2. The Claimant alleges injury to the heart as a result of unusual and extraordinary conditions of employment on March 3, 2003.

3. The Claimant was working as an auditor and claims that from January 1, 2003 to March 3, 2003, he was under stress as a result of the illness of a co-worker and labor turnover. The period was about 25 business days. The Claimant stated the department reorganization required more work.

4. The Claimant did not work excessive overtime, and the evidence shows the Claimant worked no more than 40 hours per week.

5. A witness for the Claimant (Ms. Holman) testified about the team concept in the auditing department as compared with the department concept. She also testified that during the period of time in question (2002/2003) there was a new computer system which had glitches at the outset.

6. The Claimant's witness (Ms. Holman) also testified that when they went to the team concept, they would still help each other so the job would not go undone.

7. The Claimant's witness (Ms. Holman) also testified that workloads always varied from one year to the next.

8. The Claimant's witness testified it could take up to 180 days to complete an audit. The Claimant stated that if the computer system was installed in 1999, then there were still problems with it in 2002.

9. A witness (Mr. Murphy) for the Defendant testified the Claimant worked for about 25 business days alone in the audit department. There was no overtime worked and a trainee had been hired to assist the Claimant.

10. The Defendant's witness (Mr. Murphy) stated that there had been other times when auditors worked in a like position for as long as 8 months.

11. As of the date of Hearing, the Defendant was employing just two auditors, and the Defendant never returned to three auditors.

12. The Defendant's witness (Mr. Murphy) testified that Claimant never asked for help. If he had it was available.

13. The Defendant's witness (Mr. Murphy) was credible.

14. A second witness for the Defendant (Mr. Adair) testified he had handled the job by himself and it was not as difficult as his previous jobs.

15. The Claimant has had numerous health problems some of which are being treated by the VA due to exposure to Agent Orange in Vietnam.

16. After considering all of the evidence, I find Claimant failed to prove his heart condition was a result of unusual and extraordinary conditions of employment.

17. Linking heart disease to work based on what is unusual and extraordinary is impossible for a doctor to conclude, legally.

18. What pressure the Claimant was under during the short period of time in 2003 was short in duration and not unusual based on witness testimony.

19. Labor turnover, illness of co-workers and computer problems are common to almost all work environments and are not unusual.

20. Any pressure the Claimant was under was self-imposed. The Claimant stated his ego would be damaged if he did not keep up. The Claimant did not work overtime.

21. The Claimant voluntarily took on the position, was commended for his work and received a pay increase.

22. The Claimant saw Dr. Hendricks six times in 2003 and 2004 for heart problems and never mentioned stress. None of Dr. Hendricks notes from that period mention stress.

23. The applicable Compensation Rate is Five Hundred Sixteen and 77/100 ($516.77) Dollars, which is based on an Average Weekly Wage of Seven Hundred Seventy-Five and 11/100 ($775.11) Dollars.

24. The Claimant's claim for any benefits Under the Act is denied.

RULINGS OF LAW

1. Under § 42-1-130, the Claimant was a covered employee and under § 42-1-140, the Employer was a covered Employer at the time in question.

2. Under § 42-1-160, and pursuant to the holdings in Sims v. S.C. State Commission of Forestry, 235 S.C. 1, 109 S.E.2d 701 (1959), West v. City of Spartanburg, 236 S.C. 553, 115 S.E.2d. 295 (1960), and Lockridge v. Santens of America, Inc., 344 S.C. 511, 544 S.E.2d 842 (Ct. App. 2001); the Claimant failed to demonstrate that he suffered a compensable injury by accident to his heart and/or a compensable cardiac condition secondary to allegedly unusual and extraordinary conditions of employment from January 1, 2003 through March 3, 2003.

3. Under § 42-15-60, the Claimant is not entitled to medical care, benefits and/or treatment (past or future) secondary to his alleged work injury of January 19, 2011.

4. Under § 42-9-10, § 42-9-20, § 42-9-260, § 42-9-210, and Regulations 67-501 through 510; the Claimant is not entitled to any temporary disability compensation secondary to his alleged heart injury and/or hear condition secondary to allegedly unusual and extraordinary conditions of employment from January 1, 2003 to March 3, 2003.

5. Under § 42-9-10, § 42-9-20 and § 42-9-30, the Claimant did not sustain any compensable disability, permanent loss of use to any body part and/or permanent loss of earning capacity secondary to his alleged heart injury and/or hear condition secondary to allegedly unusual and extraordinary conditions of employment from January 1, 2003 to March 3, 2003.

6. Under § 42-1-40, the Claimant's average weekly wage is Seven Hundred Seventy-Five and 11/100 ($775.11) Dollar with a corresponding compensation rate of Five Hundred Sixteen and 77/100 ($516.77) Dollars

7. Under § 42-1-160, § 42-15-60, § 42-9-10, § 42-9-20, § 42-9-30, § 42-9-260, and Regulations 67-501 through 510, the Claimant failed to establish a compensable claim for benefits under the Act; and therefore, the Claimant is not entitled to any benefits of any kind under the Act.

ORDER

IT IS, THEREFORE, HEREBY ORDERED that the Claimant's claim for medical and/or any compensation benefits under the Act as a result of an alleged injury to heart arising out of unusual and extraordinary conditions of his employment the Claimant alleges to have been subjected to in the course of his employment from January 1, 2003 through March 3, 2003 is hereby denied due to the Claimant's failure to establish the requisite burden of proof to support and prove his allegations.

IT IS FURTHER ORDERED is not entitled to any further medical, monetary and/or compensation benefits of any kind under the Act secondary an alleged injury to heart arising out of unusual and extraordinary conditions of his employment the Claimant alleges to have been subjected to in the course of his employment from January 1, 2003 through March 3, 2003

IT IS FURTHER ORDERED that the Claimant's attorney shall tender to the Defendant a payment in the amount of Two Hundred Sixteen and 38/100 ($216.38) Dollars in accordance with stipulation contained hereinabove.

IT IS SO ORDERED.

G. Bryan Lyndon, Commissioner
South Carolina Workers' Compensation Commission
Dated: *April 11, 2012*

CERTIFICATE OF SERVICE

This is to certify the undersigned has this date served this order in the above entitled action upon all parties to this cause by sending an electronic copy hereof by electronic mail addressed to the attorney or attorneys for said parties or by depositing a copy hereof, postage paid, in the United States mail addressed to any unrepresented party.

By Tamara Morris on April 11, 2012

APPELLATE PANEL

DECISION AND ORDER OF THE

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

WCC File No.: 0307461

Alvin L. Menie,

Employee/Claimant,

vs.

The State Accident Fund,

Employer,
Insurance Carrier,
Defendant.

Appellate Panel Review held in Columbia, South Carolina, on August 28, 2012, per notices timely and properly served on all parties of interest.

Appellate Panel Decision and Order filed 11/29/2012

APPEARANCES:

The Claimant was represented by Preston F. McDaniel, Esquire, of Columbia, SC

The Defendant was represented by Andrew E. Haselden, Esquire, of Howser, Newman & Besley, LLC, Charleston, SC

STATEMENT OF THE CASE

This matter came to be heard before Commissioner G. Bryan Lyndon in Columbia, South Carolina, on January 30, 2012, pursuant to the Plaintiff's Form 50 and the Defendant's Form 51. On April 11, 2012, he issued an Order stating in pertinent part as follows:

FINDINGS OF FACT

1. All parties to this proceeding are subject to and bound by the terms and provisions of the South Carolina Workers' Compensation Act (hereinafter and hereinbefore "the Act").

2. The Claimant alleges injury to the heart as a result of unusual and extraordinary conditions of employment on March 3, 2003.

3. The Claimant was working as an auditor and claims that from January 1, 2003 to March 3, 2003, he was under stress as a result of the illness of a co-worker and labor turnover. The period was about 25 business days. The Claimant stated the department reorganization required more work.

4. The Claimant did not work excessive overtime, and the evidence shows the Claimant worked no more than 40 hours per week.

5. A witness for the Claimant (Ms. Holman) testified about the team concept in the auditing department as compared with the department concept. She also testified that during the period of time in question (2002/2003) there was a new computer system which had glitches at the outset.

6. The Claimant's witness (Ms. Holman) also testified that when they went to the team concept, they would still help each other so the job would not go undone.

7. The Claimant's witness (Ms. Holman) also testified that workloads always varied from one year to the next.

8. The Claimant's witness testified it could take up to 180 days to complete an audit. The Claimant stated that if the computer system was installed in 1999, then there were still problems with it in 2002.

9. A witness (Mr. Murphy) for the Defendant testified the Claimant worked for about 25 business days alone in the audit department. There was no overtime worked and a trainee had been hired to assist the Claimant.

10. The Defendant's witness (Mr. Murphy) stated that there had been other times when auditors worked in a like position for as long as 8 months.

11. As of the date of Hearing, the Defendant was employing just two auditors, and the Defendant never returned to three auditors.

12. The Defendant's witness (Mr. Murphy) testified that Claimant never asked for help. If he had it was available.

13. The Defendant's witness (Mr. Murphy) was credible.

14. A second witness for the Defendant (Mr. Adair) testified he had handled the job by himself and it was not as difficult as his previous jobs.

15. The Claimant has had numerous health problems some of which are being treated by the VA due to exposure to Agent Orange in Vietnam.

16. After considering all of the evidence, I find Claimant failed to prove his heart condition was a result of unusual and extraordinary conditions of employment.

17. Linking heart disease to work based on what is unusual and extraordinary is impossible for a doctor to conclude, legally.

18. What pressure the Claimant was under during the short period of time in 2003 was short in duration and not unusual based on witness testimony.

19. Labor turnover, illness of co-workers and computer problems are common to almost all work environments and are not unusual.

20. Any pressure the Claimant was under was self-imposed. The Claimant stated his ego would be damaged if he did not keep up. The Claimant did not work overtime.

21. The Claimant voluntarily took on the position, was commended for his work and received a pay increase.

22. The Claimant saw Dr. Hendricks six times in 2003 and 2004 for heart problems and never mentioned stress. None of Dr. Hendricks notes from that period mention stress.

23. The applicable Compensation Rate is Five Hundred Sixteen and 77/100 ($516.77) Dollars, which is based on an Average Weekly Wage of Seven Hundred Seventy-Five and 11/100 ($775.11) Dollars.

24. The Claimant's claim for any benefits Under the Act is denied.

RULINGS OF LAW

1. Under § 42-1-130, the Claimant was a covered employee and under § 42-1-140, the Employer was a covered Employer at the time in question.

2. Under § 42-1-160, and pursuant to the holdings in Sims v. S.C. State Commission of Forestry, 235 S.C. 1, 109 S.E.2d 701 (1959), West v. City of Spartanburg, 236 S.C. 553, 115 S.E.2d. 295 (1960), and Lockridge v. Santens of America, Inc., 344 S.C. 511, 544 S.E.2d 842 (Ct. App. 2001); the Clamant failed to demonstrate that he suffered a compensable injury by accident to his heart and/or a compensable cardiac condition secondary to allegedly unusual and extraordinary conditions of employment from January 1, 2003 through March 3, 2003.

3. Under § 42-15-60, the Claimant is not entitled to medical care, benefits and/or treatment (past or future) secondary to his alleged work injury of January 19, 2011.

4. Under § 42-9-10, § 42-9-20, § 42-9-260, § 42-9-210, and Regulations 67-501 through 510; the Claimant is not entitled to any temporary disability compensation secondary to his alleged heart injury and/or hear condition secondary to allegedly unusual and extraordinary conditions of employment from January 1, 2003 to March 3, 2003.

5. Under § 42-9-10, § 42-9-20 and § 42-9-30, the Claimant did not sustain any compensable disability, permanent loss of use to any body part and/or permanent loss of earning capacity secondary to his alleged heart injury and/or hear condition secondary to allegedly unusual and extraordinary conditions of employment from January 1, 2003 to March 3, 2003.

6. Under § 42-1-40, the Claimant's average weekly wage is Seven Hundred Seventy-Five and 11/100 ($775.11) Dollar with a corresponding compensation rate of Five Hundred Sixteen and 77/100 ($516.77) Dollars

7. Under § 42-1-160, § 42-15-60, § 42-9-10, § 42-9-20, § 42-9-30, § 42-9-260, and Regulations 67-501 through 510, the Claimant failed to establish a compensable claim for benefits under the Act; and therefore, the Claimant is not entitled to any benefits of any kind under the Act.

ORDER

IT IS, THEREFORE, HEREBY ORDERED that the Claimant's claim for medical and/or any compensation benefits under the Act as a result of an alleged injury to heart arising out of unusual and extraordinary conditions of his employment the Claimant alleges to have been subjected to in the course of his employment from January 1, 2003 through March 3, 2003 is hereby denied due to the Claimant's failure to establish the requisite burden of proof to support and prove his allegations.

IT IS FURTHER ORDERED is not entitled to any further medical, monetary and/or compensation benefits of any kind under the Act secondary an alleged injury to heart arising out of unusual and extraordinary conditions of his employment the Claimant alleges to have been subjected to in the course of his employment from January 1, 2003 through March 3, 2003.

IT IS FURTHER ORDERED that the Claimant's attorney shall tender to the Defendant a payment in the amount of Two Hundred Sixteen and 38/100 ($216.38) Dollars in accordance with stipulation contained hereinabove.

IT IS SO ORDERED.

Within the statutory period, Claimant filed an Application for Review in the case setting forth his reasons, copies of which were furnished to all interested parties, prior to oral argument presented before the Appellate Panel on August 28, 2012. By appeal, Claimant submitted the following eighteen (18) grounds for review:

1. That pursuant to S.C. Code of Laws §42-17-40, the Claimant requests a review of all of the Findings of Fact, the Conclusions of Law, the Order and Award and of all rulings and decisions made by the Commissioner at

the hearing, as contained in the Record or as made at any unrecorded pre-hearing conference, and in any communications concerning the claim, Order, Award and Decision rendered by the Hearing Commissioner in this matter.

2. That the Hearing Commissioner erred as a matter of law in his application of the law under S.C. Code §42-1-160 and the application of the Claimant's burden of proof which is by a preponderance of the evidence and finding that the Claimant as a matter of law did not establish that he had sustained a compensable heart-related condition as a result of injury by accident stemming from the unusual and extraordinary conditions in his employment occurring just prior to and at the time of his first atrial fibrillation that resulted in his continuing and permanent condition thereafter.

3. That the Hearing Commissioner erred as a matter of law by allowing the testimony of Mr. Kirk Adair who was not employed with the State Accident Fund as an auditor or in any capacity during the time that was relevant to whether or not the Claimant's condition arose out of and in the course of his employment and constituted an injury by accident within the meaning of the Act. That testimony was irrelevant and immaterial and prejudicial to the Claimant as it compared totally dissimilar times in the Auditing Department. This would be similar to comparing the stress levels of military personnel stationed in Hawaii on December 7, 1941 to that of military personnel assigned to Hawaii on December 7, 1991.

4. That the Hearing Commissioner erred as a matter of law by allowing the testimony of Mr. Murphy in reference to any reasons for the Claimant's pay raise or interpretation of any of the documents in reference to the conditions in the Auditing Department and during the time the Claimant developed his heart-related condition and as to whether or not the conditions in that Department constituted unusual and extraordinary conditions in the employment.

5. That the Hearing Commissioner erred in making specific Findings of Fact in reference to the testimony of Ms. Holloman and that of the Claimant and citing that testimony without noting in the Findings of Fact that both Ms. Holloman who was an Auditor in the Auditing Department at the time that the Claimant's heart condition came about and the Claimant's was that the conditions that existed between January 1, 2003 and March 3, 2003 (including but not limited to the fact that the Agency just prior to this time had announced the largest increase in premiums for the account holders that had ever occurred and that the Auditing Department as far as handling all of the functions had gone from three (3) Auditors to one (1) Auditor) wherein based on these facts and all the relevant facts at that time, in their opinions those work conditions for an Auditor in the Auditing Department constituted unusual and extraordinary conditions to the usual and ordinary job of the Auditor in the Auditing Department of the State Accident Fund at this time. There is simply no other evidence as to that condition at that time.

6. That the Hearing Commissioner further erred as a matter of law by not finding that the Claimant sustained an injury by accident due to unusual and extraordinary conditions wherein both the Manager of Administrative Services and the Deputy Director, Ross Gamble, in approving a performance pay raise on April 15, 2003 in reference to the time of the premium increase and the Auditing Department going from three (3) to one (1) Auditor to handle all of the functions of the Auditing Department stated, "you helped to keep these essential functions going throughout a period of transition caused by staff turnover and other extraordinary circumstances." There was also no opinion stated contrary to this and neither Ms. Flateau nor Mr. Ross Gamble were called as witnesses to further explain their opinion and therefore the Commissioner erred by not finding that the Claimant was exposed to unusual and extraordinary conditions where management thought the conditions were extraordinary.

7. That the Hearing Commissioner erred by making Finding of Fact No. 17 which is an error of law under law by finding that, "linking heart disease to work-based on what is unusual and extraordinary is impossible for a doctor to conclude, legally." This is a mis-statement of the law and under the uncontested medical evidence both from the psychologist hired by the Defendants to perform an evaluation who found that Mr. Menie, "appears to have suffered a cardiac arrhythmia from an accumulation of stress on the job"; and the treating cardiologist who found based on a review of the job responsibilities of Mr. Menie that in his, "job responsibilities and work load as set forth above and specifically between December 27, 2002 and March 4, 2003" stated to a reasonable degree of medical certainty was the, "cause of his onset of high blood pressure and the initial atrial fibrillation" and further that it was the, "physical and emotional job stress placed upon him by his job duties and responsibilities that was the cause of this condition." There is no medical evidence to the contrary. Again, it was his, "opinion to a reasonable medical certainty that Mr. Menie's cardiological problems of atrial fibrillation and high blood pressure were caused by the physical and emotional stress arising out of and from his job duties, responsibilities and work load.

8. That it was an error of law as not being based on the evidence and being on the basis of surmise, speculation and innuendo for the Commissioner to make Finding of Fact No. 18 in reference to the pressure that the Claimant was under and that it was not unusual based on the witness testimony. There is absolutely no evidence from any witness that the conditions to which Mr. Menie was exposed was not contrary to the usual and ordinary conditions of employment as an Auditor in the State Accident Fund during the period of time that was alleged to have resulted in his condition and in fact all of the testimony was to the contrary that the conditions were unusual and extraordinary in his employment during that period of time.

9. That it was an error of law for the Hearing Commissioner to making Finding of Fact No. 19 wherein he found that such conditions as labor turnover, illness of co-workers and computer problems are common in almost all work environments and are not unusual. This is a specific error of law and represents a total lack of understanding of the prior case law and our statutory law in reference to unusual and extraordinary conditions. In multiple cases

including the case of Shealy v. Aiken Co., Stokes v. First National, Smith v. NCCI, and others wherein the Court has found all three (3) of these factors to be conditions that can constitute unusual and extraordinary conditions in the employment. This blanket Finding of Fact which is not a Finding based on the evidence and on applicable law is arbitrary, capricious and is evidence that the Commissioner's decision was based upon an abuse of discretion.

10. That the Hearing Commissioner erred as a matter of law by finding Finding of Fact No. 20 which is irrelevant to whether or _not the conditions are unusual and extraordinary to which the Claimant was exposed.

11. That the Hearing Commissioner erred as a matter of law by making Finding of Fact No. 21 specifically where there is no evidence that the Claimant, "voluntarily took on the position" and it is further an error of law because the Finding that he was commended or received a pay raise for his work has nothing to do with and is irrelevant and immaterial to the decision of whether or not the Claimant sustained injury by accident arising out of and in the course of his employment due to unusual and extraordinary conditions and also further establishes that the Commissioner's Decision was arbitrary, capricious and characterized by an abuse of discretion.

12. That the Hearing Commissioner erred as a matter of law by making Finding of Fact No. 22 wherein he states that Dr. Hendricks saw the Claimant six (6) times in 2003 and 2004 and did not mention stress. This Finding is irrelevant but more importantly it is contradicted by Dr. Hendricks' testimony and evidence presented that when he first saw Mr. Menie in the hospital following his initial atrial fibrillation on March 3, 2003 he and Mr. Menie specifically discussed at that time that he was under a lot of job stress at work.

13. That the Hearing Commissioner erred as a matter of law both concerning his statement as to what a medical doctor may testify to concerning whether or not conditions are unusual and extraordinary and as to the doctor's opinion wherein the doctor stated that it was his opinion that Mr. Menie's atrial fibrillation and high blood pressure, "resulted from, as Mr. Gambrel put it 'extraordinary' job duties, responsibilities and workload of his job." Any expert may testify as to the ultimate issue in any case as a matter of law under our existing evidence law and the Commissioner's statement to the contrary is an error of law and must be reversed.

14. That the Hearing Commissioner erred as a matter of law in making Conclusion of Law No. 2 wherein such Conclusion of Law is contrary to the established precedents under S.C. Code §42-1-160 as to the establishment of a heart-related condition as being due to unusual and extraordinary conditions.

15. That the Hearing Commissioner erred as a matter of law by not finding the claim compensable where the employer had agreed to accept the claim in principle following the accident when the claim was filed.

16. That the Hearing Commissioner erred as a matter of law in making Conclusion of Law No. 3, 4 and 5 all of which are based upon Conclusion of Law No. 2 that he did not sustain an injury by accident upon which these Conclusions of Law are based.

17. That the Hearing Commissioner erred as a matter of law by making Conclusion of Law No. 7 which is also based upon the decision that the Claimant did not sustain his burden of proof of proving as a matter of law that he had sustained injury by accident as a matter of law under the Act.

18. That the Hearing Commissioner erred as a matter of law by finding that the Claimant had not established that the conditions of employment were unusual and extraordinary where he does not state why each of the issues and conditions as presented to his treating doctor were not unusual and extraordinary.

All proffered testimony has been taken. Such, together with all documentary evidence, has been delivered by oral argument to the individual members of the Full Commission and has been under study and consideration.

In an appellate review, the Appellate Panel shall, pursuant to S.C. Code Ann. §42-17-50 (1985), review the Award, weigh the evidence as was presented to the Hearing Commissioner at the initial Hearing, and, if ground be shown therefore, make its own Findings of Fact and reach its own Conclusions of Law consistent with or inconsistent with those of the Hearing Commissioner. After careful review of the record and consideration of the arguments raised at oral arguments, the Appellate Panel, by a unanimous vote, has determined that all of the Hearing Commissioner's Findings of Fact and Conclusions of Law are correct. However, the Hearing Commissioner's Finding of Fact No. 22 needs to be amended to correct a scrivener's error. With the lone exception of Finding of Fact No. 22, which shall be amended hereinbelow, the Hearing Commissioner's Findings of Fact and Conclusions of Law shall become, and hereby are, the law of the case, and therefore the Hearing Commissioner's Decision and Order is otherwise affirmed in its entirety.

FINDINGS OF FACT

1. All parties to this proceeding are subject to and bound by the terms and provisions of the South Carolina Workers' Compensation Act (hereinafter and hereinbefore "the Act").

2. The Claimant alleges injury to the heart as a result of unusual and extraordinary conditions of employment on March 3, 2003.

3. The Claimant was working as an auditor and claims that from January 1, 2003 to March 3, 2003, he was under stress as a result of the illness of a co-worker and labor turnover. The period was about 25 business days. The Claimant stated the department reorganization required more work.

4. The Claimant did not work excessive overtime, and the evidence shows the Claimant worked no more than 40 hours per week.

5. A witness for the Claimant (Ms. Holman) testified about the team concept in the auditing department as compared with the department concept. She also testified that during the period of time in question (2002/2003) there was a new computer system which had glitches at the outset.

6. The Claimant's witness (Ms. Holman) also testified that when they went to the team concept, they would still help each other so the job would not go undone.

7. The Claimant's witness (Ms. Holman) also testified that workloads always varied from one year to the next.

8. The Claimant's witness testified it could take up to 180 days to complete an audit. The Claimant stated that if the computer system was installed in 1999, then there were still problems with it in 2002.

9. A witness (Mr. Murphy) for the Defendant testified the Claimant worked for about 25 business days alone in the audit department. There was no overtime worked and a trainee had been hired to assist the Claimant.

10. The Defendant's witness (Mr. Murphy) stated that there had been other times when auditors worked in a like position for as long as 8 months.

11. As of the date of Hearing, the Defendant was employing just two auditors, and the Defendant never returned to three auditors.

12. The Defendant's witness (Mr. Murphy) testified that Claimant never asked for help. If he had it was available.

13. The Defendant's witness (Mr. Murphy) was credible.

14. A second witness for the Defendant (Mr. Adair) testified he had handled the job by himself and it was not as difficult as his previous jobs.

15. The Claimant has had numerous health problems some of which are being treated by the VA due to exposure to Agent Orange in Vietnam.

16. After considering all of the evidence, we find Claimant failed to prove his heart condition was a result of unusual and extraordinary conditions of employment.

17. Linking heart disease to work based on what is unusual and extraordinary is impossible for a doctor to conclude, legally.

18. What pressure the Claimant was under during the short period of time in 2003 was short in duration and not unusual based on witness testimony.

19. Labor turnover, illness of co-workers and computer problems are common to almost all work environments and are not unusual.

20. Any pressure the Claimant was under was self-imposed. The Claimant stated his ego would be damaged if he did not keep up. The Claimant did not work overtime.

21. The Claimant voluntarily took on the position, was commended for his work and received a pay increase.

22. The Claimant saw Dr. Hendricks six times in 2003 and 2004 for heart problems and never mentioned stress. None of Dr. Hendricks' notes from that period mention stress.

23. The applicable Compensation Rate is Five Hundred Sixteen and 77/100 ($516.77) Dollars, which is based on an Average Weekly Wage of Seven Hundred Seventy-Five and 11/100 ($775.11) Dollars.

24. The Claimant's claim for any benefits Under the Act is denied.

RULINGS OF LAW

1. Under § 42-1-130, the Claimant was a covered employee and under § 42-1-140, the Employer was a covered Employer at the time in question.

2. Under § 42-1-160, and pursuant to the holdings in Sims v. S.C. State Commission of Forestry, 235 S.C. 1, 109 S.E.2d 701 (1959); West v. City of Spartanburg, 236 S.C. 553, 115 S.E.2d. 295 (1960), and Lockridge v. Santens of America, Inc., 344 S.C. 511, 544 S.E.2d 842 (Ct. App. 2001); the Clamant failed to demonstrate that he suffered a compensable injury by accident to his heart and/or a compensable cardiac condition secondary to allegedly unusual and extraordinary conditions of employment from January 1, 2003 through March 3, 2003.

3. Under § 42-15-60, the Claimant is not entitled to medical care, benefits and/or treatment (past or future) secondary to his alleged work injury of January 19, 2011.

4. Under § 42-9-10, § 42-9-20, § 42-9-260, § 42-9-210, and Regulations 67-501 through 510; the Claimant is not entitled to any temporary disability compensation secondary to his alleged heart injury and/or hear condition secondary to allegedly unusual and extraordinary conditions of employment from January 1, 2003 to March 3, 2003.

5. Under § 42-9-10, § 42-9-20 and § 42-9-30, the Claimant did not sustain any compensable disability, permanent loss of use to any body part and/or permanent loss of earning capacity secondary to his alleged heart injury and/or hear condition secondary to allegedly unusual and extraordinary conditions of employment from January 1, 2003 to March 3, 2003.

6. Under § 42-1-40, the Claimant's average weekly wage is Seven Hundred Seventy-Five and 11/100 ($775.11) Dollar with a corresponding compensation rate of Five Hundred Sixteen and 77/100 ($516.77) Dollars

7. Under § 42-1-160, § 42-15-60, § 42-9-10, § 42-9-20, § 42-9-30, § 42-9-260, and Regulations 67-501 through 510, the Claimant failed to establish a compensable claim for benefits under the Act; and therefore, the Claimant is not entitled to any benefits of any kind under the Act.

ORDER

IT IS, THEREFORE, HEREBY ORDERED that the Claimant's claim for

medical and/or any compensation benefits under the Act as a result of an alleged injury to heart arising out of unusual and extraordinary conditions of his employment the Claimant alleges to have been subjected to in the course of his employment from January 1, 2003 through March 3, 2003 is hereby denied due to the Claimant's failure to establish the requisite burden of proof to support and prove his allegations.

IT IS FURTHER ORDERED is not entitled to any further medical, monetary and/or compensation benefits of any kind under the Act secondary an alleged injury to heart arising out of unusual and extraordinary conditions of his employment the Claimant alleges to have been subjected to in the course of his employment from January 1, 2003 through March 3, 2003.

IT IS FURTHER ORDERED that the Claimant's attorney shall tender to the Defendant a payment in the amount of Two Hundred Sixteen and 38/100 ($216.38) Dollars in accordance with stipulation contained hereinabove.

IT IS SO ORDERED.

South Carolina Worker's Compensation Commission

SUSAN S. BARDEN

GENE McCASKILL

ANDREA C. ROCHE

CERTIFICATE OF SERVICE

This is to certify the undersigned has this date served this order in the above entitled action upon all parties to this cause by sending an electronic copy hereof by electronic mail addressed to the attorney or attorneys for said parties or by depositing a copy hereof, postage paid, in the United States mail addressed to any unrepresented party.

By Valerie Deller on November 29, 2012

STATE OF SOUTH CAROLINA
COUNTY OF RICHLAND
IN THE COURT OF COMMON PLEAS

FORM 4

JUDGMENT IN A CIVIL CASE

CASE NUMBER: 2012CP4008296

Alvin L Menie
PLAINTIFF(S)

State Accident Fund
DEFENDANT(S)

Submitted by: _____

Attorney for : ☐ Plaintiff ☐ Defendant or ☐ Self-Represented Litigant

RICHLAND COUNTY FILED 2014 APR 15 AM 9:23 JEANETTE W. McBRIDE C.C.P. & G.S.

DISPOSITION TYPE (CHECK ONE)

☐ **JURY VERDICT**. This action came before the court for a trial by jury. The issues have been tried and a verdict rendered.

☐ **DECISION BY THE COURT**. This action came to trial or hearing before the court. The issues have been tried or heard and a decision rendered.

☐ **ACTION DISMISSED** (*CHECK REASON*): ☐ Rule 12(b), SCRCP; ☐ Rule 41(a), SCRCP (Vol. Nonsuit); ☐ Rule 43(k), SCRCP (Settled); ☐ Other _____

☐ **ACTION STRICKEN** (*CHECK REASON*): ☐ Rule 40(j), SCRCP; ☐ Bankruptcy; ☐ Binding arbitration, subject to right to restore to confirm, vacaté or modify arbitration award; ☐ Other _____

☐ **DISPOSITION OF APPEAL TO THE CIRCUIT COURT** (*CHECK APPLICABLE BOX*): ☐ Affirmed; ☐ Reversed; ☐ Remanded; ☐ Other _____

NOTE: ATTORNEYS ARE RESPONSIBLE FOR NOTIFYING LOWER COURT, TRIBUNAL, OR ADMINISTRATIVE AGENCY OF THE CIRCUIT COURT RULING IN THIS APPEAL.

IT IS ORDERED AND ADJUDGED: ☒ See attached order (formal order to follow) ☐ Statement of Judgment by the Court:

ORDER INFORMATION

This order ☐ ends ☐ does not end the case.

Additional Information for the Clerk : _____

INFORMATION FOR THE PUBLIC INDEX

Complete this section below when the judgment affects title to real or personal property or if any amount should be enrolled. If there is no judgment information, indicate "N/A" in one of the boxes below.

Judgment in Favor of (List name(s) below)	Judgment Against (List name(s) below)	Judgment Amount To be Enrolled
		$
		$
		$

If applicable, describe the property, including tax map information and address, referenced in the order:

The judgment information above has been provided by the submitting party. Disputes concerning the amounts contained in this form may be addressed by way of motion pursuant to the SC Rules of Civil Procedure. Amounts to be computed such as interest or additional taxable costs not available at the time the form and final order are submitted to the judge may be provided to the clerk. **Note: Title abstractors and researchers should refer to the official court order for judgment details.**

Circuit Court Judge _____ **Judge Code** _____ **Date** _____

For Clerk of Court Office Use Only

This judgment was entered on the _____ **day of** _____, **20** _____ and a copy mailed first class or placed in the appropriate attorney's box on this 15 April 2014 to attorneys of record or to parties (when appearing pro se) as follows:

Preston F. McDaniel

Andrew Elliott Haselden

ATTORNEY(S) FOR THE PLAINTIFF(S)

ATTORNEY(S) FOR THE DEFENDANT(S)

Court Reporter _____

Clerk of Court Jeanette W. McBride

SCRCP Form 4C (10/2011)

SCANNED

STATE OF SOUTH CAROLINA COUNTY OF RICHLAND	)	IN THE COURT OF COMMON PLEAS FIFTH JUDICIAL CIRCUIT C/A No.: 2012-CP-40-08296
ALVIN L. MENIE, Employee/Appellant, vs. STATE ACCIDENT FUND, Employer, and SELF-INSURED, Carrier, Defendants.	)	**ORDER**

RICHLAND COUNTY
FILED
2014 APR 15 AM 9:21
JEANETTE W. McBRIDE
C.C.P. & G.S.

This matter was originally set before me on April 4, 2014, for an appeal hearing on the appeal filed from the Order of the South Carolina Workers' Compensation Commission in this matter. Prior to the date for hearing, the Appellant's Counsel filed a Motion for a Continuance and to Compel the production of the Commission Record. In fairness to all parties including the South Carolina Workers' Compensation Commission, this is not really a dispute over the Record being provided but was caused by a change in policy at the Commission in reference to providing the original Record to the Circuit Courts for hearings. This policy change was in large measure caused by problems the Commission had had with

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having Records forwarded to the Court being returned to the Commission after the appeals were heard.

In reference to this case, after the Motion was filed and it was realized there was a problem the parties including the Commission exchanged correspondence and communication via email with the Court and all the parties are in agreement and are willing to work together to provide the Record so that this matter may be heard.

On the date of the hearing, Mr. Haselden representing the Defendants, waived appearance and Mr. McDaniel appeared to address this issue as Counsel for the Parties are of the same opinion. Mr. McDaniel and I spoke with the Judicial Director of the Commission and the Commission is willing to provide the Record or do whatever the Court requests so that the Record may be obtained so that this matter may be set for hearing.

Both before, during and after our conversation with the Judicial Director, Mr. McDaniel stated that he would be willing to get with Defense Counsel and see if they could agree on the Records needed, which is what he had originally tried to do but was not able to accomplish due to Defense Counsel's misunderstanding in that Defense Counsel thought the Record would simply be sent by the Commission in accordance with the Circuit Court Rules. At this point, to obtain anything less than the entire original Record of the Commission would entail Mr. McDaniel

getting with Mr. Haselden, agreeing on what records would be copied and then either obtaining certified copies from the Commission or Counsel entering into an agreement that this is the Record to be presented. This process would obviously take a tremendous amount of time in reference to both Counsel of Record and the Commission.

At the conclusion of our conversation, I asked Mr. McDaniel what would be the easiest, simplest and fastest way to obtain a Record for the Court so that this matter may be set for hearing as fast as possible. Mr. McDaniel again advised the Court that he would be willing to contact Mr. Haselden and try to agree upon a Record and to go to the Commission but the easiest, fastest and quickest way to obtain a Record for the Court would be for the Commission to simply forward the original Record to the Court for hearing pursuant to the Circuit Court Rule.

In addition to this information, I have reviewed the documentation from the Commission and I understand the Commission's position and concern over their Record. However, the focus of the Court at this point is to obtain the Record of the Commission as easily, as quickly and with as little effort as if possible on behalf of all the parties so the Court may proceed as soon as possible with hearing the appeal. Based on all this, I am ordering that the Commission produce the original Record to the Court for purposes of the appeal in this matter within seven (7)

days of the date of this Order. I am also ordering that Counsel for both parties are to advise the Commission as soon as they are advised that this matter is set for hearing on the appeal and within seven (7) days of the date that a decision is rendered on the appeal to notify the Commission that a decision has been rendered. Counsel are also to contact the Clerk of Court and request that the Record be returned to the Commission, and to follow up with the Circuit Court to ensure that the Record is properly returned to the Commission.

THEREFORE IT IS ORDERED that the South Carolina Workers' Compensation Commission be and hereby is ordered to forward the Record before the Commission to the Clerk of the Circuit Court within seven (7) days of the date of the receipt of this Order.

IT IS FURTHER ORDERED that Counsel for the Parties will notify the Commission upon this matter being set for hearing, when this matter is actually heard and will again notify the Commission upon an Order being filed concerning the appeal in this matter. Counsel are further ordered to follow up with the Clerk of Court within seven (7) days of the date of the filing of the Order to ensure that the Commission's Record is returned to the Commission with a copy of all communication and correspondence with the Clerk's Office to be provided to the Commission. The Commission is requested to notify the Court upon receipt of the Record.

IT IS FURTHER ORDERED that upon receipt of the Record by the Clerk of Court this matter is to be reset for a non-jury term of Court no less than thirty (30) days after the receipt of the Record by the Clerk's office. The Commission shall notify the parties of the submission of the Record to the Court and the Clerk's office shall confirm receipt to the parties.

AND IT IS SO ORDERED.

Honorable James R. Barber, III
Presiding Judge
Fifth Judicial Circuit

4/14, 2014

FORM 4

STATE OF SOUTH CAROLINA
COUNTY OF RICHLAND
IN THE COURT OF COMMON PLEAS

JUDGMENT IN A CIVIL CASE

CASE NUMBER: 2012CP4008296

Alvin L Menie
PLAINTIFF(S)

State Accident Fund
DEFENDANT(S)

Submitted by: _____

Attorney for : ☐ Plaintiff ☐ Defendant or ☐ Self-Represented Litigant

DISPOSITION TYPE (CHECK ONE)

☐ **JURY VERDICT**. This action came before the court for a trial by jury. The issues have been tried and a verdict rendered.

☐ **DECISION BY THE COURT**. This action came to trial or hearing before the court. The issues have been tried or heard and a decision rendered.

☐ **ACTION DISMISSED** (*CHECK REASON*): ☐ Rule 12(b), SCRCP; ☐ Rule 41(a), SCRCP (Vol. Nonsuit); ☐ Rule 43(k), SCRCP (Settled); ☐ Other _____

☐ **ACTION STRICKEN** (*CHECK REASON*): ☐ Rule 40(j), SCRCP; ☐ Bankruptcy; ☐ Binding arbitration, subject to right to restore to confirm, vacate or modify arbitration award; ☐ Other _____

☐ **DISPOSITION OF APPEAL TO THE CIRCUIT COURT** (*CHECK APPLICABLE BOX*): ☐ Affirmed; ☐ Reversed; ☐ Remanded; ☐ Other _____

NOTE: ATTORNEYS ARE RESPONSIBLE FOR NOTIFYING LOWER COURT, TRIBUNAL, OR ADMINISTRATIVE AGENCY OF THE CIRCUIT COURT RULING IN THIS APPEAL.

IT IS ORDERED AND ADJUDGED: ☐ See attached order (formal order to follow) ☐ Statement of Judgment by the Court.

FILED
2016 DEC -2 AM 10:46
JEANETTE W. McBRIDE
C.C.P. & G.S.
RICHLAND COUNTY

ORDER INFORMATION

This order ☐ ends ☐ does not end the case.
Additional Information for the Clerk : _____

INFORMATION FOR THE JUDGMENT INDEX

Complete this section below when the judgment affects title to real or personal property or if any amount should be enrolled. If there is no judgment information, indicate "N/A" in one of the boxes below.

Judgment in Favor of (List name(s) below)	Judgment Against (List name(s) below)	Judgment Amount To be Enrolled
		$
		$
		$

If applicable, describe the property, including tax map information and address, referenced in the order:

The judgment information above has been provided by the submitting party. Disputes concerning the amounts contained in this form may be addressed by way of motion pursuant to the SC Rules of Civil Procedure. Amounts to be computed such as interest or additional taxable costs not available at the time the form and final order are submitted to the judge may be provided to the clerk. **Note: Title abstractors and researchers should refer to the official court order for judgment details.**

Circuit Court Judge _____ **Judge Code** _____ **Date** _____

For Clerk of Court Office Use Only

This judgment was entered on the _____ day of _____, 20 _____ and a copy mailed first class or placed in the appropriate attorney's box on this 3 day of Dec, 20 16 to attorneys of record or to parties (when appearing pro se) as follows:

Preston F. McDaniel

Andrew Elliott Haselden

ATTORNEY(S) FOR THE PLAINTIFF(S)

ATTORNEY(S) FOR THE DEFENDANT(S)

Court Reporter _____

Clerk of Court Jeanette W. McBride

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SCRCP Form 4C (10/2011)

STATE OF SOUTH CAROLINA COUNTY OF RICHLAND	)	IN THE COURT OF COMMON PLEAS FIFTH JUDICIAL CIRCUIT
Alvin L. Menie, Appellant, vs. State Accident Fund, Respondent.	)	CASE NO. 2012-CP-40-08296 **ORDER**

RICHLAND COUNTY
FILED
2015 DEC -2 AM 10:43
JEANETTE W. McBRIDE
C.C.P. & G.S.

This matter came before the Court on June 20, 2014, for a hearing on Appellant Alvin L. Menie's ("Menie") appeal from an Order by the South Carolina Workers' Compensation Commission ("Commission") dated November 29, 2012. Present at the hearing were Preston F. McDaniel, Esquire, counsel for Appellant, and Andrew E. Haselden, Esquire, counsel for Respondent. After considering the law, the briefs filed by the parties, the arguments of counsel, and all matters submitted, the decision of the Commission is **AFFIRMED.**

FACTUAL BACKGROUND

Menie worked in the Auditing Department of the State Accident Fund ("SAF") from 1984 to 2009. SAF is responsible for providing insurance for local, county, state and other governmental agencies within South Carolina that provide Workers' Compensation coverage. In the Fall of 2002, SAF had 3 auditors in the auditing department: Menie, Ms. Carla Johnson ("Johnson"), and Ms. Shaun Holmon ("Holmon"). In December of 2002, SAF advised all of its premium accounts that they would incur a rate increase of an average 24.7% effective January 1, 2003. The rate increase generated many calls from different agencies seeking to determine whether and why their respective rates would be increasing.

SAF, moreover, was in the process of implementing a new computer system using its own unique classification codes instead of utilizing the National Council of Compensation Insurers (NCCI) classification codes to classify jobs into categories. The system had a lot of issues, and it took some time for the system to become fully functional. Specifically, the system failures caused the auditors to have to resubmit items numerous times.

By the last week in December 2002, Johnson was absent on medical leave and Holmon no longer was employed with SAF. Menie, thus, was left by himself to complete all of the

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auditing work for SAF from January 1, 2003, to February 10, 2003. During this 25 business day period, Menie worked by himself and answered questions from all agencies and reviewed/addressed all the correspondence concerning the rate increase. Moreover, instead of having to perform 33 audits in January, Menie had to perform 99 audits. On March 3, 2003, while at work, Menie suffered a cardiac event, atrial fibrillation, and was transported to Lexington Medical Center.

PROCEDURAL BACKGROUND

A hearing was conducted before Commissioner G. Bryan Lyndon on January 30, 2012. During the hearing, Menie contended that he sustained a work-induced onset of atrial fibrillation on March 3, 2003, and that the condition was compensable under S.C. Code Ann. § 42-1-160 of the South Carolina Workers' Compensation Act and the common law concerning cardiac conditions induced by unusual and extraordinary work conditions. Menie sought payment of all past and future causally-related medical expenses.

SAF argued that Menie did not experience unusual and extraordinary work conditions from January 1, 2003, to March 3, 2003. Thus, SAF argued that Menie's claim was not compensable. SAF explained that Menie's personnel records reflected that Menie never worked more than 40 hours in a workweek during the subject period. SAF, moreover, argued that Menie previously claimed his cardiac condition was related to his military service during the Vietnam War in his application seeking Veterans Disability Benefits from the United States Department of Veteran Affairs ("VA").

After considering the testimony of all the witnesses, observing the witnesses during their testimony, reviewing the APA Submissions, and considering the applicable law, Commissioner Lyndon issued a Decision and Order, dated April 11, 2012, ruling that Menie failed to prove that his heart condition was the result of unusual and extraordinary conditions of employment. Accordingly, Commissioner Lyndon determined that Menie was not entitled to any Workers' Compensation benefits.

Menie appealed Commissioner Lyndon's Order to the Full Commission, and the Commission heard oral arguments on August 28, 2012. On November 29, 2012, the Commission issued its Order unanimously affirming Commissioner Lyndon's determination that Menie's claim was not compensable. Menie appealed the Commission's Order to the Court.

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LEGAL STANDARD

The South Carolina Administrative Procedures Act "establishes the standard for judicial review of decisions of the Commission." *Bone v. U.S. Food Service*, 404 S.C. 67, 73, 744 S.E.2d 552, 556 (2013). "A reviewing court may reverse or modify a decision of [the Commission] if the findings, inferences, conclusions or decisions of [the Commission] are clearly erroneous in view of the reliable, probative and substantial evidence on the whole record." *Id.* The Court "may not substitute its judgment for that of the [Commission] as to the weight of the evidence on questions of fact," and may only reverse the Commission if its decision is controlled by an error of law. *Frame v. Resort Services, Inc.*, 357 S.C. 520, 527, 593 S.E.2d 491, 495 (Ct. App. 2004). Thus, the Court's review is limited to determining whether the Commission's decision "is unsupported by substantial evidence or is controlled by some error of law." *Gibson v. Spartanburg Sch. Dist. No. 3*, 338 S.C. 510, 517, 526 S.E.2d 725, 728–729 (Ct. App. 2000). "Substantial evidence is not a mere scintilla of evidence, nor the evidence viewed blindly from one side of the case, but is evidence which, considering the record as a whole, would allow reasonable minds to reach the conclusion the administrative agency reached in order to justify its action." *Hargrove v. Titan Textile Co.*, 360 S.C. 276, 289, 599 S.E.2d 604, 611 (Ct. App. 2004). "The possibility of drawing two inconsistent conclusions from the evidence does not prevent the Commission's finding from being supported by substantial evidence." *Sharpe v. Case Produce, Inc.*, 336 S.C. 154, 160, 519 S.E.2d 102, 105 (1999). Determinations concerning "witness credibility and the weight to be accorded evidence [are] reserved to the [Commission]." *Shealy v. Aiken Cnty.*, 341 S.C. 448, 455, 535 S.E.2d 438, 442 (2000).

DISCUSSION

On appeal, Menie contends that because of his increased workload during the subject period, he suffered an acute onset of atrial fibrillation and should receive workers' compensation benefits. Menie contends that: (a) the Commission's decision was based on surmise, speculation and innuendo; (b) the Commission erred in allowing and relying on Kirk Adair's testimony; and (c) the Commission erred by making a general finding that "labor turnover, illness of co-workers and computer problems are common to almost all work environments and are not unusual." The Court will address each of these arguments in turn.

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I. Surmise, Speculation and Innuendo

Menie argues that there is no substantial evidence in the record to support the Commission's decision, and thus, its decision is based on surmise, speculation and innuendo. "A claimant may recover workers' compensation benefits if he sustains an 'injury by accident arising out of and in the course of [his] employment.'" *Jordan v. Kelly Co., Inc.*, 381 S.C. 483, 486, 674 S.E.2d 166, 168 (2009) (quoting S.C. Code Ann. § 42-1-160 (2006)). "A heart attack suffered by an employee constitutes a compensable accident within the meaning of the Workers' Compensation Act if it is induced by unexpected strain or overexertion in the performance of the duties of [a claimant's] employment or by unusual and extraordinary conditions in employment." *Hoxit v. Michelin Tire Corp.*, 304 S.C. 461, 464, 405 S.E.2d 407, 409 (1991); *Brown v. La France Industries, a Div. of Riegel Textile Corp.*, 286 S.C. 319, 330, 333 S.E.2d 348, 355 (Ct. App. 1985). The Commission found that Menie failed to prove his working conditions were unusual and extraordinary. South Carolina courts have, for many years, grappled with what constitutes unusual and extraordinary working conditions.

In *Kearse v. S.C. Wildlife Res. Dep't*, 236 S.C. 540, 542, 115 S.E.2d 183, 184 (1960), the claimant, Kearse, suffered a cerebral thrombosis arising out of his employment. Kearse was employed as a game warden with the South Carolina Wildlife Resources Department. *Id.* For a period of two or three weeks prior to his stroke, Kearse, along with other game wardens, met each other each morning before daylight and did not leave until dark. *Id.* at 542, 115 S.E.2d at 184–85. Kearse worked between sixteen and eighteen hours a day within this period. *Id.* at 542, 115 S.E.2d at 185. Several days before his stroke, Kearse along with other game wardens, "dragged [a] boat over cypress knees, logs, mud and water to the main stream, a distance of about 50 yards." *Id.* Kearse paddled the boat up the stream about 300 yards while another game warden held a flashlight. *Id.* at 542–43, 115 S.E.2d at 185. Both game wardens then dragged the boat for about 25 or 30 feet. *Id.* at 543, 115 S.E.2d at 185. A few days after dragging the boat, Kearse had to push an automobile a "considerable distance over rough terrain to get it started." *Id.* The Workers' Commission awarded Kearse permanent and total disability. The Supreme Court affirmed the Commission finding that:

> [W]hile the evidence shows that the type of activity in which [Kearse] was engaged was common to his position as game warden, it further abundantly shows that the hours in which he was so employed were unusually long, the work environment was unusually difficult, and that there were several

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> incidents in which [Kearse], because of unusual circumstances, greatly over-exerted himself in the performance of his duties.

Id. at 546–47, 115 S.E.2d at 187.

In *McWhorter v. S.C. Dep't of Ins.*, 252 S.C. 90, 92, 165 S.E.2d 365, 365 (1969), the claimant, McWhorter, suffered a heart attack and died while working with the South Carolina Department of Insurance. McWhorter's job duties typically required him to be at work from 9 am to 5 pm, with an hour lunch break and a morning and afternoon coffee break. *Id.* at 92, 165 S.E.2d at 365–66. In the ten days preceding his heart attack, however, McWhorter worked more than 121 hours and drove over 1500 miles in preparation for an upcoming trial. *Id.* at 92, 165 S.E.2d at 366. McWhorter, moreover, worked 23 hours in the weekend (time he usually had off) immediately before the trial. *Id.* at 93, 165 S.E.2d at 366. On the Monday trial commenced, McWhorter awoke about 3:30 that morning and picked up a witness. *Id.* After arriving in Greenville, McWhorter participated in a conference with other people involved in the case from about 7 a.m. to 9 a.m. *Id.* McWhorter then assisted during the trial until about 12:35 p.m. *Id.* He then "carr[ied] voluminous files and records to the [prosecutor's office] in the [c]ourt [h]ouse, then walked down three flight of stairs in the [c]ourt [h]ouse, and shortly after emerging from the building he suffered a heart attack and died." *Id.* The Workers' Commission deemed McWhorter's claim compensable. *Id.* at 98, 165 S.E.2d at 368. The Supreme Court affirmed finding that:

> [McWhorter] was engaged in an unusual investigation, under extraordinary conditions of employment, with unusually long hours, great mental stress and strain, emotional involvement, lack of sleep, time pressure, physical exertion, and other extraordinary conditions of employment at the time of his attack.

Id. at 97, 165 S.E.2d at 368.

In *Cline v. Nosredna Corp., Inc.*, 291 S.C. 75, 78, 352 S.E.2d 291, 293 (Ct. App. 1986), the claimant, Mr. Cline, suffered a heart attack arising out of his employment and was diagnosed with atrial fibrillation. In 1977, Cline worked as a food service manager for a restaurant. *Id.* at 77, 352 S.E.2d at 292. In 1982, Cline was made food service manager of an additional store. *Id.* at 77, 352 S.E.2d at 293. Cline had to manage the day-time operations of both stores and "supervised the cooks, ordered, inspected and inventoried food, and shopped competitively for food and utensils." *Id.* at 77, 352 S.E.2d at 292. Additionally, "[t]he restaurants were one hundred fifty feet apart, requiring Cline to continuously traverse the distance between them each

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day." *Id.* at 77–78, 352 S.E.2d at 293. Three months after opening the second store, Cline suffered a heart attack. *Id.* at 78, 352 S.E.2d at 293. The Supreme Court affirmed the Commission's finding that Cline's preexisting condition of congestive heart failure was "aggravated and accelerated by [Cline's] unusual and extraordinary employment conditions." *Id.* at 78, 352 S.E.2d at 293.

In *Watt v. Piedmont Automotive*, 384 S.C. 203, 206, 681 S.E.2d 615, 617 (Ct. App. 2009), the claimant, Roger Watt ("Watt"), suffered congestive heart failure and unstable angina pectoris allegedly because of unusual and extraordinary work conditions. In 1991, Watt began working for a car dealership as a technician and team leader. *Id.* at 205, 681 S.E.2d at 616. In 1995, Watt was promoted to service director of both the car dealership and an additional dealership. *Id.* Thereafter, he was removed as service director of the additional dealership but retained his position as service manager of the original dealership. *Id.* Watt contended that the dealership's "implementation of a 'Net Profit' program [the year before he was terminated] produced an extraordinary working condition causing him stress that aggravated his cardiovascular disease and caused the blockage of his coronary arteries." *Id.* at 206, 681 S.E.2d at 617. The new system, according to Watt, angered customers and generated a lot of complaints. *Id.* at 210, 681 S.E.2d at 619. One of Watt's co-employees explained that the implementation of the new system doubled Watt's work, and that Watt "always appeared tired and worked late every night." *Id.* The Commission denied Watt's workers' compensation claim finding that Watt "failed to establish the stressful employment conditions causing the injury were extraordinary and unusual in comparison to the normal conditions of employment." *Id.* at 206, 681 S.E.2d at 616. The circuit court reversed the Commission. *Id.* at 207, 681 S.E.2d at 617.

On appeal, the Court of Appeals reversed the circuit court's determination that Watt's claim was not compensable. *Id.* at 212, 681 S.E.2d at 620. The Court of Appeals acknowledged that there was conflicting evidence concerning whether Watt was working under unusual and extraordinary working conditions; however, "'it [was] not the task of an appellate court to weigh the evidence as found by [the Commission].'" *Id.* at 211, 681 S.E.2d at 619 (quoting *Jordan v. Kelly Co.*, 381 S.C. 483, 487, 674 S.E.2d 166, 169 (2009)). The Court of Appeals found substantial evidence existed in the record to show that Watt "was accustomed to working 55 and 60 hour weeks . . . [and] that the implementation of [the new system] did not result in unusual or

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extraordinary conditions of employment." *Id.* at 211, 681 S.E.2d at 619. Therefore, "the circuit court erred in reversing the order of the [Commission]." *Id.*

Of all the cases discussed above, the facts of *Watt* most closely parallel the facts in the instant matter. Just as in *Watt*, where Watt alleged that his employer's implementation of a new program, in part, produced an extraordinary working condition, here, Menie claims that SAF's use of its own identification codes, in part, produced an unusual and extraordinary condition. Moreover, just as in *Watt*, where Watt alleged that he had to work longer hours in response to the new system, here, Menie contends that he had to work longer hours. Furthermore, Watt claimed that his employer's new system generated a lot of complaints that he had to respond to; Menie has claimed the same. Lastly, Watt argued that his work was doubled; Menie argues his work tripled.

Accordingly, just as in *Watt*, the Commission was in a better position to weigh the evidence presented in the instant matter. The Commission acknowledged that Menie worked as the lone premium auditor for SAF from January 3, 2003, to February 10, 2003. The Commission, moreover, acknowledged that SAF informed its insureds of the average 24.7% increase in premiums immediately before that time period. Lastly, it was undisputed that Menie suffered atrial fibrillation on March 3, 2003. The Commission, however, after reviewing all of the evidence, found that Menie failed to prove that he suffered atrial fibrillation because of unusual and extraordinary work conditions.

Menie did not work excessive overtime and never worked more than 40 hours a week. SAF presented testimony from two witnesses: Gerald Murphy ("Murphy") and Kirk Adair ("Adair"). Murphy has been employed by SAF since March 1995 and was, at the time of the hearing, SAF's Manager of Administrative Services. Murphy testified that SAF utilized a program known as "Locator" to track, monitor and compile employee attendance. Murphy testified he used the program to compare and contrast Menie's work hours in January and February of 2002 with Menie's work hours in January and February of 2003. The program's data indicated that Menie worked an average of 16 extra minutes per day in January and February of 2003 than he had during those same months in 2002. Murphy also testified that there had been other instances when auditors worked in a similar position as Menie for as long as eight months.

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Adair, who was employed by SAF as a premium auditor at the time of the hearing, testified that he came to SAF after working in the private sector as a premium auditor. Adair testified that he worked along with one additional premium auditor, and they were able to perform all of SAF's premium audits. Menie worked as the sole auditor from on, or about, January 1, 2003, to February 10, 2003. On February 10, 2003, Johnson returned from medical leave. Moreover, on March 3, 2003, SAF hired another premium auditor, Warren Farray. Menie took about two weeks off from work because of his cardiac event. Thus, within a few weeks of Menie's event, SAF was again operating with three premium auditors. Menie continued to perform his job without issues for over six years until his retirement in 2009. SAF never returned to three premium auditors following Menie's retirement in 2009.

Furthermore, Menie, via his APA submissions, submitted an opinion from Dr. Hendricks, his treating physician, explaining that the conditions Menie experienced at work caused his atrial fibrillation. Dr. Hendricks' opinion was based upon a presentation of what Menie allegedly was experiencing during the subject time. Menie provided Dr. Hendricks the conditions he was facing at work during the subject time, and based upon Menie's recitation of his working conditions, Dr. Hendricks' determined that Menie's working conditions caused him to suffer from atrial fibrillation. Specifically, Menie asked Dr. Hendricks to respond to about 10 pages of questions. Dr. Hendricks was asked to "provide answers and opinions to the . . . questions concerning Mr. Menie and his heart condition." Menie's APA Submissions at 3. There were several questions including whether Menie had a history of cardiac problems, the effect on Menie's health by him having to answer all correspondence concerning specific issues, the effect on Menie by him having to work longer hours, working through breaks and lunch, and ultimately, whether Menie's atrial fibrillation was caused by the physical and emotional stress arising out of his work duties. Following the event, however, Menie saw Dr. Hendricks six times in 2003 and 2004 for heart problems and never mentioned stress. Nonetheless, Dr. Hendricks concluded that "Menie's cardiological problems of atrial fibrillation and high blood pressure were caused by the physical and emotional stress arising out of and from [Menie's] job duties, responsibilities and work load." Menie's APA Submissions 6.

Menie's medical records and Dr. Hendricks' deposition testimony were reviewed by Dr. Michael Zile, a cardiology professor at MUSC. Dr. Zile's professional opinion was that Menie's working conditions did not contribute to Menie's development of atrial fibrillation. Dr. Zile

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noted, specifically, that "to a reasonable degree of medical certainty . . . [Menie's] atrial fibrillation was caused by pre-existing and underlying cardiovascular disease processes including but not limited to morbid obesity, sleep apnea, hypertension, sick sinus node syndrome, and diabetes." SAF's APA Submissions 20. Menie, thus, had numerous health problems some of which were being treated by the VA due to exposure to Agent Orange while serving in Vietnam. The Court recognizes that there was conflicting medical evidence; "[w]hen conflicting medical evidence is presented, [the Court] must not substitute its judgment for that of the fact finder, which in this case is the [Commission]." *Brunson v. American Koyo Bearings*, 395 S.C. 450, 458, 718 S.E.2d 755, 759–690 (Ct. App. 2011).

In light of the substantial evidence in the record, the Commission's decision was not based upon surmise, speculation, and innuendo. Accordingly, the Commission properly determined that Menie's atrial fibrillation was not compensable by Workers' Compensation.

II. Adair Testimony

Menie argues that the Commission erred as a matter of law by admitting and relying on Adair's testimony. Adair started working with SAF in 2010. Adair provided testimony concerning his prior experience as a premium auditor, working conditions of his prior places of employment compared to SAF working conditions, and his working conditions at SAF during a two-month time period when he worked by himself. Menie claims that there was a stark temporal distinction between when Adair worked at SAF and when Menie worked at SAF. Menie suffered from his atrial fibrillation when he was working at SAF in 2003; Adair, however, provided testimony regarding the position of an auditor between 2010 and 2012. According to Menie, "there is no question that [Commissioner Lyndon] relied on [Adair's] testimony . . . that he[:] 'had handled the job by himself and it was not as difficult as his previous jobs.'" Appellant's Mem. Law 32.

Menie contends such evidence was irrelevant and immaterial. According to Menie, the conditions of employment between 2010 and 2012 were not relevant or material to the conditions of employment Menie experienced between January 1, 2003 and March 3, 2003. Thus, Menie claims the Commission erred as a matter of law by relying on it to make its decision.

Determinations regarding the relevancy and materiality of evidence are left within the sound discretion of the trial court, here the Commission. *See Bankers Trust of S.C. v. Bruce*, 283 S.C. 408, 416–17, 323 S.E.2d 523, 529 (Ct. App. 1984) ("The determination of the relevancy of

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evidence is largely within the discretion of the trial judge."). Such determination will not be disturbed absent an abuse of discretion. *Kennedy v. Griffin*, 358 S.C. 122, 127–28, 595 S.E.2d 248, 250 (Ct. App. 2004); *see also Gadson v. Mikasa Corp.*, 368 S.C. 214, 228, 628 S.E.2d 262, 269–70 (Ct. App. 2006) (where the Court of Appeals applied the abuse of discretion standard to the Commission's admission of expert testimony). Moreover, "[t]he admission or exclusion of evidence of prior or subsequent existence as inferring existence at a particular time is within the trial court's discretion." *Henderson v. St. Francis Community Hosp.*, 295 S.C. 441, 447, 369 S.E.2d 652, 656 (Ct. App. 1988), *rev'd on other grounds, Henderson v. St. Francis Community Hosp.*, 303 S.C. 177, 399 S.E.2d 767 (1990). The Commission possessed the discretion to determine whether Adair's testimony concerning SAF working conditions between 2010 and 2012 were relevant to SAF working conditions in 2003. Even if Adair's testimony was not relevant and it was excluded, there is substantial evidence in the record to support the decision of the Commission. Accordingly, the Commission did not commit an error of law in admitting Adair's testimony.

III. Labor Turnover, Co-worker Illness, and Computer Problems

Menie argues that the Commission erred in finding that labor turnover, illness of co-workers, and computer problems are common and not unusual. More specifically, Menie alleges that "[t]his Finding of Fact is totally and absolutely contrary to law and requires reversal as it indicates that the Commission failed" to apply South Carolina law to the case. Appellant's Mem. Law 34. Menie cites *Stokes v. First Nat'l Bank*, 306 S.C. 46, 410 S.E.2d 248 (1991), in support of his assertion that labor turnover, co-worker illness, and computer problems constitutes unusual and extraordinary conditions.

In *Stokes*, "[a]s a result of merger activity and the resignation on one of [Stokes'] managers . . . Stokes' work hours increased from approximately 45 hours per week to 60 hours per week" and then ultimately workdays of 16 to 18 hours. *Id.* at 47, 410 S.E.2d at 249. Since Stokes' work hours were increased due to the resignation of one of his managers, *Stokes* arguably involved labor turnover. The *Stokes* case, however, did not involve co-worker illness and computer problems. The Court may reverse the Commission's decision when it is affected by an error of law. *Corbin v. Kohler Co.*, 351 S.C. 613, 617, 571 S.E.2d 92, 95 (Ct. App. 2002). Labor turnover, co-worker illness, and computer problems, however, are common in almost all sectors of employer, and thus, do not in and of themselves, constitute unusual or extraordinary

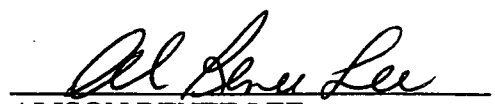
SCANNED

working conditions. *See, e.g., Hoxit v. Michelin Tire Corp.*, 304 S.C. 461, 464, 405 S.E.2d 407, 409 (1991) (where the Supreme Court affirmed the Commission's denial of a claimant's workers' compensation claim after he suffered cardiac arrhythmia that was, in part, allegedly caused by stress related to computer problems). Accordingly, the Commission did not commit an error of law.

ORDER

For the reasons stated above, it is therefore **ORDERED** that the decision of the South Carolina Workers' Commission is **AFFIRMED**.

AND IT IS SO ORDERED.



ALISON RENEE LEE
Presiding Judge

Columbia, South Carolina
November 3, 2015

arl
#11

SCANNED

FORM 4

STATE OF SOUTH CAROLINA
COUNTY OF RICHLAND
IN THE COURT OF COMMON PLEAS

JUDGMENT IN A CIVIL CASE

CASE NUMBER: 2012CP4008296

Alvin L Menie
PLAINTIFF(S)

State Accident Fund
DEFENDANT(S)

Submitted by: _____

Attorney for : ☐ Plaintiff ☐ Defendant or ☐ Self-Represented Litigant

DISPOSITION TYPE (CHECK ONE)

☐ **JURY VERDICT**. This action came before the court for a trial by jury. The issues have been tried and a verdict rendered.

☐ **DECISION BY THE COURT**. This action came to trial or hearing before the court. The issues have been tried or heard and a decision rendered.

☐ **ACTION DISMISSED** (*CHECK REASON*): ☐ Rule 12(b), SCRCP; ☐ Rule 41(a), SCRCP (Vol. Nonsuit); ☐ Rule 43(k), SCRCP (Settled); ☐ Other _____

☐ **ACTION STRICKEN** (*CHECK REASON*): ☐ Rule 40(j), SCRCP; ☐ Bankruptcy; ☐ Binding arbitration, subject to right to restore to confirm, vacate or modify arbitration award; ☐ Other _____

☐ **DISPOSITION OF APPEAL TO THE CIRCUIT COURT** (*CHECK APPLICABLE BOX*): ☐ Affirmed; ☐ Reversed; ☐ Remanded; ☐ Other _____

NOTE: ATTORNEYS ARE RESPONSIBLE FOR NOTIFYING LOWER COURT, TRIBUNAL, OR ADMINISTRATIVE AGENCY OF THE CIRCUIT COURT RULING IN THIS APPEAL.

IT IS ORDERED AND ADJUDGED: ☐ See attached order (formal order to follow) ☐ Statement of Judgment by the Court:

2016 APR 11 PM 2:17
JEANETTE W. McBRIDE
C.C.P. & G.S.
RICHLAND COUNTY
FILED

ORDER INFORMATION

This order ☐ ends ☐ does not end the case.
Additional Information for the Clerk : _____

INFORMATION FOR THE JUDGMENT INDEX

Complete this section below when the judgment affects title to real or personal property or if any amount should be enrolled. If there is no judgment information, indicate "N/A" in one of the boxes below.

Judgment in Favor of (List name(s) below)	Judgment Against (List name(s) below)	Judgment Amount To be Enrolled
		$
		$
		$

If applicable, describe the property, including tax map information and address, referenced in the order:

The judgment information above has been provided by the submitting party. Disputes concerning the amounts contained in this form may be addressed by way of motion pursuant to the SC Rules of Civil Procedure. Amounts to be computed such as interest or additional taxable costs not available at the time the form and final order are submitted to the judge may be provided to the clerk. **Note: Title abstractors and researchers should refer to the official court order for judgment details.**

Circuit Court Judge _____ **Judge Code** 2118 **Date** _____

For Clerk of Court Office Use Only

This judgment was entered on the ____, day of _____, 20 ____ and a copy mailed first class or placed in the appropriate attorney's box on this 12 day of April, 20 16 to attorneys of record or to parties (when appearing pro se) as follows:

Preston F. McDaniel

Andrew Elliott Haselden

ATTORNEY(S) FOR THE PLAINTIFF(S)

ATTORNEY(S) FOR THE DEFENDANT(S)

Court Reporter _____

Clerk of Court Jeanette W. McBride

SCRCP Form 4C (10/2011)

SCANNED

STATE OF SOUTH CAROLINA COUNTY OF RICHLAND	)	IN THE COURT OF COMMON PLEAS FIFTH JUDICIAL CIRCUIT
Alvin L. Menie, Appellant, vs. State Accident Fund, Respondent.	)	CASE NO. 2012-CP-40-08296 **ORDER**

RICHLAND COUNTY
FILED
2016 APR 11 PM 2:17
JEANETTE W. McBRIDE
C.C.P. & G.S.

This matter is before the Court on Appellant Alvin L. Menie's ("Menie") Motion for a New Trial pursuant to Rule 59(a), SCRCP, to Alter or Amend Judgment pursuant to Rule 59(e), SCRCP, and to Vacate and Remand this matter pursuant to Rule 60(b), SCRCP. This matter came before the Court on June 20, 2014, for a hearing on an appeal from an Order by the South Carolina Workers' Compensation Commission ("Commission") dated November 29, 2012. On November 4, 2015, the Court affirmed the Commission's Order. Appellant filed this Motion on December 7, 2015.[1] After considering the law, the briefs filed by the parties, the arguments of counsel, and all matters submitted, Appellant's Motion is **DENIED**.

In Menie's Memorandum in Support of his Rule 59(a)&(e), and Rule 60(b) motion, Menie contends that the evidence in the record "on the element as to whether [Menie] was exposed to unusual and extraordinary conditions in the employment is uncontradicted and undisputed." Appellant's Memo. at 2. Appellant, thus, argues that the Court, in its Order affirming the Commission, "failed to specifically apply the decisions of the SC Supreme Court that where the evidence is undisputed and there is no substantial evidence in the Record to support the decisions in this case . . . this Court is required by those decisions to reverse the [Commission]." Appellant's Memo. at 4. Menie, however, fails to acknowledge that SAF did provide contradictory evidence concerning whether Applicant faced unusual and extraordinary working conditions.

Menie argues that he, one of Menie's co-workers, and Menie's supervisor all provided information in the record that Menie was facing unusual and extraordinary circumstances at the

[1] In an Order dated December 28, 2015, the Court originally denied this Motion. On January 29, 2016, the Court, however, vacated that Order.

SCANNED

time he suffered from atrial fibrillation. SAF, however, according to Appellant, provided no evidence that Menie did not face unusual and extraordinary circumstances. The Court disagrees. Gerald Murphy ("Murphy") who was, at the time of the hearing, SAF's Manager of Administrative Services, testified that Menie only worked an average of 16 extra minutes per day in January and February 2003 than he did during those same months in 2002. According to Murphy, Menie worked alone for 25 days only and did not work any overtime during that period. Murphy also testified that there had been other instances when auditors worked in a similar position as Menie for as long as eight months, without issue. Murphy, moreover, testified that Menie was not required to complete all of the 600 audits within the subject period.[2] Murphy explained that, in fact, January typically is a month where the total number of audits performed is very low due to the lack of requisite information needed from the insureds to perform the respective audits. Menie, moreover, testified that he had already received some of the necessary information from the policyholders or was able to conduct some of the respective audits.[3] Furthermore, Murphy testified that by January 10, 2003, 318 out of 522 accounts had paid their premium, which included the 24.7% increase. Moreover, Carla Johnson ("Johnson"), an employee with SAF, returned from medical leave on February 10, 2003, and began working on her workload of approximately 200 audits. Additionally, Shaun Holmon ("Holmon"), a SAF auditor who left in 2002, testified there had been previous double-digit premium increases, that other SAF employees could answer phone calls, and that auditors had up to 180 days to perform a premium audit following the close of a policy period.

In light of the evidence provided by Murphy, Johnson, and Holmon, SAF presented evidence that Menie did not face unusual and extraordinary conditions. Thus, there is substantial evidence in the record to support the Commission's finding. Even if the Commission incorrectly found that Menie did not face unusual and extraordinary working conditions, Menie failed to prove, to the Commission, that Menie's alleged unusual and extraordinary conditions caused his atrial fibrillation.

"In order for [a workers' compensation claimant] to recover workers' compensation benefits, he must prove *both*: (1) that he was exposed to unusual and extraordinary conditions in

---

[2] In fact, Menie testified that he was required only to complete 100 audits by the end of January.
[3] *See, e.g.*, Commission Hearing Transcript of Record at 105:3–8, wherein Menie stated that "some people don't have to wait until they get their W-3s. . . . Others have theirs ready and available that you could do audits on prior to February the 1st."

his employment; and (2) that these unusual and extraordinary conditions were the proximate cause of his [heart condition]." *Shealy v. Aiken Cnty.*, 341 S.C. 448, 459, 535 S.E.2d 438, 444 (2000) (emphasis added). "Undoubtedly, the record must evince a causal connection between any extreme exertion or extraordinary or unusual conditions of employment and a claimant's heart-related injury or death." *South Carolina Second Injury Fund v. Liberty Mut. Ins. Co.*, 353 S.C. 117, 126, 576 S.E.2d 199, 204 (Ct. App. 2003). "Whether there is any causal connection between employment and an injury is a question of fact for the Commission." *Sharpe v. Case Produce, Inc.*, 336 S.C. 154, 159, 519 S.E.2d 102, 105 (1999).

The Commission found that the Appellant "failed to prove his heart condition was a result of unusual and extraordinary conditions of employment." Appellate Panel Decision and Order at 3. Menie, via his APA submissions, submitted an opinion from Dr. Richard Hendricks ("Hendricks") his treating physician, explaining that the conditions Menie experienced at work caused his atrial fibrillation. Hendricks' opinion, however, was based on hypotheticals presented by Menie—hypotheticals that were not wholly supported by the facts in evidence. Menie, moreover, did not even mention stress related to his job to Hendricks until approximately a year after developing his condition as reflected in the medical records. Dr. Michael Zile ("Zile"), SAF's medical expert, reviewed Menie's medical records and Hendrick's deposition testimony and noted that "to a reasonable degree of medical certainty . . . [Menie's] atrial fibrillation was caused by pre-existing and underlying cardiovascular disease processes including but not limited to morbid obesity, sleep apnea, hypertension, sick sinus node syndrome, and diabetes." SAF's APA Submissions 20. At the time of onset of the atrial fibrillation, the medical records reveal that Menie had several health problems. Additionally Menie later sought treatment for several health issues by the VA due to exposure to Agent Orange while serving in Vietnam. Accordingly, even if the Commission improperly found that Menie did not face unusual and extraordinary working conditions, Menie still failed to prove that his working conditions caused his heart condition.

Appellant also argues that the Commission committed an error of law by admitting and relying on Kirk Adair's ("Adair") testimony. Adair, another auditor with SAF, testified that he started working with SAF in 2010 after working in the private sector. Adair provided testimony concerning his prior experience as an auditor, working conditions of his prior places of employment compared to SAF working conditions, and his working conditions at SAF during a

art #3

two-month period when he worked by himself. Adair further testified that he worked along with one additional premium auditor and they were able to perform all of SAF's premium audits.

Menie argues that there was a stark temporal distinction between when Adair worked at SAF and when Menie worked at SAF. Menie suffered his atrial fibrillation when he was working at SAF in 2003; Adair, however, provided testimony regarding the position of an auditor with SAF between 2010 and 2012. Menie contends that the conditions of employment between 2010 and 2012 were too remote to be relevant or material to the conditions of employment Menie experienced between January 1, 2003 and March 3, 2003. Menie, thus, claims the Commission erred as a matter of law by relying on Adair's testimony to make its decision.

The Court may reverse the Commission if it finds that the Commission's findings, inferences, conclusions, or decisions are affected by an error of law. *See* S.C. Code Ann. § 1-23-380(5) (Supp. 2015). Pursuant to the Administrative Procedures Act which governs hearings before the Commission, "[i]rrelevant, immaterial or unduly repetitious evidence shall be excluded." S.C. Code Ann. § 1-23-330(1) (1976). Upon further review of the record, the Court agrees with Menie that the Commission committed an error by admitting and relying upon Adair's testimony. The Court acknowledges that determinations regarding the relevancy and materiality of evidence generally are left within the sound discretion of the trial court, here the Commission. *See Bankers Trust of S.C. v. Bruce*, 283 S.C. 408, 416–17, 323 S.E.2d 523, 529 (Ct. App. 1984). Here, however, the Commission admitted and relied upon testimony from Adair concerning SAF working conditions nearly nine years after Menie suffered his heart condition. Menie suffered from his heart condition during a time when he had to manually enter "experience modifier" information into SAF's computer system; Adair did not have to manually enter experience modifier information because SAF's system was, by that time, automated. Moreover, Menie worked with SAF when it was using its own unique classification system; Adair worked for SAF after it transitioned to a national model coding system wherein the computer automatically generated necessary information. Adair's testimony was too remote to be relevant or material. *See, e.g., Rutledge v. St. Paul Fire & Marine Ins. Co.*, 286 S.C. 360, 368, 334 S.E.2d 131, 136 (Ct. App. 1985) (where the Court of Appeals upheld the trial court's determination that an appraisal of certain real property prepared three years before it was destroyed by fire was too remote to be admissible as evidence); and *Henderson v. St. Francis*

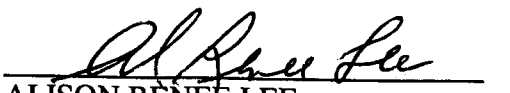
ad #4

Community Hosp., 295 S.C. 441, 447–48 369 S.E.2d 652, 656 (Ct. App. 1988), *rev'd on other grounds*, 303 S.C. 177, 399 S.E.2d 767 (1990) (where the Court of Appeals upheld the trial court's determination that testimony concerning the condition of a parking lot approximately a year and a half after the plaintiff was injured in the parking lot was too remote to be admissible as evidence). The Commission expressly relied on Adair's testimony. *See Appellate Panel Decision and Order* at 3 ("A second witness for the Defendant (Mr. Adair) testified he had handled the job by himself and it was not as difficult as his previous jobs."). Accordingly, the Court finds that the Commission committed an error of law by admitting and relying upon Adair's testimony.

Although, however, the Court finds that the Commission committed an error of law by relying on Adair's testimony, this error was harmless. The Court may only reverse the Commission if Menie "has suffered the appropriate degree of prejudice *and* the [C]ommission's decision is affected by an error of law[.]" *Therrell v. Jerry's, Inc.*, 370 S.C. 22, 25, 633 S.E.2d 893, 894–95 (2006) (emphasis added). Accordingly, "an error is not reversible unless prejudice to the complaining party has resulted therefrom." *Sanders v. Wal-Mart Stores, Inc.*, 379 S.C. 554, 562, 666 S.E.2d 297, 301 (Ct. App. 2008). As discussed above, since substantial evidence exists in the record to support the Commission's decision, even when excluding Adair's testimony, Menie has not been prejudiced by the admission of Adair's testimony. In other words, this Court is not relying on Adair's testimony in finding that substantial evidence exists in the record to support the Commission's decision. The Court, thus, finds that the Commission's admission of, and reliance upon, Adair's testimony was harmless. *See, e.g., Eadie v. H.A. Sack Co.*, 322 S.C. 164, 172, 470 S.E.2d 397, 401 (Ct. App. 1996) (where the Court of Appeals found that although the Commission committed an error of law by improperly taking judicial notice of an industry standard, it was harmless and, thus, did not warrant reversal).

For the reasons stated above, the Court hereby **DENIES** Appellant's Motion for a New Trial, to Alter or Amend Judgment, and to Vacate and Remand this matter. Pursuant to Rule 59(f), the Court is of the opinion that oral argument is not necessary.

AND IT IS SO ORDERED.



ALISON RENEE LEE
Presiding Judge

Columbia, South Carolina
April 7, 2016

McDANIEL LAW FIRM

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COLUMBIA, SOUTH CAROLINA 29201

Proudly representing injured workers for over 25 years.

Preston F. McDaniel
OF COUNSEL:
Michael Johnson, P.C.

Telephone (803) 771-7211

Facsimile (803) 252-0709

May 12, 2011

Virginia L. Crocker, Judicial Director
SC Workers' Compensation Commission
Post Office Box 1715
Columbia, South Carolina 29202

RE: Alvin L. Menie v. State Accident Fund
WCC File No. 0307461

Dear Ms. Crocker:

Enclosed herewith is my Form 50 requesting a hearing with regards to the above-referenced matter along with my proof of service upon the carrier and/or opposing counsel in this matter. I have also enclosed this firm's check in the amount of $25.00 representing the appropriate filing fee.

I am requesting that this matter be set for hearing as soon as the Commission calendar will permit.

I hope this is sufficient for filing with the Commission. Should you require anything further, kindly advise.

Sincerely yours,

Preston F. McDaniel

PFM/gh
Enclosures

cc: Alvin L. Menie
State Accident Fund
Andrew E. Haselden, Esquire

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500 • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5723
www.wcc.sc.gov

WCC File #: **0307461**
Carrier File #:
Carrier Code #:
Employer FEIN #:

Claimant's Name: Alvin L. Menie SSN:
Address:
City: State: Zip:
Home Phone: (803) - Work Phone: ( ) -

Employer's Name: State Accident Fund
Address: Post Office Box 102100
City: Columbia State: SC Zip: 29221
Insurance Carrier: Self-Insured

Preparer's Name: Preston F. McDaniel Law Firm: McDaniel Law Firm Preparer's Phone #: (803) 771 - 7211

Complete each information blank. To request a hearing, check Box 13b, indicate the kinds of benefits claimed by checking the box(es) at Lines 6, 7, 8, and 9, and file this form in duplicate.

A claim for workers' compensation benefits is made based on the following grounds: **Date of Injury or Illness:** 03-03-03

☒ Injury ☐ Illness ☑ Repetitive Trauma

1a. The claimant sustained an injury to heart/cardiovascular system/psychological (Part(s) of Body Injured) on 03-03-03 (Month/Day/Year) in Richland county,
1b. state of SC.
Body part(s) affected are: heart/cardiovascular system/psychological

Briefly describe how the accident occurred. Heart condition developed due to unexpected strain, over exertion and/or unusual and extraordinary conditions of employment including but not limited to stress-related to handling job duties of 3 employees - auditors and extraordinary rate increase during the period of Fall 2002 and then specifically December 27, 2002 through March 4, 2003.

2. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.

3. The relationship of employer and employee existed at the time of injury.

4. At the time of the injury the claimant was performing services arising out of and in the course of employment.

5. Notice of the accidental injury was given to the Employer on 03-04-03 (Month/Day/Year) in the following manner: Telephone call to Ross Gamble.

☒ 6. Due to injury, the claimant is in need of (check one):

☑ (a) medical examination and treatment for: pursuant to treating cardiologist condition is chronic and permanent and will require lifetime treatment and reimbursement for past medical care.

☐ (b) additional medical examination and treatment for: Heart problems and psychological problems

☐ 7. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of:

☒ 8. Due to the injury, the Claimant has permanent disability of the following nature and extent (check one):

☒ (1) General Disability: ☒ Total ☒ (2) Specific Disability: ☒ Total
☒ (3) Wage Loss ☒ Partial ☒ Partial

☐ 9. Due to the injury, the Claimant has a serious bodily disfigurement consisting of: N/A

10a. At the time of the injury, the Claimant was paid weekly wages of $To Be Determined, and demands accounting of days worked and wages earned as provided by law.

10b. Give names and addresses of all employers for whom the Claimant has worked since the date of the accident: Same Employer - State Fund; now retired.

11a. Further grounds or unusual aspects of claim: Any and all benefits under the Act.

11b. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident: Dr. C. W. Hendricks, M.D., Columbia Heart Clinic, Columbia, SC

11c. To the best of your knowledge, did you have any prior permanent disability? N/A
If yes, describe: _____

12. Appropriate benefits as provided in the Act for the above grounds and other relief as the Workers' Compensation Commission may direct as just and proper.

☐ 13a. **I am filing a claim. I am not requesting a hearing at this time.**

☒ 13b. **I am requesting a hearing. A $25 fee is required.**

14. Estimated time needed for hearing: 1 hour

I verify the contents of this form are accurate and true to the best of my knowledge.

Preparer's Signature | Claimant's Attorney (Title) | mcdaniellaw@hotmail.com (Email) | 5/12/11 (Date)

Refer to R.67-204 through R.67-210 and R.67-601 through R.67-615. Questions about the use of this form may be directed to the Commission's Claims Department.

WCC Form # 50
Revised 9/07

50

Employee's Notice of Claim and/or Request for Hearing

HNB

HOWSER, NEWMAN
& BESLEY, LLC

Attorneys and Counselors at Law

R. Davis Howser
James P. Newman, Jr.
William G. Besley
Benjamin D. McCoy ^
Kelley Shull Cannon
Andrew E. Haselden
George V. Hanna, IV *
Michal Cooper Jones
Kyliene L. Keesley
Jennifer E. Thomas
Albert Richard Pierce, Jr. *
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^Certified Circuit Court Mediator and Arbitrator
*Also Admitted in North Carolina

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Charleston Office
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Suite C
Mt. Pleasant, SC 29464
Telephone (843) 216-6940
Fax (843) 216-6942
Toll Free (877) 216-6970

Reply to Charleston Office

June 9, 2011

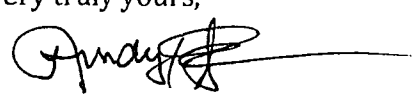
The Honorable Virginia L. Crocker
S. C. WORKERS' COMPENSATION COMMISSION
Post Office Box 1715
Columbia, South Carolina 29202-1715

RE: *Menie v. State Accident Fund*
WCC No.: *0307461*
Claim No.: *2003-2991*
Our File No.: *160-167*

Dear Ms. Crocker:

Enclosed please find the Form 51 which has been completed in the above-referenced matter. Should you have any questions, please contact me. With kind regards, I am

Very truly yours,



Andrew E. Haselden

AEH/sld

Enclosure

cc: Preston F. McDaniel, Esquire

South Carolina Workers' Compensation Commission
1612 Marion Street • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5739
www.wcc.sc.gov

WC File #: 0307461
Carrier File #: 2003-2991
Carrier Code #: 500-SF
Employer FEIN #: 570000J02

Claimant's Name: Alvin L. Menie SSN:
Address:
City: State: Zip:
Home Phone: (803) Work Phone: ( )
Date of Injury: 3/3/03

Employer's Name: State Accident Fund
Address: P.O. Box 102100
City: Columbia State: SC Zip: 29221
Insurance Carrier: Self-Insured

Preparer's Name: Andrew E. Haselden Law Firm: Howser, Newman & Besley, LLC Preparer's Phone #: (877) 216-6970

Date of Injury or Illness: 3/3/03

Complete each information blank. Specify clearly when contentions are admitted in part and denied in part. The employer/carrier in answer to the claim, respectfully shows:

1. It is **denied** the employee sustained an injury or illness on or about the date set forth in the Form 50. The reasons for denial are:
   Claimant did not sustain any compensable accidental injuries within the course and scope of his employment. Specifically, the Claimant's job duties did not rise to the level of unusual or extraordinary such that they caused his alleged injuries/condition
2. It is **admitted** that both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are:
3. It is **admitted** that the relationship of employer and employee existed at the time in question. The reasons for denial are:
4. It is **admitted** that at the time in question the employee was performing services arising out of and in the course of employment. The reasons for denial are:
5. It is **admitted** that notice of injury was given the employer. The reasons for denial are:
6. It is **denied** that the employee **needs** medical care as a result of injury or illness. The reasons for denial are:
   Claimant did not sustain any compensable accidental injuries within the course and scope of his employment.
7. It is **denied** that the employee is entitled to temporary total disability for the period(s) of:
   Claimant is not claiming he is entitled to TTD benefits
8. It is **denied** that the employee is permanently disabled. The reasons for denial are:
   Disability to be determined by the SCWCC
9. It is **denied** that the employee has serious disfigurement.
10. It is contended that an average weekly wage of **$775.11** applies, according to attached Form 20 as provided by law.
11. Further contentions, grounds of defense, or unusual aspects are:
    Defendants reserve the right to amend pending discovery
12. Estimated time needed for hearing: **30 minutes**

I certify I have served this document pursuant to R.67-212 by delivering a copy to:

Name: **Preston F. McDaniel, Esquire**

Address: **McDaniel Law Firm / 1315 Elmwood Ave. / Columbia / SC / 29201**

on the 9th day of June, 2011 by ■ first class mail ☐ personal service ☐ certified mail.

I verify the contents of this form are accurate and true to the best of my knowledge.

Preparer's Signature	Title	Email	Date
	Attorney for Defendants	aehaselden@aol.com	June 9, 2011

Refer to R.67-204 through R.67-210 and R.67-601 through R.67-615. Questions about the use of this form may be directed to the Commission's Judicial Department. Pursuant to R.67-606, a Form 20 must be filed with the Claims Department at least 30 days from the date of filing this form.

McDANIEL LAW FIRM

ATTORNEYS AND COUNSELORS AT LAW
1315 ELMWOOD AVENUE
COLUMBIA, SOUTH CAROLINA 29201

Proudly representing injured workers
For over 25 years.

Preston F. McDaniel
OF COUNSEL:
Michael Johnson, P.C.

Telephone (803) 771-7211

Facsimile (803) 252-0709

January ~~12~~ 13, 2012

Commissioner G. Bryan Lyndon
SC Workers' Compensation Commission
Post Office Box 1715
Columbia, South Carolina 29202

RE: *Alvin Menie v. State Accident Fund*
WCC File No.: 0307461

Dear Commissioner Lyndon:

Please find enclosed a copy of the Amended Pre-hearing Brief, Claimant's Amended Notice of Witnesses and Amended APA Submissions in the above referenced matter. By copy of this letter, with enclosures, we are forwarding a copy of our Amended APA submissions to opposing counsel on this date.

I hope this is sufficient for filing this matter with the Commission. However, if additional information is needed, please feel free to contact me at your convenience.

I look forward to seeing you at the hearing and to a resolution in the best interest of all parties concerned.

Sincerely yours,

Preston F. McDaniel

PFM/pkb
Enclosures
cc: Mr. Alvin Menie
Andrew E. Haselden, Esquire

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5739
www.wcc.sc.gov

AMENDED PRE-HEARING BRIEF
WCC File No: 0307461

Claimant's Name: _____ Employer's Name: State Accident Fund

Address: _____ Address: Post Office Box 102100

City: _____ State: ____ Zip: ____ City: Columbia State: SC Zip 29221

Home Phone: ( ) - Work Phone: ( ) -

Carrier: Self-Insured

Preparer's Name: Preston F. McDaniel Preparer's Phone #: (803) 771-7211

A claim for workers' compensation benefits is made based on the following grounds:
☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: To be determined 2. AWW: To be determined Date of Injury: 03/03/03

3. Type of injury and body part(s): Heart and psychological
4. Facts in controversy: See Attached.
5. Legal issues involved: See Attached.
6. Unusual aspects:
7. Witnesses (designate if expert):* See Notice of Witnesses
8. Exhibits: Claimant requests that WCC File Number 0307461 be made a part of the Record. (Additional Employer records may be submitted.)
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance): Pursuant to the APA and R. 67-612, the medica records of DHEC (ambulance report); Lexington Medical Center, E. Selman Watson, Ph.D.; and C.W. Hendricks, M.D., Columbia Heart Clinic, Columbia, SC (Plus Deposition of Dr. Hendricks).
10. Name, address, and specialty, if any, of the treating physician: C. W. Hendricks, M.D., Columbia Heart Clinic, Columbia, SC;
11. Impairment rating(s); body part(s); physician and date of opinion: Premature
12. I am amending my Form 50/51 in the following manner: N/A

I verify the contents of this form are accurate and true to the best of my knowledge.

Signature: _____ Email: mcdaniellaw@hotmail.com

Date of hearing: January 30, 2011 Time needed for hearing: 1 hour

On behalf of ☒ Claimant ☐ Employer

File this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports.
* Commissioners reserve the right to admit expert witnesses at hearings.

ATTACHMENT TO FORM 58

Alvin Menie v. State Accident Fund
WCC File No.: 0307461

4. a. Whether the Claimant suffered injury by accident arising out of and in the course of his employment. A heart condition, is compensable if it results from unexpected strain or overexertion in the performance of the duties of the employment or if it is as a result of unusual and/or extraordinary conditions in the employment. Mr. Menie was a Senior Premium Auditor in the Auditing Department of the State Accident Fund at the time he developed his heart condition of atrial fibrillation on March 3, 2003. The evidence will establish that in the time leading up to Mr. Menie's hospitalization on an emergency basis on March 3rd, 2003, that the Auditing Department performed 800+ audits and that the Auditing Department up until the end of December of 2002 consisted of three (3) auditors, in addition to Mr. Menie (Ms. Carla Johnson and Ms. Shawn Holloman) who performed those audits. Prior to January 1, 2003, the State Accident Fund advised all of its premium accounts that a huge rate increase would take effect on January 1, 2003 with an average rate increase of 24.7%. The evidence will establish that this resulted in a tremendous amount of additional workload, written communication and telephone calls with all the Agencies scrambling to minimize the effect of this tremendous rate increase on their particular agency. In addition, as of the end of December, the Auditing Staff went from three (3) to one (1), that being Mr. Menie due to the sickness of one auditor and the other auditor leaving the Agency. Therefore, not only was Mr. Menie left to do the work of three (3) auditors, thus increasing his workload from an auditing standpoint by three-fold during the time of January through March 2003, but he was left to field all of the questions and telephone calls and do all the responses necessary to respond to the tremendous rate increase. The Deputy Commissioner for the Agency described Mr. Menie's workload during this time and referred to his workload and the situation at the Agency in the Auditing Department in a Memo dated April 15, 2003 wherein he described it as, "you helped to keep these essential functions going throughout a period of transition caused by **staff turnover and other extraordinary circumstances**."

b. That as a result of the development of his medical heart condition and other conditions that have stemmed from this heart condition in reference to his heart and cardiovascular system, Mr. Menie has undergone four (4) emergency hospitalizations and has been under constant medical care for the heart condition which resulted from this injury by accident since March 3, 2003. His doctor has now said that his condition is permanent and that he will need lifelong medical care and the Claimant would request all the past, present and future medical care to be paid for as part of this compensable injury.

c. That as a result of the development of the heart condition and cardiovascular problems resulting from his injury by accident, the Claimant would submit that he is totally and permanently disabled. Based on his age education, background and experience and the physical facts of the injury, the jobs that he can perform are so limited in quality, quantity and dependability that a reasonably stable job market for them does not exist. Mr. Menie's treating cardiologist has stated that this injury to his heart has resulted in a 1/3rd decrease in his ability of his heart to function and that he is restricted to only performing the activities of daily living and can work in a sedentary capacity but without stress.

d. In the alternative, there is no question that the evidence will establish that Mr. Menie has suffered a substantial loss of earning capacity due to the injury resulting to his heart. He is limited to at best low stress jobs of a sedentary nature. Due to his income at the time of the injury, the Claimant would submit that he should be entitled to compensation for 340 weeks at the maximum compensation rate at the time of his injury for this permanent partial loss of earning capacity.

e. In the further alternative, the authorized treating cardiologist has stated that he has had a substantial loss of use of his heart to do any work requiring the use of his heart. The doctor stated that at best he is limited to sedentary low-stress work and therefore the Act provides that the Claimant under a scheduled member award for loss of use to the heart may receive a maximum award of 250 weeks for partial loss of use of the heart resulting from an injury. The Claimant would ask the Commission to award him the maximum award that it can

award him for the permanent loss of use of his heart as a result of this injury.

f. Claimant's entitlement to a lump sum award with Social Security language.

5. **IN CORRELATION WITH RESPONSES UNDER NUMBER 4:**

a. §42-1-160. Any heart condition or cardiovascular problem constitutes compensable injury by accident if it is induced by unexpected strain or overexertion in the performance or the duties of the Claimant's employment or by unusual and/or extraordinary conditions in the employment. Kearse v. S.C. Wildlife Resources Dept., 236 S.C. 540, 115 S.E.2d 183 (1960). The right to compensation is not effected by the fact that the unusual or excessive strain which participates the heart condition occurs while the employee is performing work of the same general type as that in which he was regularly involved. McWhorter v. S.C. Dept. of Insurance, 252 S.C. 90, 165 S.E.2d 365 (1969). The Supreme Court and Court of Appeals have specifically held repeatedly that where the heart problems result from extraordinary duties and/or an increase in hours or responsibilities that such conditions in the workplace constitute unusual and/or extraordinary conditions in the employment constituting injury by accident. See Kearse v. S.C. Wildlife Resources Dept., supra; Poulos v. Pete's Drive-In #3, 284 S.C. 264, 325 S.E.2d 583 (S.C. App. 1984), cert. denied., 286 S.C. 128, 332 S.E.2d 529 (1985); Canady v. Charleston County School Dist., 265 S.C. 21, 216 S.E.2d, 755 (1975); Cline v. Nosredna, 291 S.C. 75, 352 S.E.2d 291 (S.C. App. 1986). "Heart attack from pre-existing pathology coupled with unusual and extraordinary conditions of employment is a compensable injury." (Mr. Cline was the food manager for one restaurant and the employer added on a second restaurant and made him food manager over that restaurant.

Physical and/or mental or emotional problems resulting in disability are compensable if they result from unusual and/or extraordinary conditions in the employment. Smith v. NCCI, Inc., 369 S.C. 236, 631 S.E.2d 268 (S.C. App. 2006), reh. denied. See also Stokes v. First National Bank, 306 S.C. 46, 410 S.E.2d 248 (S.C. 1991); 298 S.C. 13, 377 S.E.2d 922 (S.C. App. 1988). (Workload with decrease in staff necessary to perform functions resulting in longer hours and/or more stress plus bank merger

constituted unusual and extraordinary conditions in the employment resulting from the same duties which the Claimant normally performed but increased workload and stress in his job was compensable.);

b. Claimant's entitlement to lifetime medical care under §42-15-60; Dykes v. Daniel Construction Co., 262 S.C. 98, 202 S.E.2d 646; Dodge v. Bruccoli, et al., 334 S.C. 574, 514 SE2d 593 (SC App 1999);

c. §42-9-10 and §42-1-120 defines total disability under §42-9-10; Coleman v. Quality Concrete Products, Inc., 245 S.C. 645, 142 S.E.2d 43 (1965); Colvin v. E.I. Dupont DeNemours Co., 227 S.C. 465, 88 S.E.2d 581 (1955); Stephenson v. Rice Services, 323 S.C. 113, 473 S.E.2d 699;

d. Permanent partial loss of earning capacity as provided in §42-9-20; Bowen v. Chiquola Mfg. Co., 238 S.C. 322, 120 S.E.2d 99 (1961); Bennett v. Gary Smith Builders, 271 S.C. 94, 245 S.E.2d 129 (1978);

e. In the alternative, Claimant's entitlement to scheduled member awards under S.C. Code §42-9-30 and Commission Reg. 67-1101;

f. Claimant's entitlement to a lump sum award pursuant to S.C. Code §42-9-301 and R. 67-1605 with language in the award that such lump sum as awarded by the Commission is being ordered to be paid in lieu of the Claimant's entitlement to payments of compensation being made on a per week basis spread over the Claimant's lifetime (as established by the South Carolina Mortality Table, S.C. Code of Laws §19-1-150) which payment method the Commission may order under SC Code of Laws §42-9-240 and pursuant to James v. Anne's Inc., 390 S.C. 188, 701 S.E.2d 730 (2010):

> "The first installment of compensation payable under the terms of our award . . . shall become due seven days from the date of such an award... Thereafter compensation shall be paid in installments weekly, except when the Commission determines that payment shall be made monthly **OR in some other manner.**"

(Such language will be helpful to the claimant in avoiding any Social Security Setoff and is an Order of payment that can be made by the Commission).

Respectfully submitted,

Preston F. McDaniel
Attorney for the Claimant

January ~~12~~ 13, 2012

STATE OF SOUTH CAROLINA	)	BEFORE THE SOUTH CAROLINA
	)	WORKERS' COMPENSATION COMMISSION
COUNTY OF RICHLAND	)	WCC File No: 0307461
Alvin L. Menie,	)	
	)	
Employee Claimant,	)	
	)	**AMENDED NOTICE OF WITNESSES AND**
v.	)	**WRITTEN REPORT(S)/PHYSICIAN**
	)	**OR OTHER EVIDENCE TO BE**
South Carolina State	)	**INTRODUCED ON BEHALF OF**
Accident Fund,	)	**CLAIMANT, ALVIN MENIE**
	)	
as Employer, and	)	
	)	
South Carolina State	)	
Accident Fund,	)	
as Carrier,	)	
	)	**HEARING DATE: 01/30/12**
Defendants.	)	
	)	

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND ATTORNEY FOR THE EMPLOYER/CARRIER

YOU ARE HEREBY NOTIFIED THAT THE Claimant Alvin Menie pursuant to the provisions of the South Carolina Workers' Compensation Act and South Carolina Code Section 1 23 330 (1976, as amended), herewith submits the following reports/physician or other evidence on behalf of the Claimant, to wit:

Tab Nos.	NAME OF REPORT(S)/PHYSICIAN(S) OR OTHER EVIDENCE	DATE OF REPORT(S)	PAGE Nos.
1	Charles W. Hendricks. M.D. (Reports)	03/24/05-12/07/10	1-10
2	DHEC (Ambulance report)	03/03/03	11-12
3	Lexington Medical Center	03/04/03-9/24/08	13-56
4	Charles W. Hendricks, M.D. Columbia Heart Clinic treatment records	03/21/03-08/05/11	57-105

5	Selman Watson, Ph.D.	07/16/03	106-111
6	State Accident Fund Records		112-190

YOU ARE FURTHER HEREBY NOTIFIED that you have the right to cross examination; and, should you desire to exercise said right, you are to forthwith schedule the deposition(s) of any of the physicians or other person(s), whose reports are submitted, for the purposes of cross examination.

YOU ARE FURTHER NOTIFIED that the originals of the documents referred herein, or photocopies received from said physicians/others, are being herewith forwarded to the South Carolina Workers' Compensation Commission for insertion in the file of the South Carolina Workers' Compensation Commission and inclusion into evidence on behalf of the Claimant.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the Claimant:

The Claimant; Ross Gamble; Steve Flowers; Shawn Holman; Carla Johnson; Chris Boles; State Accident Fund Adjuster with file; any witness listed, named or called by the Defendants; and other lay witnesses to be named by the Claimant.

Respectfully submitted,

Preston F. McDaniel, Esquire
Attorney for Claimant
1315 Elmwood Avenue
Columbia, SC 29201

January 13, 2012

CERTIFICATE OF SERVICE BY MAIL

SCWCC File #: 0307461

I hereby certify that I have on this day served the following in the matter of ***Al Menie vs. South Carolina State Accident Fund,*** with a copy of the **Claimant's Amended Pre-Hearing Brief, Amended Notice of Witnesses and Written Reports(s) / Physician or other Evidence, and Amended APA Submissions, with enclosures,** by depositing the same in the United States Mail, with adequate postage thereon, addressed as follows:

Commissioner G. Bryan Lyndon
SC Workers' Compensation Commission
Post Office Box 1715
Columbia, South Carolina 29202

Andrew E. Haselden, Esquire
Howser, Newman & Besley
1110 Queensborough Boulevard, Suite C
Charleston, South Carolina 29464

Patty K. Boatwright, Paralegal

SWORN TO BEFORE ME this
13th day of January, 2012.

(L.S.)
Notary Public for South Carolina
My Commission Expires: 10/28/18

STATE OF SOUTH CAROLINA)
)
COUNTY OF RICHLAND)

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
WCC File No: 0307461

ALVIN MENIE,

Employee Claimant,

v.

STATE ACCIDENT FUND,

as Employer, and

STATE ACCIDENT FUND,

as Carrier,

Defendants.

AMENDED APA SUBMISSIONS
HEARING DATE: 01/30/2012

Pursuant to South Carolina Code §1-23-330 and Commission Rule 67-612 Preston F. McDaniel, the Attorney for the Claimant, submits the following report(s) in support of and on behalf of the Claimant in this matter:

Tab Nos.	NAME OF REPORT(S)/PHYSICIAN(S) OR OTHER EVIDENCE	DATE OF REPORT(S)	PAGE Nos.
1	Charles W. Hendricks. M.D. (Reports)	03/24/05-01/12/12	1-10
2	DHEC (Ambulance report)	03/03/03	11-12
3	Lexington Medical Center	03/04/03-9/24/08	13-56
4	Charles W. Hendricks, M.D. Columbia Heart Clinic treatment records	03/21/03-08/05/11	57-105
5	Selman Watson, Ph.D.	07/16/03	106-111
6	State Accident Fund Records		112-190

Columbia
HEART
clinic

Locations:
Providence Hospital
1655 Bernardin Ave.
Suite 220
Columbia, SC 29204
(803) 254-5038

Palmetto Richland Memorial Hospital
One Medical Park
Suite 420
Columbia, SC 29203
(803) 256-6511

Lexington Medical Center
2728 Sunset Blvd
Suite 101
West Columbia, SC 29169
(803) 376-4110

M. Donald Alexander, Jr., M.D., FACC

J. Kevin Baugh, M.D., FACC

G. Conrad Bauknight, Jr., M.D., FACC

Daniel P. Bouknight, M.D.

H. Wade Collins, III, M.D., FACC

Barry J. Feldman, M.D., FACC, FACP

Jennifer A. Feldman, M.D., FRACP

C.W. Hendricks, M.D., FACC

W. Joseph Hollins, II, M.D., FACC

Stephen H. Humphrey, M.D., FACC

Benjamin R. Jones, M.D., FACC

J. William Phillips, III, M.D.

Rodney G. Rhinehart, M.D., FACC

Gopi Y. Shah, M.D.

Robert A. Schulze, Jr., M.D., FACC

William W. Stuck, M.D., FACC

March 24, 2005

MEDICAL STATEMENT

RE: Alvin L. Menie

To Whom It May Concern:

Mr. Menie is currently a patient under my care. Mr. Menie is on several medications and stopping any one of these would cause deterioration in his medical condition.

If you should have further questions, please feel free to contact my office

Sincerely,

C.W. Hendricks, M.D.

CWH /file

Alvin Menie v. State Accident Fund
WCC File No: 0307461

1). If considering that Mr. Menie's total number of audits nearly tripled ,which also correlates to increased hours worked, due to short staffing at his workplace prior to March 3, 2003, would you say, within a reasonable degree of medical certainty, that these factors caused increased stress, strain and exertion on Mr. Menie?

Yes ✓ No ____

2). If Mr. Menie did suffer from increased stress, strain and exertion at his workplace prior to March 3, 2003 due to an increased workload and longer work hours, would you say, within a reasonable degree of medical certainty, that that the increased stress, strain and exertion caused Mr. Menie to suffer from atrial fibrillation on March 3, 2003?

Yes ✓ No ____

3) Will Mr. Menie need ongoing medical treatment for his heart-related condition for the remainder of his life?

Yes ✓ No ____

4) If Mr. Menie does require life-long medical treatment for his heart-related condition, what exactly would this treatment include?

Anti-arrhythmic therapy indefinitely

FAXED 1-31-06

C. W. Hendricks, MD

Date 1/31/06

Alvin L. Menie
Patient Acct. #: R58256
DOB: 06/25/43

Dear Dr. Hendricks:

I would appreciate it if you could provide answers and opinions to the following questions concerning Mr. Menie and his heart condition:

1. Is it correct based on a review of your records and a review of the hospitalization records following his first atrial fibrillation on March 4, 2003 and specifically in reference to the Emergency Room records and the history and physical of Dr. Donald Alexander, M.D. and your consultation and discharge summary of March 7, 2003 that Mr. Menie had no history of cardiac problems or high blood pressure prior to the time of his admission to the hospital at that time?

   ✓ Yes _____ No

   CWH (initials)

2. Is it correct based on a review of your records and based on your recollection that following the fact that the tests which in part were to address potential causes of new onset atrial fibrillation which all proved to be negative, that you and Mr. Menie had a discussion wherein he related to you in general terms that he was under a lot of job stress at work?

   ✓ Yes _____ No

   CWH (initials)

3. Did you complete a Questionnaire on January 31, 2006 concerning Mr. Menie and the cause of the onset of his atrial fibrillation which consisted of four (4) questions and do the answers to the questions posed to you at that time still constitute your opinions to a reasonable degree of medical certainty (copy of the report is attached hereto and incorporated herein by reference as Exhibit 1)?

   ✓ Yes _____ No

   CWH (initials)

4. Have you reviewed a description of the job responsibilities of Mr. Menie as an auditor with the State Accident Fund responsibilities (a copy of which is attached hereto and incorporated herein by reference as Exhibit 2) and does that constitute your understanding of the job responsibilities of Mr. Menie?

✓
Yes

No

CWH (initials)

5. Is it in fact true that you have reviewed and specifically discussed the changes in Mr. Menie's work load, hours and job responsibilities that occurred between 2002 and 2003 and specifically the facts that:

1. Each year the auditors for the State Accident Fund do approximately 600 audits per year which have to be done between July 1st and June 30th of a given physical year and that during this year, Mr. Menie and the other auditors had to perform those approximately 600 audits by June 20, 2003

2. Prior to December 27, 2002, there were three (3) auditors, Ms. Shawn Holman, Ms. Carla Johnson and Mr. Al Menie to do those audits and in addition, they had the assistance of a full-time position at least up until the Fall of 2002 to conduct those audits and the work of the auditing department including the audits for all state agencies which were due to be completed by December 31, 2002.

3. Then on or after December 27, 2002 one of the auditors, Ms. Shawn Holmon, left the agency with December 30, 2002 being her last day to take a position with the S.C. Retirement System and as of December 27, 2002, the other auditor, Ms. Carla Johnson was out of work for a back surgery leaving Mr. Al Menie to do the work of the Auditing Department. Also, by that time they had lost the full-time assistant position due to reorganization and the hiring of a Deputy Director.

4. As of January 1, 2003, the auditing team would have begun the auditing of cities, counties and other agencies other than the state agencies, all of which had to be completed by June 30, 2003.

5. The effect of these changes was that Mr. Menie was left as the only person to do the audits and carry to out the office/internal responsibilities of the auditing staff, specifically including all response necessary from telephone calls, correspondence or otherwise from the agencies to the State Accident Fund on all issues as set forth in the Auditor Position Responsibilities statement.

6. In addition, is it your understanding that in addition to now having to perform the work of three (3) auditors in reference to the audits and in reference to all of the other job responsibilities of the auditing staff of the State Accident

Fund (Fund) that the Fund had notified all policy holders that, effective January 1, 2003, rates increased an average of 24.7% and that this generated a tremendous increase in the amount of calls and requests for information concerning the various activities and information as is reflected in the auditor's responsibilities description, which you have reviewed.

All this combined to require Mr. Menie to work longer hours, to work through breaks and lunch and caused him to be unable to perform the auditing responsibilities due to constant interruption due to the numerous questions. Again, Mr. Menie was the sole person that was available to perform in the auditing department and was responsible for answering all these inquiries from December 27, 2002 through the date of his first atrial fibrillation on March 4, 2003. Did you also review the memorandum concerning a subsequent increase in salary from Mr. Ross Gamble in which Mr. Gambie, the deputy director of the agency stated that, "We recognize that during the past year you have played and continue to play a key role in collecting the revenue and conducting premium audits. You helped to keep these essential functions going throughout a period of transition caused by staff turnover and other extra ordinary circumstances." (Exhibit 3)

Does this concur with the information you have and properly reflect your understanding of Mr. Menie's job responsibilities and the changes that occurred in those job responsibilities and his hours of work and lack of help and job responsibilities during this period leading up to the time of his first atrial fibrillation on March 3, 2003?

✓ Yes _____ No

CWH (initials)

6. Are your opinions concerning the causation of his cadiological condition and specifically atrial fibrillation (which according to your records is now chronic) based upon your understanding of his job responsibilities and the work load that he was under as of the time of and leading up to his first atrial fibrillation on March 4, 2003?

✓ Yes _____ No

CWH (initials)

7. Based on your review of his job responsibilities and work load as set forth above and specifically between December 27, 2002 and March 4, 2003, is it your opinion to a reasonable degree of medical certainty that the cause of his onset

high blood pressure and the initial atrial fibrillation was the physical and emotional job stress placed upon him by his job duties and responsibilities?

✓
Yes

No

CWH (initials)

8. Is it a fact that among the medical community and specifically among cardiologist specializing in the treatment of cardiovascular problems that two of the known causes of atrial fibrillation is high blood pressure and physical and emotional stress?

✓
Yes

No

CWH (initials)

9. Is it your opinion to a reasonable degree of medical certainty that Mr. Menie's cardiological problems of atrial fibrillation and high blood pressure were caused by the physical and emotional stress arising out of and from his job duties, responsibilities and work load?

✓
Yes

No

CWH (initials)

10. Since it is a fact that a known cause of both high blood pressure and atrial fibrillation is physical and emotional stress and since Mr. Menie had no history of high blood pressure prior to his hospitalization on March 4, 2003 at which time he was diagnosed with both high blood pressure and atrial fibrillation, is it true that you cannot tell for sure which came first (as you put it, the chicken or the egg), the high blood pressure or the atrial fibrillation or if they in fact occurred or developed at the same time?

✓
Yes

No

CWH (initials)

11. Is it a proper statement of your opinion that since physical and/or emotional stress are known causes of high blood pressure and atrial fibrillation and since high blood pressure is a known cause of atrial fibrillation and because

both conditions, high blood pressure and atrial fibrillation, were present on March 4, 2003, it is difficult to tell whether or not Mr. Menie first developed high blood pressure from his physical and emotional stress which lead to his atrial fibrillation or if he developed both the high blood pressure and the atrial fibrillation simultaneously but in either case, it is your opinion that these conditions resulted from, as Mr. Gamble put it "extraordinary" job duties, responsibilities and work load of his job?

✓ Yes _____ No

CWH (initials)

12. Is it correct that it is your opinion as a board certified cardiologist that once a person has had an initial atrial fibrillation that the person is more susceptible to more atrial fibrillations and that in fact Mr. Menie's subsequent atrial fibrillations and his chronic condition of atrial fibrillation were caused by the physical and emotional stress arising out of and from his job responsibilities, duties and work load as set forth hereinabove?

✓ Yes _____ No

CWH (initials)

13. Is it your opinion that Mr. Menie will need ongoing medical treatment for his heart related condition and high blood pressure for the remainder of his life?

✓ Yes _____ No

CWH (initials)

14. Assuming that the answer above is yes, will that medical treatment include being under the treatment of a board certified cardiologist such as yourself, constant and regular medications, testing and monitoring to monitor his condition and other medical care?

✓ Yes _____ No

CWH (initials)

If there is other medical care other than that listed above, please set forth any specific medical care that you know he will need for the remainder of his life to treat his chronic atrial fibrillation and high blood pressure conditions:

a._____

b._____

c._____

d._____

e._____

f._____

The above referenced opinions and answers to the questions posed constitute my opinions and answers to a reasonable degree of medical certainty concerning my treatment of my patient, Al Menie.

Charles W. Hendricks, M.D.

12/7/10

Date:

RE: Our client/Your patient: Alvin Menie

From: **Andrea Carter** (acarter@columbia-heart.com)
Sent: Thu 1/12/12 3:22 PM
To: Patty Boatwright (pbmcdlaw@hotmail.com)

Yes that is correct.

Please let me know if you need anything else. Andrea

From: Patty Boatwright [mailto:pbmcdlaw@hotmail.com]
Sent: Thursday, January 12, 2012 3:21 PM
To: Andrea Carter
Subject: RE: Our client/Your patient: Alvin Menie

Good afternoon Andrea. We have received the signed report of Dr. Hendricks dated January 12, 2012. Does the handwritten note under item # 2 state as follows:

"He should be limited and is not capable of strenuous, sustained and forceful physical work."

Thank you for your prompt attention and assistance in this matter.

Sincerely,
Patty K. Boatwright
Paralegal to Preston F. McDaniel
& R. Michael Johnson, Jr.
McDaniel Law Firm
1315 Elmwood Avenue
Columbia, SC 29201
T: (803) 771-7211
F: (803) 252-0709

Alvin L. Menie
Patient Acct. #:
DOB:

Dear Dr. Hendricks:

I would appreciate it if you could provide answers and opinions to the following questions concerning your patient, Mr. Al Menie:

1. After review of your records concerning Mr. Menie's treatment since 2003 and your current diagnosis, as you explained in your deposition and after review of the AMA Guidelines, 5th Edition, in your opinion what impairment does Mr. Menie have pursuant to the AMA Guidelines of the Rating of Permanent Physical Impairment found between pages 56 and 61 of the AMA Guidelines 5th Edition?

   30-49% %

   CWH (initials)

2. In your opinion as his treating cardiologist, should Mr. Menie be limited in the type of work activities he should do, and what should those limitations include?

   He should be limited + is not capable of any strenuous, sustained or careful physical work

3. Based on the five physical demand work categories under the U.S. Department of Labor's Physical Demand Work Classification system as published in the Dictionary of Occupational Titles, what physical demand category does Mr. Menie best fit into (please circle)?

   Sedentary Light Duty Medium Duty Heavy Duty Very Heavy Duty

   CWH (initials)

The above referenced opinions and answers expressed by me constitute my opinions and answers to a reasonable degree of medical certainty concerning Mr. Al Menie.

Charles W. Hendricks, M.D.

1-17-12
Date:

REPORT NO. (1-9) 388537 Exhibit A

DHEC PATIENT CARE FORM

O.A.NO. 03 TRIP NO. 3586

PATIENT IDENTIFICATION (Please Print)
LAST NAME (10–29): Menie FIRST NAME (30–45): AK MI (46)
STREET (47–71): APT #
SSN (95-103)

DISPOSITION (110–114)
01 TREAT/NO TRANS.
02 DOA AT SCENE
03 [X] HOSPITAL ER
04 HOSP. DIR. ADMIT.
06 PATIENT'S HOME
07 NURSING HOME
08 DR.'S OFFICE
09 OUTPATIENT
10 PT. REFUSED TREAT.
13 EMS TRANSFER

TYPE OF INCIDENT
TRAUMA (112): 1 MVA, 2 MC, 3 BIKES, 4 PED, 5 ASSAULT, 6 FALL, 7 FIRE, 8 INTERFAC, 9 OTHER
MEDICAL (113): 1 ENVIRON, 2 BEHAV, 3 OB/GYN, 4 RESP, 5 [X] CARDIAC, 6 INTERFAC, 7 OTHER

CALL TYPE
TO SCENE (114): 1 [X] EMERGENT, 2 NONEMERGENT, CODE 03
ON SCENE (115): 1 [X] URGENT, 2 NON URGENT
FROM SCENE (116): 1 URGENT, 2 [X] NON URGENT, CODE 01

SEX (104): 1 [X] Male, 2 Female, 3 Undetermined

RACE (105): 1 [X] White, 2 Black, 3 Am. Indian, 4 Hispanic, 5 Asian, 6 Other

AGE (106–109): 059 CHECK ONE 1 [X] YRS. 2 MOS. 3 DAYS

INCIDENT LOC.
ST. OR HWY. NAME OR NO.: Same
CITY: Lexington, 29170
County (117-118): 32 Zip Code (119-123): 4 7

SAFETY EQP (124): 1 Seatbelts, 2 Helmets, 3 Airbags, 4 Child Seat, 5 None, 6 Unkn.

SITE OF INCIDENT (125): 1 ROADWAY, 2 [X] RESIDENCE, 3 INDUSTRIAL, 4 RECREATIONAL, 5 AGRICULTURAL, 6 OTHER

PRELIMINARY IMPRESSIONS (MARK NO MORE THAN 4) (126–137)
003 Seizure, 004 Diabetic, 011 Abrasion/Contusions, 013 Laceration, 023 Fracture, 024 Multitrauma/Shock, 030 Head Injury, 032 Spinal Injury, 084 Stroke, 051 G.I. Problems, 074 Respiratory Distress, 080 Coronary Problems, 083 Cardiac Arrest, 126 Other, 056 Other

PRIMARY IMPRESSION (138–140): 080

TREATMENT PROCEDURES (141–
01 Dressing Applied, 02 Limb Splinted, 03 Spine Immobilized, 04 Neck Immobilized, 05 OB Assistance, 06 Oral Airway Used, 07 [X] Oxygen Given, 08 Suction Used, 09 Antishock Trousers, 10 Airway Maintained, 11 Antishock Treatment, 12 Artificial Resp., 13 Cardiac Massage, 14 Bleeding Controlled, 15 Cold Application, 16 Patient Restrained, 17 [X] Other (Use Comments), 18 Ventilator

HCFA CODES (175–180)

ADVANCED PROCEDURES (190–223)
1 [X] Intubated, 2 [X] IV Started Attempted, 4 [X] Cardiac Monitored, 7 [X] Pulse Oximetry, 8 [X] Capnometry, 9 [X] Rhythm Interpretation, 10 [X] Manual Defibrillation, 11 [X] Manual Pacing, 12 [X] Electrocardiogram, 13 [X] Cardiac Arrest Management, 14 [X] Pulmonary Edema Management, 15 [X] Hypoglycemia Management, 16 [X] Hypotension Management, 17 [X] Hypothermia Management, 18 [X] Hyperthermia Management, 19 [X] Tachycardia Management, 20 [X] Bradycardia Management, 21 [X] Hypertension Management, 22 [X] Hypovolemia Management, 23 [X] Trauma Assessment Management, 24 [X] Spinal Immobilization, 25 [X] Cervical Collar, 26 [X] Bleeding Control, 27 [X] Burn Management, 28 [X] Medical Control, 29 [X] Other, 30 [X] Other

SITE OF TRAUMA (181–189)
1 [X] Head, 2 [X] Face, 3 [X] Neck, 4 Chest, 5 [X] Abdomen, 6 [X] Hip/Pelvis, 7 [X] Upper Extr., 8 [X] Lower Extr., 9 [X] Back

DRUGS USED (226–241)
DRUG | DOSE | SITE | TIME

REVISED TRAUMA SCORE
GCS: (242) EYES ____ (243) VERBAL ____ (244) MOTOR ____ (245–246) GLASGOW ____
(247–249) SBP ____ (250–252) RR ____ RTS (254–255) ____
(253) ANATOMICAL INJ. 1 [X] YES 2 NO

VITAL SIGNS

BP	PULSE		RESPIRATONS		PUPIL	LEVEL OF CONSC.		TIME
98/60	RATE 68	[X] REG. [X] IRREG.	RATE 18	[X] REG. [X] IRREG.	E	A	A	
101/120	88	[X] REG. [X] IRREG.	18	[X] REG. [X] IRREG.	E	A	A	
162/106	76	[X] REG. [X] IRREG.	18	[X] REG. [X] IRREG.	E	A	A	
/		[X] REG. [X] IRREG.		[X] REG. [X] IRREG.				
/		[X] REG. [X] IRREG.		[X] REG. [X] IRREG.				

EUNCD: E U N C D. AVPU: A V P U

EXPOSURE TO PT's BODY FLUIDS? (256) 1. [X] YES 2. [X] NO

1st Responder (257) 1. [X] YES Name: ____ 2. [X] NO

COMMENTS (INCLUDE CHIEF COMPLAINTS, OBSERVATIONS AT SCENE, RESPONSE TO STIMULI)

CC: dizziness c̄ N/V - HPI: Pt related to sudden onset while sitting in chair - pt denied any SOB, CP or any other complaints at present or hrs/days prior. HX: Sleepapnea Meds: none - *NKDA* PE: Pt found on knees slumped over bed, LAOX4, Pat. Airway c̄ Active vomiting, SpO2 @ 98% c̄ RA, lungs CLR Bilat, Str. irreg radial pulse, Skin pale, Cool & Clammy. - Tx: LOC, ABC, SpO2, BP, Lung Sounds, pt secured to FW 6LPM O2 via N.C c̄ SpO2 @ 99% 2° Active vomiting (-) Blood present in vomit. FW into Unit c̄ O2 maintained, EKG applied c̄ A-fib. Pt denied any past episodes of irreg. HB, BP reassessed, BGL N. Pt's Δ in C/C & appearance or new complaints. Pt remained c̄ vomiting. Evacuate to ER

Patient Care Form Left-In (258): 1. [X] ED 2. ICU 3. OTHER ____ See Page 2

TIME RECORD

RUN DATE (MONTH / DAY / YEAR)	05 / 05 / 05
Call Received (262–270)	1931
Call Dispatched (271–274)	1931
Departed Base (275–278)	1932
Arrive Scene (279–282)	1945
Departed Scene (283–286)	2000
Arrive Destination (287–290)	2017

DHEC PERMIT NO. (291–295): 04404

RECEIVING AGENCY (296–299): 2017

SENDING AGENCY (300–303)

ATTENDANT'S SIGNATURE: Connie L Rampion

PRIMARY PATIENT ATTENDANT (304–308)

2ND ATTENDANT/DRIVER (309–313)

3RD ATTENDANT/DRIVER (314–318)

PROVIDER TYPE (OPTIONAL)

(RECEIVING NURSE OR PHYSICIAN)

DHEC
PROMOTE PROTECT PROSPER

South Carolina Patient Care Report
Supplemental Form
Division of Emergency Medical Services

Report Number: _____ Provider Number: _____ Trip Number: 03-3586 Date: 3/3/03

Patient Name: Al Menie

Address:

Time	Notes
	Pt Status given via radio to LMCER ε 4 min ETA.
	Pt reassesed ε ↓ in dicress, Skin Color ε Slight Color return
	and pt relating to ↓ in nausea. Upon arrive at
	LMC ER pt Care ε oral report given to ER staff.
	Dov: None.

Signatures & Numbers

Attendant A: Name Lewis L Raymond No. 9830 Attendant B: Name Hall No. 2101

DHEC 1060 (01/1/992)

LEXINGTON
MEDICAL CENTER
2720 Sunset Boulevard
West Columbia, South Carolina 29169
803-791-2600

EMERGENCY DEPARTMENT NOTE

PATIENT: MENE, ALVIN L
LOCATION: H3P1 311
ADM. #: [illegible]
M.R. #: [illegible]
ADMITTED: March 04, 2003
D: 03/03/2003
DISCHARGED:
T: 03/04/2003 9:35 AM /lms
PHYSICIAN: V SCOTT CARROLL, MD
SSN:

CHIEF COMPLAINT: "I feel dizzy."

HISTORY OF THE PRESENT ILLNESS: The patient is a 59-year-old who presents to the Emergency Department with acute onset of dizziness tonight which he describes the room as spinning. He has had associated diaphoresis profusely. He has also been vomiting. Denies any headache, tinnitus, visual changes, chest pain, shortness of breath, or any symptoms consistent with angina other than his diaphoresis and vomiting. He has had no headache.

PAST MEDICAL HISTORY: He has been diagnosed with vertigo in the past and has actually taken ( ) in the past for this. He also has a history of cellulitis and he has obstructive sleep apnea for which he is on CPAP.

ALLERGIES: None known.

PHYSICAL EXAM: VITAL SIGNS: Temperature 97, pulse 103 and irregular, blood pressure 145/94. Oxygen saturation 99%. Respirations 18. GENERAL: Very pale White male, his shirt is wet from diaphoresis. HEENT: Pupils equal, round, and reactive to light. Serous effusions bilaterally. Oropharynx clear. NECK: Supple. NEUROLOGIC: Positive Hall-Pike and in fact began having dry heaves after the Hall-Pike test. LUNGS: Clear. CARDIOVASCULAR: Irregularly irregular rhythm. No appreciable murmur or rub was noted. ABDOMEN: Soft, nontender. EXTREMITIES: Warm. Can move all extremities without difficulty. SKIN: Moist to touch.

MEDICAL DECISION MAKING: A 59-year-old who presents with vertiginous symptoms however, he also has an irregularly irregular pulse with no history of atrial fibrillation.

DIAGNOSTIC STUDIES: EKG reveals atrial fibrillation without obvious signs of ischemia. Cardiac enzymes negative. CT scan of the brain negative. Chest x-ray no congestive failure. CBC normal WBC 11,000 and he does have a left shift. CMET shows a CO2 that is low at 20 with anion gap 16.

EMERGENCY DEPARTMENT COURSE: TREATMENT: Given 500 cc bolus of saline and Phenergan 25 mg IV. Also placed him on 5 mcg of nitroglycerin.

DIAGNOSIS(ES):
1. New onset atrial fibrillation.
2. Vertiginous symptoms most likely vertigo benign positional possibly anginal equivalent.

DISPOSITION: Due to his diaphoresis and vomiting and his new onset atrial fibrillation I have consulted with cardiology, Dr. Alexander was here in the Emergency Department and saw the patient and is admitting him to PCU for further evaluation. The patient is currently stable and is feeling improved after his Phenergan and IV fluids.

V SCOTT CARROLL, MD

cc:

LEXINGTON
MEDICAL CENTER
2720 Sunset Boulevard
West Columbia, South Carolina 29169
803-791-2000

HISTORY & PHYSICAL

PATIENT: MENIE, ALVIN L
LOCATION: H3P1
ADM. #: [illegible]
M.R. #: [illegible]
ADMITTED: March 04, 2003
D: 03/03/2003
DISCHARGED:
T: 03/04/2003 10:26 AM /tsg
PHYSICIAN: M DONALD ALEXANDER, MD
SSN:

HISTORY OF THE PRESENT ILLNESS: This patient is a 59-year-old gentleman with a longstanding history of sleep apnea using CPAP. He has also had a history of chronic lower extremity venous insufficiency with a history of cellulitis. He otherwise has been in fairly good health according to he and his family.

The patient had an acute onset of vertigo this evening associated with significant nausea, diaphoresis and vomiting. He was extremely weak. Due to these problems he was brought to the emergency department at Lexington where he was noted to be in atrial fibrillation. The patient has no prior known history of cardiac problems. No history of arrhythmia. He has had no similar episodes to his present illness.

He has not had any chest pain consistent with angina and he has not had any overt symptoms of congestive heart failure. Due to the new onset atrial fibrillation a cardiology consultation was kindly requested. The patient did undergo a noncontrasted CT of the head, which by report is normal.

REVIEW OF SYSTEMS: The patient does have a history of allergies and has had some congestion in his ears last week for which he took some ear drops. He has not had any fever, chills, or sore throat. He denies any blurred vision or lateralizing neurological signs. He denies any dysphagia. He has not had any particular chest pain or shortness of breath, but he does have chronic sleep apnea. He is obese. He denies any abdominal pain or history of peptic ulcer disease. He does admit to chronic lower extremity edema and a history of cellulitis in his left lower extremity.

CURRENT HOME MEDICATIONS: Allegra and Antivert.

ALLERGIES: None known.

PHYSICAL EXAMINATION:
VITAL SIGNS: Blood pressure 130/90, pulse 90/irregular.
GENERALLY: Obese, pleasant in no acute distress; however, when he moves his head he becomes profoundly nauseated.
NECK: Preserved carotid upstroke without bruits. No neck vein distention. No thyronegaly.
LUNGS: Clear to percussion and auscultation.
CARDIOVASCULAR: Irregular rhythm without detectable murmur. No gallop.
ABDOMEN: Morbidly obese without definite mass, organomegaly or tenderness. Bowel sounds are normal and no abdominal bruits. Femoral pulses are 1+ and lower extremity pulses are diminished.
LOWER EXTREMITIES: Revealed chronic brawny changes with 2+ lower extremity edema at the ankles.

DIAGNOSTIC STUDIES: Electrocardiogram reveals atrial fibrillation with variable ventricular rate response, delayed ( ) progression, nonspecific ST changes. There are no changes consistent with acute
injury. CBC reveals a normal WBC with a significant left shift, HGB 16, HCT 46.9. Electrolytes are intact. Cardiac enzymes initially are negative. Noncontrasted CT of the head is reported as normal.

DIAGNOSTIC IMPRESSION:
1. Acute vertiginous episode, questionable etiology, suspect most likely either ears, nose and throat or

central nervous system etiology.
2. Arrhythmias manifested by probable new onset atrial fibrillation. However, must rule out underlying coronary artery disease, rule out underlying cardiomyopathy.
3. History of sleep apnea.
4. Chronic obesity.
5. Probable history of chronic lower extremity venous insufficiency with previous cellulitis.

PLAN:
1. The patient will be admitted to the progressive coronary care unit on rule out MI protocol, serial EKGs and enzymes.
2. We will monitor closely with control of his rate.
3. We will treat him for his vertigo with ENT consult in the morning as well as neurological consultation.
4. Continue his home medications to include CPAP.
5. Check lower extremity venous Doppler.
6. Further disposition based on subsequent findings.

My partners and I appreciate the opportunity to participate in the care and evaluation of this patient. I would like to thank Dr. Carroll in the ED for his kind referral.

M DONALD ALEXANDER, MD

cc:
WILLIAM H CRIGLER, MD

LEXINGTON
MEDICAL CENTER
2720 Sunset Boulevard
West Columbia, South Carolina 29169
803-791-2000

ECHOCARDIOGRAM

PATIENT: MENIE, ALVIN L
LOCATION: H3P1
ADM. #:
M.R. #:
ADMITTED: March 04, 2003
D: 2003-03-04 17:36:07.0
DISCHARGED:
T: 2003-03-04 19:15:00/mn
PHYSICIAN: CHARLES W HENDRICKS, MD
SSN:

PROCEDURE: Transthoracic echocardiogram was performed with M-Mode, 2-D, Spectral Doppler and Color Flow Analysis.

TECHNICAL FINDINGS: The left atrium is dilated at 5 cm with normal aortic root and aortic valve excursion. Septal and posterior wall thicknesses are normal in a slightly dilated LV cavity with normal systolic performance with an ejection fraction calculated at 64%. The right ventricle is normal. There is no pericardial
effusion. Mitral E:F slope and DE excursion are normal and there is no evidence of mitral valve prolapse.

Two-D echo supports the M-Mode findings with normal valve and chamber relationships and normal left ventricular systolic performance.

Doppler and color flow interrogation demonstrates essentially normal peak velocities and flow patterns with mild tricuspid insufficiency and modest pulmonary hypertension at 37 mmHg - probably within a wide normal range.

DIAGNOSTIC IMPRESSION:
1. Left atrial enlargement.
2. Slight ventricular dilatation with normal systolic performance - probably normal for this body size.
3. Incidental tricuspid insufficiency with modest pulmonary hypertension.

SIGNED REPORT IN DEPARTMENT.

CHARLES W HENDRICKS, MD

cc:
WILLIAM H CRIGLER, MD

LEXINGTON
MEDICAL CENTER
2720 Sunset Boulevard
West Columbia, South Carolina 29169
803-791-2000

CARDIOVASCULAR REPORT

PATIENT: MENZE, ALVIN L
LOCATION: H3P1
ADM. #: [redacted]
M.R. #: [redacted]
ADMITTED: March 04, 2003
D: 2003-03-04 17:08:38.0
DISCHARGED:
T: 03/05/2003 3:29 AM /cir
PHYSICIAN: RICHARD J FELTON, MD
SSN:

DATE OF STUDY: 03/04/03

NONINVASIVE LOWER EXTREMITY VENOUS DUPLEX STUDY

HISTORY: The patient is a 59-year-old male referred by Dr. Alexander because of bilateral lower extr[illegible] edema. He has risk factors of obesity. He also has atrial fibrillation.

TECHNICAL DATA: The patient underwent full evaluation of both lower extremities from the groins to [illegible] ankles. Duplex scan evaluation of the bilateral lower extremities revealed spontaneous and phasic [illegible]through all deep and superficial venous tributaries scanned. Good response to compression and augmentation [illegible]ted. No intraluminal echogenic densities are detected.

FINAL IMPRESSION: Negative DVT study of the bilateral lower extremities. No evidence of deep or superficial venous thrombosis.

SIGNED REPORT IN DEPARTMENT.

_____
RICHARD J FELTON, MD

cc:
WILLIAM H CRIGLER, MD

LEXINGTON
MEDICAL CENTER
2720 Sunset Boulevard
West Columbia, South Carolina 29169
803-791-2000

DISCHARGE SUMMARY

PATIENT: MENE, ALVIN L
LOCATION: DISCHARGED
ADM. #: [illegible]
M.R. #: [illegible]
ADMITTED: March 04, 2003
D: 03/07/2003
DISCHARGED: March 07, 2003
T: 03/07/2003 5:49 PM /alb
PHYSICIAN: CHARLES W HENDRICKS, MD
SSN:
DICTATED BY: JULIE MASSEY, ACNP

DISCHARGE DIAGNOSIS(ES):
1. New onset atrial fibrillation.
2. Hypertension.
3. Obesity.
4. Dizziness.

PROCEDURE(S) PERFORMED:
1. Echocardiogram.
   a) Left atrial enlargement at 5 cm.
   b) Slight ventricular dilatation with normal systolic performance and EF 64%.
   c) Incidental tricuspid insufficiency with modest pulmonary hypertension.

HOSPITAL COURSE: This is a 59-year-old white male who was admitted on 03/03/03 with dizziness and new onset atrial fibrillation with rapid ventricular rate. He was admitted to the PCU for cardiac monitoring, where his cardiac enzymes were negative. He was put on Lovenox. CT of the brain was negative with the exception of some benign calcification in the basal ganglia bilaterally. Free T4 and TSH were within normal limits. He was started on amiodarone 200 mg p.o. b.i.d., and Vasotec 5 mg p.o. q.d. for hypertension. On 03/06/03, which was the expected date of discharge, he had converted back into atrial fibrillation. He increased
his amiodarone and started him on Coumadin. This morning he is back in sinus rhythm, ambulating independently, having no problems, and his blood pressure is improved. Will plan to send him home today on his current medications, have him get his PT checked on Monday morning in our office, and then follow up with Dr. Hendricks in the next 2 weeks. We will complete Coumadin teaching today before he leaves as well.

DISCHARGE PHYSICAL EXAMINATION:
GENERAL: Awake, alert and oriented, ambulating independently without problems.
VITAL SIGNS: Temperature 97.4, heart rate 70/regular, respirations 20/even and unlabored, BP 120/70.
CARDIOVASCULAR: S1 and S2 without murmur, rub, gallop or click. Peripheral pulses are palpable. There is no JVD, peripheral edema, carotid bruits or femoral bruits.
LUNGS: Clear bilaterally.
ABDOMEN: Soft, nontender, obese. No palpable masses. Bowel sounds are present x4.

DIAGNOSTIC STUDIES: PT 14.3, INR 1.12, PTT 31.5. Free T4 0.9, TSH 0.57. CBC within normal limits. CMET within normal limits. Cardiac enzymes negative.

DISCHARGE MEDICATIONS:
1. Amiodarone 400 mg p.o. b.i.d. for the next 2 days and then decrease to 200 mg p.o. b.i.d.
2. Coumadin 5 mg p.o. q.h.s. and as directed by our clinic.
3. Vasotec 5 mg p.o. q.d.
4. Baby aspirin 1 p.o. q.d.

DISPOSITION: Will discharge him home today. He will have his Coumadin level checked in our clinic a

Monday morning. I have contacted the Coumadin Clinic so they are aware of him. He will follow up with Dr. Hendricks in our office in the next week and a half to 2 weeks with an EKG and certainly sooner if needed. He will have Coumadin teaching completed, which I have already started. He knows to be careful with bleeding precautions. If he has problems with dizziness in the future on the amiodarone and in sinus rhythm, may investigate an ENT consult as an outpatient.

CHARLES W HENDRICKS, MD

cc:
TERRY L NAGEL, DO

RADIOLOGY DEPARTMENT
LEXINGTON MEDICAL CENTER
WEST COLUMBIA, SC 29169
PHONE: (803) 791-2460

PATIENT: **MENIE,ALVIN L**

AGE: 59
DOB:
SEX: M

FAMILY DR:
ATTENDING DR: M DONALD ALEXANDER, MD
ADMITTING DR: M DONALD ALEXANDER, MD
ORDERING DR: **V CARROLL MD**

UNIT/MR NO: M000080018
ACCT NO: 2
SSN:
REQ NO:
REPORT NO: 0304-0153

ROOM: 311-1
PT LOCATION: H3P1

CARVSC EM

ORDERING DR: **V CARROLL MD**

DATE OF EXAM: **03/03/03**

CLINICAL DATA: VOMITING

PORTABLE CHEST (9:10 P.M.):

The lungs appear clear. The heart and vascularity are within normal limits.

IMPRESSION: Negative portable chest.

MAS

DAVID N KNIGHT MD

REPORT STATUS: Signed

ALEXANDER,M DONALD, MD; CARROLL,V SCOTT,MD
ORDER#/PROCEDURE: 0303-0241 RAD/POCX1 (71010)
EXAM TECH: JWMAZ
H3P1/311
REPORT COMPLETED: 03/04/03 1012
DISC DATE:
ED DISC DIAG:

PT LOC/ROOM:

MENIE,ALVIN L

Page 1 of 1

RADIOLOGY DEPARTMENT
LEXINGTON MEDICAL CENTER
WEST COLUMBIA, SC 29169
PHONE: (803) 791-2460

PATIENT: **MENIE,ALVIN L**

AGE: 59
DOB:
SEX: M

FAMILY DR:
ATTENDING DR:
ADMITTING DR:
ORDERING DR: **V CARROLL MD**

UNIT/MR NO: M000080018
ACCT NO:
SSN:
REQ NO:
REPORT NO:

ROOM:
PT LOCATION: HEDRM 7

CARVSC EM

ORDERING DR: **V CARROLL MD**

DATE OF EXAM: **03/03/03**

CL NICAL DATA: DIZZINESS AND VOMITING.

CT BRAIN (WITHOUT CONTRAST):

Non-contrasted axial images of the head were obtained.

There is no evidence of acute intracranial hemorrhage or infarction. There are no abnormal extra-axial fluid collections. there s no mass effect or midline shift. The ventricles and CSF spaces are within normal limits for age. The visualized paranasal sinuses are clear. The bony structures are unremarkable.

IMPRESS ON: Negative non-contrasted CT exam of the head.

ADDENDUM: Incidental note is made of benign calcifications of the basal ganglia bilaterally.

***

LGB

DAVID N KNIGHT MD

REPORT STATUS: Signed

CARROLL, V SCOTT, MD
ORDER#/PROCEDURE: 0303-0122 CAT/BRAWO (70450)
EXAM TECH: KPELL
HEDRM17/
REPORT COMPLETED: 03/03/03 2226
DISC DATE:
ED DISC DIAG:

PT LOC/ROOM:

MENIE, ALVIN L

LEXINGTON
MEDICAL CENTER
2720 Sunset Boulevard
West Columbia, South Carolina 29169
803-791-2000

EMERGENCY DEPARTMENT NOTE

PATIENT: MENIE, ALVIN L
LOCATION: H3P3 338
ADM. #:
M.R. #:
ADMITTED: August 06, 2004
D: 08/06/2004
DISCHARGED:
T: 08/06/2004 6:26 PM /mrp
PHYSICIAN: PATRICK S HUNT, MD
SSN:

CHIEF COMPLAINT: Nausea and vomiting.

HISTORY OF THE PRESENT ILLNESS: The patient is a 61-year-old male who presents to the Emergency Department with nausea and vomiting. Patient states that he was at work today. He states that he felt bac and got very diaphoretic and started vomiting. He states that he had a similar episode earlier last year when he went into atrial fibrillation. Patient states now he is feeling kind of funny. He denies any other complaints. He has not had any chest pain or shortness of breath associated with this episode. He states just nausea, vomiting and the profound diaphoresis. He denies any fevers, chills or diarrhea.

REVIEW OF SYSTEMS: Otherwise negative.

PAST MEDICAL HISTORY: Hypertension, A fib and knee surgery.

CURRENT MEDICATIONS: Listed and reviewed.

ALLERGIES: VIOXX.

PRIVATE PHYSICIAN: Dr. Hendricks.

PHYSICAL EXAMINATION: VITAL SIGNS: Noted and unremarkable. HEENT: Normocephalic, atraumatic. Pupils equal, round, and reactive to light bilaterally. TMs clear. Oropharynx clear. NECK: Supple.
CARDIOVASCULAR: Irregularly irregular. LUNGS: Clear to auscultation bilaterally. ABDOMEN: Soft, nontender. Bowel sounds are present. EXTREMITIES: Moves all extremities without difficulty. No clubbing, cyanosis or edema. NEUROLOGIC: Alert and oriented x3. Cranial nerves 2-12 are grossy intact. Grp strength 5+/5+. Gait is within normal limits. SKIN: Warm and dry.

DIAGNOSTIC STUDIES: EKG did show evidence of A fib. He had a history of being A fib in the distant past with similar symptoms and had converted out. He stopped his Coumadin about 6 months ago. CBC and
BMET were remarkable only for a potassium of 2.6. Cardiac profile negative. Chest x-ray and acute abdominal
series showed no acute infiltrate. Some slight atelectasis noted.

EMERGENCY DEPARTMENT COURSE: In light of these findings I did speak with Dr. Hendricks and think that the patient will benefit from admission, he is in agreement.

PROVISIONAL DIAGNOSIS(ES)
1. Recurrent onset of atrial fibrillation.
2. Hypertension.

PLAN: Admitted/Dr. Hendricks. Further cisposition/Dr. Hendricks.

PATRICK S HUNT, MD

cc:

LEXINGTON
MEDICAL CENTER
2720 Sunset Boulevard
West Columbia, South Carolina 29169
803-791-2000

HISTORY & PHYSICAL

PATIENT: MENIE, ALVIN L
LOCATION: HEDRM21
ADM. #:
M.R. #:
ADMITTED: August 06, 2004
D: 08/06/2004
DISCHARGED:
T: 08/06/2004 4:20 PM /alb
PHYSICIAN: CHARLES W HENDRICKS, MD
SSN:

IDENTIFICATION: This is a 61-year-old white male.

PROBLEM: Atrial fibrillation.

HISTORY OF PRESENT ILLNESS: The patient was admitted to the Lexington Medical Center in March 2003 for dizziness and weakness as his only symptom of new onset atrial fibrillation. This was on the backdrop of hypertension, obesity, sleep apnea, and intermittent chronic dizziness, and basically an evaluation was carried out that showed a left atrium of 5 cm anc some ventricular dilation but preserved LV systolic performance. He was treated with diuretics, anticoagulation, and amiodarone, and cardicverted, and has remained in sinus rhythm since that time, with several follow-up office visits showing no important abnormality. Amiodarone was maintained, but because of the persistence of sinus rhythm Coumadin was stopped several months ago, and he did well until this afternoon. At that time, while seated at his computer and anguishing over a lot of situational stresses with reference to his job, he had recurrent dizziness without palpitations or syncope, and intense nausea and vomiting identical to those symptoms he had in March 2003. At the time of this interview he is fairly comfortable but still feels like he has a "leftover headache" but not aware of palpitations.

ALLERGIES: None known.

MEDICATIONS: Allegra p.r.n., amiodarone 200 mg daily, HCTZ 25 daily, Cozaar daily. He also uses CPAP at home.

PERSONAL HABITS: No tobacco or alcohol.

REVIEW OF SYSTEMS: Since last seen he has had left knee arthroscopic surgery. He has hypertension,
sleep apnea, prior atrial fib, obesity, and intermittent dizziness, with his most intense episode being related to
atrial fibrillation. He has had no nausea, vomiting, diaphoresis, GI, GI, ENT or other bleeding, and the rest of
the review is negative.

FAMILY HISTORY: Negative for premature atherosclerosis or other major inheritable or transmissible disorder.

PHYSICAL EXAMINATION
VITAL SIGNS: BP 140/80.
GENERAL: Awake, alert, cooperative, oriented, in no apparent distress.
HEENT: Free of icterus, extraocular movements are intact.
NECK: No jugular venous distention. Carotids are brisk, without bruit or thrill.
LUNGS: Clear to A&P.
CARDIAC: Precordium is quiet to palpation. S1 and S2 normal, with an irregular-irregular rhythm and a flow
murmur at the apex without click, rub, gallop or diastolic sound.
ABDOMEN: Free of masses, organomegaly or bruit. Femoral pulses are full without bruit.
EXTREMITIES: Free of edema, with good distal pulses.

DIAGNOSTIC STUDIES: EKG shows atrial fib with controlled ventricular response with some tendency to
slowing at times.

DIAGNOSTIC IMPRESSION
1. Atrial fibrillation, previously established, now recurrent.
   a) Dizziness, nausea and vomiting as presenting symptoms.
   b) Potassium 3.6, on hydrochlorothiazide.
2. Hypertension.
3. Obesity.
4. Sleep apnea.
5. Prior negative work-up for ischemic heart disease.

RECOMMENDATIONS: At this point p.o. and IV potassium will be offered and lab will be rechecked in the
morning. Lovenox and Coumadin will be started, and he will have routine laboratory work performed. At this
point there seems no reason to repeat his echocardiogram or other studies, with hopefully his potassium depletion leading the way in terms of this current syndrome.

I would like to thank Dr. Nagel for letting us continue to see this patient in consultation.

CHARLES W HENDRICKS, MD

LEXINGTON
MEDICAL CENTER
2720 Sunset Boulevard
West Columbia, South Carolina 29169
803-791-2000

DISCHARGE SUMMARY

PATIENT: MENIE, ALVIN L
LOCATION: DISCHARGED
ADM. #:
M.R. #:
ADMITTED: August 06, 2004
D: 08/08/2004
DISCHARGED: August 08, 2004
T: 08/12/2004 12:27 AM Mbk
PHYSICIAN: J KEVIN BAUGH, MD
SSN:
DICTATED BY: GRACE KLUDO, ACNP

ADMITTING PHYSICIAN: Dr. C.W. Hendricks.

ADMITTING DIAGNOSIS(ES)
1. Symptomatic atrial fibrillation, recurrent.
2. History of hypertension.
3. Obstructive sleep apnea.

DISCHARGE DIAGNOSIS(ES)
1. Recurrent atrial fibrillation, resolved.
2. Hypertension.
3. Obstructive sleep apnea.

DIAGNOSTIC STUDIES: Glucose 145, sodium 141, potassium 4.0, chloride 104, CO2 30, anion gap, BUN 16, creatinine 1.2, calcium 8.9. Potassium was 2.6 on admission and has been replaced. Chest x-ray
showed right pulmonary parenchymal scaring versus linear atelectasis. Abdominal series showed no acute
disease in the abdomen, right basilar atelectasis or pneumonia and cardiomegaly. EKG showed atrial fibrillation
with a rate of 100. Subsequent EKG showed normal sinus rhythm, sinus bradycardia.

PAST MEDICAL HISTORY
1. Lone episode of atrial fibrillation.
2. History of hypertension.
3. Obstructive sleep apnea.

CURRENT MEDICATIONS
1. Amiodarone 200 p.o. b.i.d.
2. HCTZ 25 p.o. daily.
3. Cozaar 25 p.o. daily.
4. Allegra D b.i.d.

5. Celebrex 200 daily.

ALLERGIES: VIOXX CAUSES A RASH.

HOSPITAL COURSE: This is a pleasant 61-year-old male who is followed by Dr. Hendricks in the office with history of lone episode of atrial fibrillation. He has been maintained on Amiodarone therapy and Coumadin therapy had been stopped 6 months ago as he had maintained normal sinus rhythm on the Amiodarone. He presented to the Emergency Department with complaints of dizziness, nausea, vomiting and
pre-syncope. In the Emergency Department, he seemed to have returned to atrial fibrillation with a rate of 100.
His potassium was noted to be 2.6. His potassium was replaced. He was maintained on Amiodarone. He received Lovenox and Coumadin therapy. Converted to normal sinus rhythm the night after admission and will
be discharged home today to follow-up with Dr. Hendricks.

DISCHARGE MEDICATIONS: He will be maintained on Amiodarone 200 b.i.d. Sent home with Coumadin
5. Instructed to continue his other home medications.

PLAN: Follow-up in the office on Tuesday with PT, INR check and instructed to see Dr. Hendricks in the next
2 weeks. Of note, the patient had requested a sleep aid and wanted Dr. Baugh to write a prescription for controlled sleep medication. Dr. Baugh did not do this as he has history of obstructive sleep apnea and uses
CPAP machine at home.

J KEVIN BAUGH, MD

cc:

LEXINGTON
MEDICAL CENTER
2720 Sunset Boulevard
West Columbia, South Carolina 29169
803-791-2000

CARDIOVASCULAR REPORT

PATIENT: MENIE, ALVIN L
LOCATION: DISCHARGED
ADM. #:
M.R. #:
ADMITTED: August 06, 2004
D: 2004-08-08 12:48:52.0
DISCHARGED: August 08, 2004
T: 08/09/2004 3:14 AM /cir
PHYSICIAN: J KEVIN BAUGH, MD
SSN:

HOLTER MONITOR REPORT

The patient was monitored for 23 hours 29 minutes. During the period of observation, the underlying rhythm
was normal sinus rhythm with normal PR and QT intervals.

During the period of observation, the patient had mild bradycardia with a minimum heart rate of 48 BPM at
5:15 p.m. No pauses greater than 2 seconds were noted.

During the period of observation, the patient had only 1 PVC with no other ventricular ectopy.

During the period of observation, the patient had 6 isolated premature atrial contractions but no sustained or
complex supraventricular ectopy.

CONCLUSION: Generally unremarkable 24-hour Holter monitor with no significant dysrhythmia noted

SIGNED REPORT IN DEPARTMENT.

J KEVIN BAUGH, MD

cc:

RADIOLOGY DEPARTMENT
LEXINGTON MEDICAL CENTER
WEST COLUMBIA, SC 29169
PHONE: (803) 791-2460

PATIENT: **MENIE,ALVIN L**

AGE: 61
DOB:
SEX: M

FAMILY DR:
ATTENDING DR: HENDRICKS, CHARLES W MD
ADMITTING DR: HENDRICKS, CHARLES W MD
ORDERING DR: **HENDRICKS, CHARLES W MD**

UNIT/MR NO:
ACCT NO:
SSN:
REQ NO:
REPORT NO:

ROOM: 338-1
PT LOCATION: H3P3

HENCHA CAR

ADM IN H3P3 338

CCPY TO: CHARLES W HENDRICKS MD

DATE OF EXAM: **08/07/04**

STUDY TYPE: 0807-0022 RAD/CHEST 2 VIEW - PA & LAT

CL NICAL DATA: CHEST PAIN

CHEST (TWO VIEWS):

The heart size is at the upper limits of normal for technicue. There is linear scarring or ate ectasis in [redacted] and lower right lung zone. There is no effusion or pneumothorax.

IMPRESS ON: Right pulmonary parenchymal scarring vs. linear atelectasis.

AKH

PERRY EDENFIELD MD

REPORT STATUS: Signed

ORDER#/PROCEDURE: 0807-0022 RAD/CX2 (71020)
EXAM TECH: CLMCD
H3P3/338
REP RELEASED BY: EDEPER RAD 08/07/04 1259
ADD RELEASED BY:
DISC DATE:
ED DISC DIAG:

PT LOC/ROOM:

MENIE,ALVIN L

Page 1 of 1

RADIOLOGY DEPARTMENT
LEXINGTON MEDICAL CENTER
WEST COLUMBIA, SC 29169
PHONE: (803) 791-2460

PATIENT: **MENIE,ALVIN L**

AGE: 61
DOB:
SEX: M

FAMILY DR:
ATTENDING DR:
ADMITTING DR:
ORDERING DR: **HUNT, PATRICK S MD**

UNIT/MR NO:
ACCT NO:
SSN:
REQ NO:
REPORT NO:

ROOM:
PT LOCATION: HEDRM21

HUNPAT EM

REG ER HEDRM21

COPY TO: PATRICK S HUNT MD

DATE OF EXAM: **08/06/04**

STUDY TYPE: 0806-0105 RAD/ABDOMEN ACUTE SERIES

CLINICAL DATA: NAUSEA, VOMITING

ACUTE ABDOMINAL SERIES:

COMPARISON: None.

FINDINGS: Supine and left lateral decubitus views of the abdomen reveal a normal bowel gas pattern. There is no organomegaly or masses. The bony structures are unremarkable for a patient of this age.

An upright view of the chest reveals elevation of the right hemidiaphragm. There is some streaky opacity in the right lung base. The cardiac silhouette is increased in size. The lungs and mediastinum are otherwise clear.

READING: No acute disease in the abdomen. Right basilar atelectasis or pneumonia. Cardiomegaly.

ASF

LAYNE R CLEMENZ MD

REPORT STATUS: Signed

ORDER#/PROCEDURE: 0806-0105 RAD/ABDAC (74022)
EXAM TECH: BITHO
HEDRM21/
REP RELEASED BY: CLELAY RAD 08/06/04 1507
ADD RELEASED BY:
DISC DATE:
ED DISC DIAG:

PT LOC/ROOM:

MENIE,ALVIN L

Patient Fact Sheet

Name and Address

MENIE, ALVIN L

Phone:

SS No:

Race: I

BirthDate

Patient's Maiden Name: LEONA

Sex: M

Marital Status M

Religion BA

Occupation:

Employer

Phone:

Nearest Relative

Home Phone: Rel:

Business Phone:

STATE ACCIDENT FUND

800 DUTCH SQUARE BLVD

COLUMBIA SC 29210

Home Phone: Rel:

Business Phone: (803)896-5800

Admission Data

Account Number	Unit Number
	M000080018

Admit Date	Admit Time	ER MD
7/8/2007	0:48	

Triage Time	Prim Care MD
	OMESEA ED,

Guarantor

MENIE, ALVIN L

Home Phone

Business Phone

Rel: SP SS:

Occ:

Employer

Emergency Contact

Home Phone: (Rel: SPO

Business Phone:

STATE ACCIDENT FUND

800 DUTCH SQUARE BLVD

COLUMBIA SC 29210

Home Phone: Rel:

Business Phone: (803)896-5800

Patient Fact Sheet

Insurance Information

Ins: BC/BS STATE **Insured:** MENIE, ALVIN L
Policy Number: **Group Number:** **Rel:** SP
P.O. BOX 1006C5
COLUMBIA SC 29260-0605
Phone Number **FIN** BCST
Auth Number

Ins: SELF PAY **Insured:** MENIE, ALVIN L
Policy Number: **Group Number:** **Rel:** SP

Phone Number **FIN** SP
Auth Number

Patient Name MENIE, ALVIN

Medical Record No.

Account Number

Date 7/8/2007

Lexington Medical Center

Emergency Department Record

History of Present Illness

SO

64 Year Old Male Patient Presents with Vomiting for 2 Hour(s). The Onset is Acute. The symptoms are Severe. occipital HA onset acutely at 2330 then severe N/V and dizziness which is worse with position change. Similar sxs in past assoc with a-fib; ROS positive for gen weakness, Vomiting, Sweating,.

Review of Systems

(Symptoms and Signs not covered in the HPI)

GU	Neuro	ENT	Resp Neg	Musculoskeletal	Hematologic/Lymphatic
Skin	Psych	Heart Pos	GI Pos	Endocrine	Allergic/Immunologic
☐ All other ROS negative				Constitutional Sxs Pos	Eyes

☑ Vital Signs/Triage/Nursing Notes Reviewed and Agree ☐ Hx unobtainable due to Tx urgency or poor historian(s) ☐ Additional information from Police, Ambulance, Nursing Home or Relatives ☐ Old Medical Records Reviewed

Past Medical History ☐ No Relevant PMH ☐ Asthma ☐ COPD ☐ CAD ☐ Cancer ☐ CHF ☐ CVA

Other PMHx ☐ Diabetes ☑ HTN ☐ Psychiatric ☐ Renal ☐ Seizures

Atrial Fibrillation

Social History ☑ No Relevant SoHx ☐ ETOH ☐ Drugs ☐ Smoking Additional Sx

Family History

Physical Exam

Exam Time 1:19

SO

General Appearance	WD WN A&O in mild distress Cooperative c Good Affect
ENT	NC/AT PERRL EOMI MMM NI Pharynx Neck Supple
Chest	Irreg rhythm c/w A-fib No MRG Lungs CTA No Tachypnea Chest Wall NT
Abdomen	Abd Wall-No Hernias or Abn Findings NI BS No Bruits Soft NT No HSM or Masses
GU	
Extremities	Throughout all extremities Appearance Normal Pulses 2+(=) Full AROM Tenderness-None
Neuro	CN2-12intact, Motor (=) 5/5 Gross Sensory Intact Finger to Nose B intact
Skin	diaphoresis, pale
Back	
Neck	
Lymphatics	

Repeat or Additional Clinical Notes

MD	Notes	Time
SO	Hallpike-Dix positive with head to R, pt vomitted and had marked nystagmus, improved with return to seated position	7/8/2007 1:55:59 AM
SO	Pt Sx(s) improving. No Sx(s) or Objective findings that are life or limb threatening. Medically Screened and Stable for disposition(Transfer) from the ED.	7/8/2007 3:49:41 AM
SO	Vertigo resolved and pt ready to go home	7/8/2007 3:49:44 AM

Patient Name MENIE, ALVIN

Medical Record No.

Account Number

Date 7/8/2007

Diagnostics

Specimen Collected / ECG Performed

MD Initials	Time	Diagnostic Ordered	Result Interpretation	Result Reviewed By	RN Initials Time
JPW	1:01	Pulse Ox	Normal	SO	JPW 1:01
SO	1:26	CT Brain s contrast	Negative	SO	KHM 1:26
SO	1:26	Type and Screen	Pending	SO	JPW 1:28
SO	1:26	CBC	WBC-9.1,HGB-16.3,HCT-47.1,PLT-289,NEUT-72,LYMP-18,EOS-1,MONO-7,BA-1,RBC-5.00,MCHC-34.5,MCV-94.3,RDW-12.8,ABA-0.10,AEOS-0.10,ALYMP-1.80,AMONO-0.60,ANEUT-6.50,	SO	JPW 1:27
SO	1:26	BMP/Chem-7	NA-137,K-4.8,CL-101 CO2-28,BUN-15,CREA-0.8,GLU-170,CA-8.9,GFR->60,AGAP-9,	SO	JPW 1:27
SO	1:27	Portable Chest X-ray	No Acute Changes	SO	JPW 1:28
SO	1:27	Cardiac Markers	TNI-0.071,CKMB-0.1,	SO	JPW 1:32
SO	1:27	EKG	AFib c NVR	SO	JPW 1:32
SO	1:28	PT/PTT	PT-22.6,PTINR-1.86,PTT-33.4,	SO	JPW 1:32

Medical Orders

MD Initials	Time	Order	RN Initials	Time	Location-Response-Quantity	RN Remarks
SO	1:24	Zofran 4mg IVP	JPW	1:33		
SO	1:24	INT	JPW	1:26	20G LEFT HAND	
SO	1:35	Phenergan 12.5mg IVP	JPW	1:52		
SO	1:35	meclizine 50mg PO	JPW	1:52		
KHM	4:22	RN LOS 5	KHM	4:22		

MD Procedures

Procedure Description

Time 3:50 MD JPW

Pulse Ox 94760-26 CPT

Recommended LOS/CPT/ICD-9 Codes

Physician's LOS = 4 99285

Nurse's LOS = 5 612

Diagnoses

Vomiting	787.03 ICD-9
Vertigo (Peripheral)	386.30 ICD-9

Secondary Diagnoses

Hypertension	401.9 ICD-9

Patient Name **MENIE, ALVIN**

Account Number

Medical Record No.

Date **7/8/2007**

	MD	MD Time		RN	RN Date/ Time	Admit to
Disposition	SO	3:46	Discharge Home	KHM	7/8/2007	4:22
Condition	SO	3:46	Good	KHM	4:22	

Physician (Print) OMeara, Sean MD (SO)

Physician Signature

Other Physicians

OMeara, Sean MD (SO)~

Primary RN (Print) WILLIAMS, JENELL

Other Nurses

Hanna, Melissa Marie (MMH)~WILLIAMS, JENELL~Taylor, Cassie Grice (CGT)~MALLOY, KAREN~Hardison, Margaret L. (MLH)~

This chart has been electronically signed via the EmpowER software.

Patient Name MENIE, ALVIN

Medical Record Number

Account Number

Date 7/8/2007

Lexington Medical Center
Emergency Department

Discharge Instructions

Discharge Date/Time 7/8/2007 4:22:40 AM

Diagnoses

Vomiting

Vertigo (Peripheral)

You have been evaluated today by an independent healthcare provider practicing Emergency Medicine. In most cases follow-up care is recommended with your regular Doctor, HMO or Clinic.

Within 5 days ☒ Doctor ☒ HMO ☒ Clinic

Call for appointment as soon as possible. IDENTIFY Yourself as an ER Patient. If you don't have a doctor or need a specialist follow up with:

Physician/Specialist CARTER,DEE,MD

Address 214 OLD CHAPIN ROAD

Phone (803)951-2750

Additional Instructions

If the symptoms worsen or new symptoms develop return to the Emergency Department (ED) immediately. Call your doctor for additional questions.

ED phone number: 803-936-8128

Follow up with your MD if symptoms have not resolved in 3-4 days. Return if severe dizziness or persistent vomiting develop.

Additional instructions were given on the following con

- ☒ Abdominal Pain
- ☒ Allergic Reaction/ Rash
- ☒ Asthma/ Wheezing/COPD
- ☒ Back Pain
- ☒ Chest Pain
- ☒ Conjunctivitis
- ☒ Corneal Abrasion/Eye Injury
- ☒ Fever
- ☒ Fracture/Sprain/Contusion
- ☒ Gastritis/Ulcer
- ☒ Head Injury
- ☒ Headache
- ☒ High Blood Pressure
- ☒ Kidney Stone
- ☒ Neck Strain
- ☒ Nose Bleed
- ☒ Middle Ear Infe
- ☒ PID/STD
- ☒ Sore Throat/Ph
- ☒ Threatened Ab
- ☒ Toothache
- ☒ Upper Respira
- ☒ UTI/Kidney Infe
- ☒ Vaginal Bleeding
- ☒ Vomiting/Diar
- ☒ Wound Care/Sk

Other

Work/School Restriction:

☒ You may return to work/school today.

You may not return to work/school until:

This information may be released to my school or emp

☒ If you had x-rays or blood tests, please note that t always show what's wrong. Sometimes x-rays do broken bones. After review by a specialist you will if there is an abnormality.

☒ You may not drive or operate heavy machinery be the medicines you have may make you sleepy.

Physician (Print) OMeara, Sean MD (SO)

Nurse Signature: X

Patient Signature X

Lexington Medical Center
Emergency Department
Phone: 803-936-8128

Date Printed 7/8/2007

Patient Name MENIE, ALVIN

DOB

Prescriptions

Rx: Meclizine 25mg sig 1 p.o. QID Disp#30 (thirty) Refills 2

VOID VOID VOID VOID VOID VOID VOID VOID VOID VOID VOID VOID VOID

Rx: Phenergan 25mg sig 1 p.o. QID prn N/V or vertigo Disp #20 (twenty) Refills 2

VOID VOID VOID VOID VOID VOID VOID VOID VOID VOID VOID VOID VOID

This Prescription Is VOID If submitted to a Pharmacy 72 hours after the Date and Time listed above.

Physician (Print) OMeara, Sean MD (SO)

DEA# BO5392205

SUBSTITUTION PERMISSIBLE-IN ORDER FOR BRAND NAME TO BE USED, THE PRESCRIBER MUST HANDWRITE "BRAND MEDICALLY NECES ON PRESCRIPTION

Patient Name **MENIE, ALVIN** Medical Record No.

Account Number

Date 7/8/2007

Lexington Medical Center

Emergency Department Nursing Notes and Vital Signs

TimeEntered: 7/8/2007 2:41 Vitals Taken By: JPW

Temperature		Pulse		Blood Pressure		Respirations	Pulse Ox	Pain Scale
O		Right	92	R	133/98	16	96%	No Pain
T		Left		L				
R								

TimeEntered: 7/8/2007 4:20 Vitals Taken By: KHM

Temperature		Pulse		Blood Pressure		Respirations	Pulse Ox	Pain Scale
O	97.5	Right	75	R	138/83	14	98%	No Pain
T		Left		L				
R								

Nursing Notes

Time Note Entered		RN Initials	Note
7/8/2007	1:01	JPW	PT SEEN AND ASSESSED: PT IS HERE BECAUSE EARLIER TONIGHT, HE FELT WEAK AND DIZZY. PT STATES THAT HE ALSO HAS A HEADACHE, AND IS NAUSEATED. PT HAS VOMITED ONCE SINCE ARRIVING TO HOSPITAL. PT ISA LERT AND ORIENTED X3. LUNGS CLEAR, HEART SOUNDS HEARD. BOWEL SOUNDS PRESENT IN ALL 4 QUADRANTS. ABDOMEN IS SOFT AND ROUND. PULSES PRESENT X4. PT IS VERY DIAPHORETIC. PT CONNECTED TO MONITORS, PULSE OX, AND 2L O2 VIA NASAL CANNULA.
7/8/2007	1:56	KHM	PT TAKEN TO CT VIA STRETCHER
7/8/2007	2:09	KHM	PT RETURNED FROM CT VIA STRETCHER
7/8/2007	2:42	JPW	PT LYING IN STERTCHER AT THIS TIME CONNECTED TO MONITOR, B/P CUFF AND PULSE OX. WIFE IN ROOM AT BEDSIDE.
7/8/2007	4:21	KHM	PT AND FAMILY GIVEN D/C INSTRUCTIONS , INT D/C;D SITE PATENT . PT LEFT ROOM VIA W/C TO LOBBY AND THEN ESCORTED TO CAR VIA W/C .

Primary Nurse Diagnosis	Primary Nurse Outcome	Achieved
Comfort, Altered R/T	Relates Increased Comfort	Yes

Primary RN (Print) WILLIAMS, JENELL

Lexington Medical Center Triage

Category: 3 Potentially Un

Arrival Date/Time	Triage Time	Waiting Rm Time	Exam Rm Time
7/8/2007 0:58	0:58		0:52

PCP Staff Status: Unknown
Family Physician: CARTER,DEE,MD
Transported by: Ambulance
Mode: Ambulance

Police Dept
Custody: Notification: Beat #:

Patient Name: MENIE,ALVIN
Medical Record Number:
Account Number:
DOB:
Age: 54 Years
Gender: Male

Chief Complaint: WEAKNESS/DIZZINESS/VOMITING
Onset Time: 2 Hour(s)
Location: Home

Associated Sxs / Pertinent History
PT C/O WEAKNES AND DIZZINESS SINCE 2330 THIS PM. PT ALSO STATES THAT HE HAS A HEADACHE, NAUSEA, VOMITING. DENIES SOB, DENIES CHEST PAIN.

Past Medical History Additional: Atrial Fibrillation
- [ ] No Significant PMHx
- [ ] Asthma [ ] COPD [ ] CAD [ ] Cancer [ ] CHF [ ] CVA
- [ ] DM [x] HTN [ ] Psych [ ] Renal [ ] Seizures [ ] Substance Abuse

Medications
- [ ] No Meds [ ] Unknown Unsure of Names, Dosages and/ or Frequencies

COUMADIN COZAAR NYDRCLOROTHIAZIDE FISH OIL

Allergies
No Known Drug Allergies

Immunizations UTD? Unknown
TB Hx, PPD Pos or Exposures? No
If yes to TB or Infectious question take precautions

Vitals

Tem Oral	97.3
Tem Rectal	
Tem Tympanic	
Pulse Right	
Pulse Left	90
Respirations	16
Blood Pressure Right	
Blood Pressure Left	132/89
Pulse Ox	100%
Weight (Kg	150 Kg
Height	
Head Circumference	
Pain Scale	No Pain

Mental Status / Psychological Eval

Glasgow Coma Scale
Eye
Verbal
Motor
Total

OB/Gyn
LNMP: NO-MALE
G P Ab Miscarriages

Lung Sounds

	R	L
Clear	[ ]	[ ]
Diminished	[ ]	[ ]
Wheezes	[ ]	[ ]
Rales	[ ]	[ ]
Rhonchi	[ ]	[ ]
Retractions	[ ]	[ ]

Eyes

	R	L
Equal	[ ]	[ ]
Reactive	[ ]	[ ]
Fixed	[ ]	[ ]
Constricted	[ ]	[ ]
Dilated	[ ]	[ ]
Cataract	[ ]	[ ]

Skin
Color
Temp
Moist

Extremities
Pulses
ROM

Nutrition

Fall Risk Assessment
No Fall Risks Identified

Domestic Violence Assessment
Are you being hurt by someone you live with or who takes care of you?
Yes/No No
* Mandatory completion of Domestic Violence Referral.

Assessing Patient's, Child's or Parent's readiness to learn
Primary Language: English
Assessed Disability: No Disability
Communication Barrier [ ]
Language Translator [ ]
Motivation Level: Med
Knowledge Level: Med
Comprehension Ability: Med

Plan
1-16 Time 0:52
Triage Nurse: WILLIAMS, JENELL
Triage II:
Triage III: JPW

Functional D/C Planning
Daily Living: Independent
Living Conditions: Own Home
Going Home with: Unknown

[ ] LWBS [ ] LW Completed Tx/ Eloped [ ] AMA [ ] AMA Refused [x] Patient Rights and Responsibilities and Guide to Pain Management given to Patient, Family, and/or Caretaker

Patient Name MENIE, ALVIN Medical Record No.

Account Number 7/8/2007

Emergency Department Pharmacy and Supply Charges

Interventions

Intervention Name	Comments	Charge Code
Zofran 4mg IVP		
INT	20G LEFT HAND	
Phenergan 12.5mg IVP		
meclizine 50mg PO		0
RN LOS 5		

Diagnostics

Diagnostic Ordered	Charge Code
Pulse Ox	0
CBC	0
BMP/Chem-7	0
Cardiac Markers	0
EKG	0
PT/PTT	0

Nurse LOS 5 **612 APC** **Charge Code** 1

LEXINGTON MEDICAL CENTER

2720 Sunset Boulevard
West Columbia, SC 29169

BLOOD BANK REPORT

Name :	MENIE,ALVIN L	Loc:	HEDZ1	Room:	16
Unit #:		Age:	64	Sex :	M
Acct #:		Doc:			

Pat: MENIE,ALVIN L Age/Sex: 64 M Loc: ER16 (HEDZ)

X11352 COLL: 07/08/07 02:39 REC: 07/08/07 02:40 PHYS: OMeara, Sean,MD
TYPE SCREEN AND HOLD
ABO/RH(D) A POSITIVE STAT
ANTIBODY SCREEN NEGATIVE STAT
NOTE: TYPE AND SCREEN ONLY
STAT

END OF REPORT

RADIOLOGY DEPARTMENT
LEXINGTON MEDICAL CENTER
WEST COLUMBIA, SC 29169
PHONE: (803) 791-2460

PATIENT: **MENIE,ALVIN L**

AGE: 64
DCB:
SEX: M

ADMITTING DR:
ORDERING DR: **SEAN OMEARA MD**

UNIT/MR NO:
ACCT NO:
SSN:
REQ NO: 07-0081259
REPORT NO:

ROOM:
PT LOCATION: HED
OMESEA ED

REPORT STATUS: Signed

ORDERED BY: SEAN OMEARA MD
LOCATION: DEP ER HED
STUDY TYPE: 0708-0038 RAD/PORT CHEST 1 VIEW

DATE OF EXAM: **07/08/07** ^ 3rd A-Fib

CL NICAL DATA: 64M, CHEST PAIN

PORTABLE CHEST (1:40 AM):

Portable chest radiograph, compared with 8/7/2004, shows development of mild generalized pulmonary vascular congestion. The findings suggest volume overload/left cardiac failure. Heart size is at the upper limits of normal.

IMPRESSION: Volume overload.

AR

CHARLES G HOOD MD

REPORT STATUS: Signed

OMEARA,SEAN,MD
ORDER#/PROCEDURE: 0708-0038 RAD/POCX1 (71010)
EXAM TECH: **PCFAN**
REP RELEASED BY: MCGKEI RAD 07/08/07 1945
ADD RELEASED BY:
DISC DATE: **07/08/07**
ED DISC DIAG: **VOMITTING**

PT LOC/ROOM: **HED/**

MENIE,ALVIN L

RADIOLOGY DEPARTMENT
LEXINGTON MEDICAL CENTER
WEST COLUMBIA, SC 29169
PHONE: (803) 791-2460

PATIENT: **MENIE,ALVIN L**

AGE: 64
DOB:
SEX: M

ADMITTING DR:
ORDERING DR: **SEAN OMEARA MD**

UNIT/MR NO:
ACCT NO:
SSN:
REQ NO:
REPORT NO:

ROOM:
PT LOCATION: HED
OMESEA ED

REPORT STATUS: Signed

ORDERED BY: SEAN OMEARA MD
LOCATION: DEP ER HED
STUDY TYPE: 0708-0006 CAT/CT BRAIN WO/C

DATE OF EXAM: **07/08/07**

CL NICAL DATA: 64M, VOMITING, HEADACHES

CT HEAD (WITHOUT CONTRAST):

TECHNIQUE: 5 mm contiguous axial scans were obtained through the calvarium without contrast.

FINDINGS: The ventricular system has a normal size and configuration and there was no midline shi There is no evidence of intracranial hemorrhage or other mass effect. Scan data were reconstructed or the bone algo No fracture is seen. Visualized portions of the sinuses are clear.

IMPRESSION: Negative cranial CT.

MAS

CHARLES G HOOD MD

REPORT STATUS: Signed

OMEARA,SEAN,MD
ORDER#/PROCEDURE: 0708-0006 CAT/BRAWO (70450)
EXAM TECH: **JECAP**
REP RELEASED BY: MCGKEI RAD 07/08/07 1945
ADD RELEASED BY:
DISC DATE: **07/08/07**
ED DISC DIAG: **VOMITTING**

PT LOC/ROOM: **HED/**

MENIE,ALVIN L

Result type:	Emergency Dept
Result date:	23 September 2008 20:31
Result status:	Auth (Verified)
Result title:	Emergency Dept
Performed by:	Jordan MD, Wiley P on 23 September 2008 20:31
Verified by:	Palma MD, James K on 23 September 2008 21:26
Encounter info:	R0826701727, Richland, OBR-Observation, 09/23/08 - 09/24/08

Emergency Dept
DATE OF VISITATION: 09/23/2008

ACCOUNT NUMBER:

ACCOUNT NUMBER:

ATTENDING PHYSICIAN: James Palma, MD

MODE OF ARRIVAL: POV.

CHIEF COMPLAINT: Complaining of dizziness.

HISTORY OF PRESENT ILLNESS: The patient became dizzy and diaphoretic at about 12:30 and this was continuous until he felt better about 30 minutes prior to arrival, states this is similar to previous episodes he has had of atrial fibrillation. The patient denies any chest pain, no numbness or weakness, no joint pain, no jaw pain. As stated above the patient has a history of atrial fibrillation. He said this episode is very similar only not as bad as previous episodes. He has had three episodes prior to this in 2003, 2004, and 2007. States he has never been electrically cardioverted however they have chemically cardioverted him in the past, does not remember the medications. States he is currently taking amiodarone and propranolol. Dr. Hendricks is his cardiologist. The patient describes dizziness as though the room is spinning, is not necessarily positional.

REVIEW OF SYSTEMS: Positive for headache, positive for nausea, no vomiting, no loss of consciousness, no shortness of breath, no abdominal pain. The rest of review of systems is negative.

PAST MEDICAL HISTORY: Includes atrial fibrillation, hypertension, possibly diabetes, and sleep apnea.

Result type:	Emergency Dept
Result date:	23 September 2008 20:31
Result status:	Auth (Verified)
Result title:	Emergency Dept
Performed by:	Jordan MD, Wiley P on 23 September 2008 20:31
Verified by:	Palma MD, James K on 23 September 2008 21:26
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HISTORY OF PRESENT ILLNESS: The patient became dizzy and diaphoretic at about 12:30 and this was continuous until he felt better about 30 minutes prior to arrival, states this is similar to previous episodes he has had of atrial fibrillation. The patient denies any chest pain, no numbness or weakness, no joint pain, no jaw pain. As stated above the patient has a history of atrial fibrillation. He said this episode is very similar only not as bad as previous episodes. He has had three episodes prior to this in 2003, 2004, and 2007. States he has never been electrically cardioverted however they have chemically cardioverted him in the past, does not remember the medications. States he is currently taking amiodarone and propranolol. Dr. Hendricks is his cardiologist. The patient describes dizziness as though the room is spinning, is not necessarily positional.

REVIEW OF SYSTEMS: Positive for headache, positive for nausea, no vomiting, no loss of consciousness, no shortness of breath, no abdominal pain. The rest of review of systems is negative.

PAST MEDICAL HISTORY: Includes atrial fibrillation, hypertension, possibly diabetes, and sleep apnea.

FAMILY HISTORY: Noncontributory.

ALLERGIES: He is allergic to sulfa.

MEDICATIONS:
1. Coumadin.
2. Cozaar.
3. Hydrochlorothiazide.
4. Propranolol.
5. Sudanophil.
6. Amiodarone.

SOCIAL HISTORY: Negative for tobacco or ETOH. Works for the state accident fund.

PHYSICAL EXAMINATION:
VITAL SIGNS: Temperature is 97.7. Pulse rate is 49. Respiratory rate is 18. Blood pressure is 140/82. Pulse oximetry is 98%.
GENERAL APPEARANCE: The patient is nontoxic appearing in no respiratory distress.
SKIN: Warm and dry.
HEENT: Pupils are equal, round, and reactive to light. Tympanic membranes clear, nares patent, pharynx is clear, no erythema or exudate noted.
NECK: Supple, no adenopathy noted.
RESPIRATORY: Clear to auscultation bilaterally. No wheezing, rales, or rhonchi. CARDIOVASCULAR: Irregular rhythm, irregular rate on auscultation. Cardiac monitor shows atrial fibrillation.
ABDOMEN: Soft, nontender to palpation in all four quadrants, no rigidity, guarding, or rebound tenderness, or peritoneal signs.
EXTREMITIES: Good distal pulses in all extremities, full range of motion.

NEUROLOGIC: The patient alert and oriented times three, no focal deficits.

CLINICAL IMPRESSION: The patient appears to be in atrial fibrillation, has had a history of this in the past. However due to the fact that he has had symptoms that now have resolved while his atrial fibrillation continues, need to rule out ischemia or myocardial infarction. We will also check his coag levels and do a bedside ultrasound and chest x-ray to rule out aortic dissection.

TREATMENT: The patient was given aspirin 325 mg. Course during ED stay

is otherwise uneventful. The patient remained symptom free.

LABORATORY DATA: An EKG shows atrial fibrillation with a rate of 50, no signs of MI or ischemia. The patient's coag pro-time is 23.9, INR is 1.9, and PTT is 34.3. A BMP shows sodium 141, potassium is 3.5, chloride is 102, bicarb is 27, glucose is 207, BUN is 22, creatinine is 1.2, calcium is 9.0, cardiac enzymes are negative at less than 0.03 troponin, CPK is 69, CK-MB is 1.3.

DIAGNOSIS: Atrial fibrillation.

DISPOSITION: Due to patient's history of this, and risk factors for cardiac ischemia we will admit the patient to the CPU and monitor his cardiac enzymes, and have Columbia Heart followup with him in the morning.

Reviewed and agree with above note

Dictated by: Wiley P. Jordan, MD

WPJ:fn
D: 09/23/2008 6:02 P T: 09/23/2008 8:31 P
Job #: 000286002 T Job #: 40103547 Doc #: 1260480
cc:

Signature Line
Electronically Signed & Verified on 09/23/2008 21:26
by Palma MD, James K

Completed Action List:
* Perform by Jordan MD, Wiley P on 23 September 2008 20:31
* Sign by Palma MD, James K on 23 September 2008 21:26 Requested on 23 September 2008 21:16
* VERIFY by Palma MD, James K on 23 September 2008 21:26

Result type:	History & Physical
Result date:	23 September 2008 18:17
Result status:	Auth (Verified)
Result title:	History & Physical
Performed by:	Jordan MD, Wiley P on 23 September 2008 18:17
Verified by:	Palma MD, James K on 03 October 2008 22:39
Encounter info:	Richland, OBR-Observation, 09/23/08 - 09/24/08

* Final Report *

History & Physical

DATE OF VISITATION: 09/23/2008

ATTENDING PHYSICIAN: James Palma, MD

MODE OF ARRIVAL: POV

CHIEF COMPLAINT: The patient is complaining of atrial fibrillation.

HISTORY OF PRESENT ILLNESS: The patient states that he became dizzy and diaphoretic at about 12:30 which is typical for his previous atrial fibrillation episodes. He stated this episode is similar or not as bad. He states that he began to feel better 30 minutes prior to arrival and now is symptom free. He denies any chest pain at the time of this episode. No numbness or weakness. No joint pain during the episode. The patient describes his dizziness as though the room is spinning. The patient had had previous episodes of atrial fibrillation in 2003, 2004 and 2007. He states he has never been electrically cardioverted, has been chemically cardioverted in the past. He does not remember the medication. The patient is currently taking propranolol and amiodarone. The patient's cardiologist is Dr. Hendricks.

REVIEW OF SYSTEMS: Positive for headache, nausea, no vomiting. No loss of consciousness. No shortness of breath. No abdominal pain. He has some chronic back pain.

ALLERGIES: Sulfa.

* Final Report *

FAMILY HISTORY: Noncontributory.

SOCIAL HISTORY: No tobacco, no EtOH. [____]

PAST MEDICAL HISTORY: Atrial fibrillation, hypertension, possibly diabetes and sleep apnea for which he uses CPAP.

MEDICATIONS:
1. The patient is on Coumadin.
2. Cozaar.
3. Hydrochlorothiazide.
4. Propranolol.
5. [____].
6. Amiodarone.

PHYSICAL EXAMINATION:
VITAL SIGNS: The patient's temp is 97.7, pulse 49, respirations 18, blood pressure 140/87. Pulse ox 90%.
GENERAL APPEARANCE: The patient is nontoxic appearing, in no respiratory distress.
SKIN: Warm and dry.
HEENT: Pupils equal, round, reactive to light. Tympanic membranes are clear. Nares patent. Pharynx clear. No erythema or exudate noted.
NECK: Supple. No adenopathy noted.
HEART: Irregular rate, irregular rhythm. Pulse is bradycardic around 50 beats per minute. Monitor shows atrial fibrillation.
RESPIRATORY: Clear to auscultation bilaterally. No wheezing, rales or rhonchi.
ABDOMEN: Soft, nontender to palpation in all 4 quadrants. No rigidity, guarding, or rebound tenderness.
EXTREMITIES: Good distal pulses in all extremities. Full range of motion.

NEUROLOGICAL: A 0 x3. No focal deficits noted.

CLINICAL IMPRESSION: The patient is in atrial fibrillation, has had previous atrial fibrillations in the past. He has required chemical cardioversion in the past. However, due to patient having symptoms that have now resolved while atrial fibrillation has continued, we rule out ischemia or myocardial infarction. We will also perform an ultrasound and chest x-ray to rule out other pathology.

* Final Report *

TREATMENT: The patient was given aspirin 325 mg p.o. x1. The patient remains asymptomatic.

LABS AND IMAGING: EKG shows atrial fibrillation with a controlled rate of 50. No signs of MI or ischemia. Cardiac enzymes are negative. Troponin less than 0.03. CPK 69, CK MB 1.3. BMP: Sodium 141, potassium 3.5, chloride 102, bicarb 27, BUN 22, creatinine 1.2, glucose 207, calcium 9. Coags: Pro time is 23.9, INR is 1.9, PTT 34.3. Chest x-ray is negative for pathology.

DIAGNOSIS: Atrial fibrillation with a controlled rate and stable.

DISPOSITION: The patient was admitted to the chest pain unit and his cardiac enzymes and EKGs will be followed. Columbia Heart will follow up with patient in the morning.

Reviewed and agree with above note

Dictated by: Wiley P. Jordan, MD

WPJ:fn
D: 09/23/2008 6:07 P T: 09/23/2008 6:17 P
Job #: 000286005 T Job #: 40141568 Doc #: 1260680
cc :

Signature Line
Electronically Signed & Verified on 10/03/2008 22:39
by Palma MD, James K

Completed Action List:
* Perform by Jordan MD, Wiley P on 23 September 2008 18:17
* Sign by Palma MD, James K on 03 October 2008 22:39 Requested on 24 September 2008 07:55
* VERIFY by Palma MD, James K on 03 October 2008 22:39

* Final Report *

Result type:	Consultation Report
Result date:	24 September 2008 10:26
Result status:	Auth (Verified)
Result title:	Consultation Report
Performed by:	Kirton ACNP, Kimberly A on 24 September 2008 10:26
Verified by:	Jones MD, Benjamin R on 25 September 2008 13:42
Encounter info:	R0826701727, Richland, OBR-Observation, 09/23/08 - 09/24/08

* Final Report *

Consultation Report

DATE OF CONSULTATION: 09/23/2008

ATTENDING PHYSICIAN: Benjamin R. Jones, MD

REFERRING PHYSICIAN: William H. Richardson, MD

PRIMARY CARE PHYSICIAN: D. Carter. M.D.

REASON FOR REFERRAL: Patient with atrial fibrillation.

PROBLEMS:
1. Cardiac.
A. Intermittent atrial fibrillation.
B. Amiodarone and Coumadin therapy.
C. Prior stress Cardiolite said to be negative.
2. Sleep apnea with CPAP therapy.
3. Hypertension.
4. Patient presents with headache, dizziness, diaphoresis, and vomiting. This is approximately the third or fourth episode he has had over the last two years.

HISTORY OF PRESENT ILLNESS: This is a 65-year-old white male with a history of hypertension and intermittent atrial fibrillation who presents with sudden onset of headache, dizziness, diaphoresis and vomiting. He has had at least three other episodes like this in the past two years. Each time that he has presented to the emergency room he has been in atrial fibrillation. However he does go in and out of atrial fibrillation

typically without symptoms, in fact recently was seen by Dr. Hendricks and had his amiodarone therapy increased to 200 twice daily.

PAST MEDICAL HISTORY: As above.

PAST SURGICAL HISTORY: Remote appendectomy.

ALLERGIES: Sulfa.

HOME MEDICATIONS: Include:
1. Amiodarone 200 twice daily.
2. Viagra 100 mg p.r.n.
3. Propanolol 20 mg three times daily for tremors.
4. Hydrochlorothiazide 25 mg daily.
5. Coumadin.
6. Losartan 50 mg daily.

REVIEW OF SYSTEMS: Currently, he is without symptoms of headache, dizziness, or nausea. In fact, this time this episode was the least severe episode because he took nausea medicine and antivertigo medicine as well. He denies chest pain. He denies shortness of breath. He has lost approximately 20 pounds over the last two months intentionally, has felt much better since he has had the weight loss. Denies orthopnea. Denies any recent fever, chills, cough. Systems otherwise negative.

SOCIAL HISTORY: He works as an auditor for the state, plans to retire in the near future. He denies tobacco. Denies alcohol. Denies illicit drugs. He is married and gets no formal exercise.

FAMILY HISTORY: Currently noncontributory.

PHYSICAL EXAMINATION:
GENERAL: This is an alert white male in no acute distress.
VITAL SIGNS: Temperature 98, heart rate 47, respiratory rate 10, blood pressure range is 138/91 to 119/85.
HEENT: Unremarkable.
NECK: Carotid upstrokes brisk without bruits. No jugular venous distention.
LUNGS: Clear to auscultation.
CARDIAC: Reveals an irregular rhythm, S1, S2. No significant lift or thrill.

* Final Report *

ABDOMEN: Soft, nontender. Active bowel sounds.
EXTREMITIES: No cyanosis, clubbing or edema.
SKIN: Warm and dry.

DIAGNOSTICS: A 12-lead EKG atrial fibrillation with slow ventricular response. Troponins negative x3. INR is 1.9. Chest x-ray no evidence of acute disease. Urinalysis is negative. Sodium 141, potassium 3.5, glucose 207, ALT and AST slightly elevated at 48 and 43. Total cholesterol 189, triglycerides 222, LDL is 116.

IMPRESSION AND PLAN: Intermittent atrial fibrillation. Patient currently on amiodarone 200 twice daily as well as Coumadin. He is currently without complaints of dizziness or nausea. Will plan to discharge home today with followup with Dr. Henrdicks in the next week.

Dictated by: Kimberly Kirton, NP

KK:fn
D: 09/24/2008 7:47 A T: 09/24/2008 10:26 A
Job #: 000286423 T Job #: 40132838 Doc #: 1261197
cc: Kimberly Kirton, NP
Troy W. Privette, Jr, MD

Signature Line
Electronically Signed & Verified on 09/25/2008 13:42
by Jones MD, Benjamin R

Completed Action List:
* Perform by Kirton ACNP, Kimberly A on 24 September 2008 10:26
* Sign by Jones MD, Benjamin R on 25 September 2008 13:42 Requested on 25 September 2008 08:32
* VERIFY by Jones MD, Benjamin R on 25 September 2008 13:42

Printed by: Coleman, Lakeisha K
Printed on: 02/24/11 10:23

Result type:	Discharge Summary
Result date:	24 September 2008 10:39
Result status:	Auth (Verified)
Result title:	Discharge Summary
Performed by:	Richardson MD, William H on 24 September 2008 10:39
Verified by:	Richardson MD, William H on 24 September 2008 12:48
Encounter info:	R0826701727, Richland, OBR-Observation, 09/23/08 - 09/24/08

* Final Report *

Discharge Summary (Verified)

ATTENDING PHYSICIAN: William H. Richardson, MD

ADMITTING DIAGNOSES:
1. Dizziness.
2. Recurrent atrial fibrillation.
3. Nausea, resolved.

DISCHARGE DIAGNOSES:
1. Recurrent atrial fibrillation, now resolved.
2. Coumadin therapy.
3. Brief dizziness, likely related to recurrent atrial fibrillation.
4. Nausea, resolved.

PROCEDURES: Included admission to the Chest Pain Unit with serial cardiac enzymes which were negative times 3. The patient's INR was 1.7. The electrocardiogram showed some atrial fibrillation, and he became rate-controlled throughout his stay in the Chest Pain Unit. This morning, his heart rate was in the 50s. His blood pressure had been in the 120s to 130s systolic over 80s to 90s diastolic throughout the night.

The patient had an evaluation by Dr. Ben Jones of Columbia Heart Clinic on the morning of 09/24/2008. The patient's symptoms had resolved entirely. Dr. Jones agreed that this was a recurrent episode of atrial fibrillation and that he was already on Coumadin and amiodarone. He did not want to do any dose changes of his amiodarone right now, as he was already on the high end of dosing for this. He has cleared the patient for discharge, since he has 3 sets of cardiac enzymes that are negative and he is entirely asymptomatic at this time. He never had any chest pain. It has

been more of an issue of some dizziness with recurrent episodes of atrial fibrillation.

HOSPITAL COURSE: The hospital course is as above.

DISPOSITION: The patient is going to follow with Dr. C.W. Hendricks next week at Columbia Heart Clinic.

WR:fn
D: 09/24/2008 8:57 A T: 09/24/2008 10:39 A
Job #: 000286513 T Job #: 40123651 Doc #: 1260771
cc: C W Hendricks, MD
Benjamin R Jones, MD
Troy W Privette, Jr, MD
William Richardson, MD
Signed, NR.

Signature Line
Electronically Signed & Verified on 09/24/2008 12:48
by Richardson MD, William H

Completed Action List:
* Perform by Richardson MD, William H on 24 September 2008 10:39
* Modify by Richardson MD, William H on 24 September 2008 12:48
* Sign by Richardson MD, William H on 24 September 2008 12:48 Requested on 24 September 2008 10:55
* VERIFY by Richardson MD, William H on 24 September 2008 12:48

COLUMBIA HEART CLINIC, P.A.

PATIENT: Alvin L. Menie
DOB: AGE: 59 SEX: M ACCOUNT:
SSN:

3/21/2003 C W. HENDRICKS MD

OFFICE NOTE

HISTORY: The patient returns today doing well from the cardiovascular point of view. He has really had no more vertigo-type symptoms which were associated with atrial fibrillation. He has had no other problems by way of chest pain, syndrome, shortness of breath or other complaint. He has been getting along quite well, but has developed a rash with target lesions in the right triceps area and in the left lower quadrant of his abdomen. He has had no diffuse rash and has not changed any of his medications. He is seen at this time doing well from a cardiovascular point of view having recently been hospitalized at Lexington Medical Center for atrial fibrillation which responded to amiodarone therapy.

CURRENT MEDICATIONS: Amiodarone 200 p.o. b.i.d., Vasotec 5 mg daily, Coumadin as directed and one baby aspirin daily.

REVIEW OF SYSTEMS: He has had no GI, GU, ENT or other blood loss. He has had no syncope, no palpitations and has had no other major problems from the standpoint of his cardiovascular situation.

He has had no fevers, night sweats or chills but has had itching in the aforementioned focal target rash.

PHYSICAL EXAMINATION: VITAL SIGNS: Blood pressure 140/80. NECK: No jugular venous distention. Carotids are brisk without bruit or thrill. LUNGS: Clear to A&P. CARDIAC: Precordium is quiet to palpation; S1 and S2 is normal with a flow murmur at the apex without click, rub, gallop or diastolic sound. ABDOMEN: Free of masses, organomegaly or bruit. Femoral pulses are full without bruit. EXTREMITIES: Free of edema with good distal pulses.

LABORATORY DATA: EKG is within normal limits with a normal sinus rhythm.

DIAGNOSTIC IMPRESSION:
1. Atrial fibrillation - stable on Coumadin and amiodarone.
2. Hypertension - reasonably well controlled.
3. Allergic reaction - likely Vasotec though not a diffuse rash.
4. Vertigo - probably related to #1 above.

RECOMMENDATIONS: He is advised to stop his Vasotec and will need to be seen back in 2-3 weeks or p.r.n. and to call if symptoms do not improve. Over-the-counter hydrocortisone cream % can be applied to the two focal areas of abnormality and he will be rechecked if this does not improve. Otherwise, he is to continue on the amiodarone and Coumadin and the latter may be stopped if no additional dysrhythmia occurs. He is to call if problems arise in the interim.

PATIENT: Alvin L. Menie
DOB: AGE: 59 SEX: M ACCOUNT: SSN:

3/21/2003 C W. HENDRICKS MD

OFFICE NOTE

C. W. Hendricks, MD

CWH:skm

D: 03/21/03
T: 03/26/03
92893

PATIENT: Alvin L. Menie
DOB: AGE: 59 SEX: M ACCOUNT:
SSN:

4/10/2003 C W. HENDRICKS MD
OFFICE NOTE
DICTATED BY: JULIE E. MASSEY, RN, ACNP

PROBLEM LIST:
1. Cardiac.
   a) New onset atrial fibrillation 3/04/03 - now in sinus rhythm on amiodarone and Coumadin.
   b) Echocardiogram 3/03 with left atrial enlargement at 5 cm with slight left ventricular dilatation and normal systolic performance with an ejection fraction of 64% with incidental tricuspid insufficiency and modest pulmonary hypertension.
2. Hypertension - medications adjusted today.
3. ALLERGY TO VASOTEC - causes rash.

CLINICAL SUMMARY: The patient comes in today for a three week follow-up. He was last seen on 3/21/03 for hospital follow-up and had developed a rash thought related to Vasotec. The Vasotec was stopped and his rash has almost completely disappeared. Blood pressure however is back up in the 150s over 90s range so I did add some HCTZ today as it is probable that his developed high blood pressure was the cause of his new onset atrial fib. By EKG today, he is currently in sinus rhythm. He is on amiodarone 200 mg q.d. as well as Coumadin and we are going to have a pro time checked today. All in all he has been getting along quite well. He tried to instigate an exercise regime for weight loss but with the weather being so bad lately he has not been able to get out quite as much.

CURRENT MEDICATIONS: Amiodarone 200 mg q.d., Coumadin as directed and a baby aspirin q.d. I did add HCTZ 25 mg q.d. today.

PHYSICAL EXAM: GENERAL: He is awake alert and oriented. VITAL SIGNS: Blood pressure is 150/90. Pulse is 74 and regular. Weight is 310 lbs. CARDIAC: S1, S2 without murmur, gallop, rub or click. Peripheral pulses are palpable. There is no JVD, peripheral edema, carotid bruits or femoral bruits. LUNGS: Lung sounds are clear bilaterally. ABDOMEN: Soft, nontender, nondistended with no palpable masses and bowel sounds are present x4.

ASSESSMENT AND PLAN: Overall stable cardiovascular status with atrial fibrillation that has resolved. We will continue his current dose of amiodarone and Coumadin and get his pro time checked today. His blood pressure is on the high side since his Vasotec needed to be stopped so I have added HCTZ 25 mg p.o. q.d. today. We are going to plan to see the patient back in three months and sooner if need be.

C W. HENDRICKS MD

CWH:phh

PATIENT: Alvin L. Menie
DOB: AGE: 59 SEX: M ACCOUNT:
SSN:

4/10/2003 C W. HENDRICKS MD
OFFICE NOTE

cc: Lexington Family Practice

D: 4-10-03
T: 4-16-03
95785

PATIENT: Alvin L. Menie
DOB: AGE: 60 SEX: M ACCOUNT:
SSN:

7/02/2003 C W. HENDRICKS MD

OFFICE NOTE

HISTORY: The patient returns today doing fairly well. He has had no palpitations, syncope, angina or unusual shortness of breath. All things considered, he is having no important cardiovascular symptoms in the face of atrial fibrillation on amiodarone and Coumadin. He had his Vasotec stopped because of a major allergic reaction and is seen today in routine follow-up.

CURRENT MEDICATIONS: HCTZ 125 mg daily, Coumadin 5 mg as directed, amiodarone 200 daily, Bextra 20 daily and saw palmetto.

REVIEW OF SYSTEMS: No fever, night sweats, chills, weight loss, edema, orthopnea, paroxysmal nocturnal dyspnea, GI, GU, ENT or other bleeding. No palpitations. The rest of the review is negative.

PHYSICAL EXAMINATION: VITAL SIGNS: Blood pressure 160/80. NECK: No jugular venous distention. Carotids are brisk without bruit or thrill. LUNGS: Clear to A&P. CARDIAC: Precordium is quiet to palpation. S1 and S2 is normal. There is a flow murmur at the apex without click, rub, gallop or diastolic sound. ABDOMEN: Protuberant but free of masses, organomegaly or bruit. Femoral pulses are full. EXTREMITIES: Free of edema with good distal pulses.

LABORATORY DATA: EKG shows normal sinus rhythm with normal complexes and intervals.

IMPRESSION:
1. Atrial fibrillation - controlled:
   a) Coumadin and amiodarone.
2. Hypertension - suboptimal.
3. Obesity.

RECOMMENDATIONS: At this point, Toprol-XL 25 mg to increase to 50 if needed will be added for blood pressure control and he checks his pressure fairly often and he will report the results pending review of his blood pressures at home. He is to continue follow-up with Dr. Brearley and here in three months.

C. W. Hendricks, MD

CWH:skm

cc: Dr. Nagel, Lexington Family Practice → D. Stone (old chart and LV)

D: 07/02/03
T: 07/03/03
08673

PATIENT: Alvin L. Menie
DOB: AGE: 60 SEX: M ACCOUNT: SSN:

10/27/2003 C W. HENDRICKS MD

OFFICE NOTE

HISTORY: The patient returns today doing quite well. He has really had no important chest pain or dyspnea, no syncope or palpitations though he does get significant orthostasis after being placed on Cozaar as he was intolerant of Norvasc and Toprol. He may have also had true allergic reactions to the latter drugs mentioned above. He has been on the Atkin's diet and has lost from 304 to 266 and in this time frame his blood pressures have been dramatically better. He is seen today in routine follow-up on amiodarone and Coumadin.

MEDICATIONS: HCTZ 25 mg q.d., Coumadin 5 mg as directed, amiodarone 200 mg q.d., Bextra 20 mg q.d. as well as saw palmetto and now Cozaar of an uncertain dose.

REVIEW OF SYSTEMS: He has had no GI, GU, ENT or other bleeding. No fevers, night sweats or chills but has lost weight on an intention basis. He has had no myalgias, arthralgias, nausea, vomiting or diarrhea and the rest of the review is negative.

PHYSICAL EXAM: VITAL SIGNS: Blood pressure was 132/82 seated and standing. GENERAL: He is awake alert oriented and in no distress. Eyes are free of icterus and he has purple stria on the skin of his abdomen. NECK: No jugular venous distention. Carotids are brisk without bruit or thrill. LUNGS: Clear to A&P. CARDIAC: Precordium is quiet to palpation. S1 and S2 were normal with a flow murmur at the apex with a perfectly regular rhythm. There was no gallop or rub. ABDOMEN: Free of masses, organomegaly or bruit. Femoral pulses full. EXTREMITIES: Free of edema but brawny induration of both pretibial regions. Distal pulses are normal.

IMPRESSION:

1. Atrial fibrillation - controlled in clinical sinus rhythm.
   a) Coumadin and amiodarone.
2. Hypertension - better controlled.
3. Obesity - significant weight loss on Atkin's diet with improvement in blood pressure as well.

RECOMMENDATIONS: At this point he will be seen back in three months or p.r.n. on same medications and at that time will discuss the possibility of stopping his Coumadin although I believe amiodarone will need to be maintained. If he has any recurrence of dysrhythmia however, he will need to stay on both drugs.

C W. HENDRICKS MD

CWH:phh

cc: Dr Stone - Old Chapin Road, Lexington

COLUMBIA HEART CLINIC, P.A.

PATIENT: Alvin L. Menie
DOB: AGE: 60 SEX: M ACCOUNT:
SSN:

10/27/2003 C W. HENDRICKS MD
OFFICE NOTE

D: 10-27-03
T: 10-28-03
15265

PATIENT: Alvin L. Menie ACCOUNT:
DOB: AGE: 60 SEX: M SSN:

2/18/2004 C W. HENDRICKS MD

OFFICE NOTE

HISTORY: The patient returns today doing quite well. He says that he is under a lot of additional stress at work as one of his coworkers has had major surgery and he has had to help out with this, but in independent of this he has had no particular palpitations and certainly no syncope, shortness of breath, chest pain, pressure, heaviness, tightness or fullness without and with effort. Generally speaking he has been getting along quite well from the cardiovascular point of view on his current medical regimen.

CURRENT MEDICATIONS: Cozaar 25 mg daily, HCTZ 25 daily, Coumadin 5 daily except for 1-1/2 on Wednesday and amiodarone 200 b.i.d.

REVIEW OF SYSTEMS: He has had no GI, GU, ENT or other bleeding. No fevers, night sweats or chills. Occasional edema if he stands for long periods of time but no myalgias, arthralgias and has gained some weight back after losing a considerable amount on the Atkins diet. The rest of the review is negative.

PHYSICAL EXAMINATION: VITAL SIGNS: Blood pressure 160/80 - most home blood pressures have been satisfactory, however. GENERAL: Awake, cooperative, oriented and in no apparently distress. HEENT: Eyes are free of icterus; EOMI. NECK: No jugular venous distention. Carotids are brisk without bruit or thrill. LUNGS: Clear to A&P. CARDIAC: Precordium is quiet to palpitation. S1 and S2 normal. There is a flow murmur at the apex without click, rub, gallop or diastolic sound. ABDOMEN: Free of masses, organomegaly or bruit. Femoral pulses are full without bruits. EXTREMITIES: Trace to 1+ edema.

LABORATORY: EKG shows a normal sinus rhythm with essentially normal complexes and intervals.

DIAGNOSTIC IMPRESSION:
1. Atrial fibrillation - no recurrence in one year.
   a) Chronic amiodarone and Coumadin.
2. Hypertension - generally well controlled.
3. Obesity - some weight reduction and now recurrence.

RECOMMENDATIONS: At this point, he will be seen back in 6 months with a stress Cardiolite which has not been done to this point. He is at risk for his hypertension and prior fibrillation and on the basis of this he will have further recommendations pending results of his stress Cardiolite. At the same time, I have advised him to stop his Coumadin but to let me known if current palpitations recur as he may well need to have Coumadin reinstituted. With his larger body mass, I believe that he should remain on a b.i.d. amiodarone dose.

COLUMBIA HEART CLINIC, P.A.

PATIENT: Alvin L. Menie
DOB: AGE: 60 SEX: M ACCOUNT:
SSN:

2/18/2004 C W. HENDRICKS MD

OFFICE NOTE

C. W. Hendricks, MD

CWH:skm

D. Carter
c Living well Card. Ctr. Lc

D: 2/18/04
T: 2/23/04
32221

COLUMBIA HEART, P.A.

PATIENT: ALVIN L MENIE
DOB:
DOS: 07/11/2006

AGE: 63Y SEX: M

ACCOUNT:
SSN:

OFFICE NOTE

HISTORY: The patient returns today doing well. He once again uses the word fantastic to describe how he feels and this is in face of persistent atrial dysrhythmia where at last office visit we stopped his amiodarone and kept him on Coumadin. He has not been aware of any palpitations, syncope or near syncope and all things considered, has been getting along quite well from a cardiovascular point of view. He is seen today in routine follow-up but in the face of having recently stopped his amiodarone.

MEDICATIONS: Unchanged from the note of 06/01/2006 except for amiodarone is no longer in place.

REVIEW OF SYSTEMS: No gastrointestinal, genitourinary, ENT or other bleeding or easy bruisability. No fever, night sweats, chills, myalgias, arthralgias, edema, orthopnea, paroxysmal nocturnal dyspnea, sustained palpitations and the rest of the review is negative.

PHYSICAL EXAM: VITAL SIGNS: Blood pressure 130/70. GENERAL: Patient is awake, alert, cooperative and oriented in no apparent distress. HEENT: Eyes are free of icterus and EOMI. NECK: No jugular venous distention. Carotids are brisk without bruit or thrill. LUNGS: Clear to A & P. CARDIAC: Rhythm is irregularly irregular, rate in the 70s. Precordium is quiet to palpitations. S1 and S2 normal. There was a flow murmur at the mid sternal border, Without click, rub, gallop or diastolic sound. ABDOMEN: Free of masses, organomegaly or bruit. PULSES: Femoral pulses are full without bruit. EXTREMITIES: Free of edema with good distal pulses.

LABORATORY DATA: EKG shows atrial flutter with 2-3:1 conduction and a heart rate of 130 beats per minute.

IMPRESSION:

1. Atrial flutter fib-persistent.
    a. Previous amiodarone plus Coumadin-Coumadin alone.
2. Hypertension.
3. Sleep apnea-treated.

DISPOSITION: At this point I have asked him to have a 24-hour Holter monitor and return in 3 months with phone follow up. The issue is whether he may be having an incessant tachycardia that could prove myocardiopathic or at the outside chance that he could have overt sick sinus syndrome. He is otherwise asymptomatic and I do not see him as a candidate for any type of ablation or other similar therapies. He is to call if symptoms develop in the interim.

C. W. HENDRICKS, MD, FACC

CWH/dtb
cc: DEE CARTER MD

D:07/11/2006 15:31:22
T:07/12/2006 14:27:20
92735

PATIENT: ALVIN L MENIE
DOB:
DOS: 06/01/2006

AGE: 62Y SEX: M

ACCOUNT:
SSN:

OFFICE NOTE

HISTORY: The returns today doing "fantastic." Before he answered I had already looked at his EKG and questioned him carefully about fatigue, dizziness, syncope, weakness, palpitations and other, and he insists that could not be doing any better. From the standpoint of his overall cardiovascular point of view he is having no important symptoms at this time and generally speaking is at ad lib activity with no major problems. He has long-standing history of sleep apnea and hypertension and previously symptomatic atrial fibrillation on long-term antiarrhythmic and anticoagulant therapy.

CURRENT MEDICATIONS: Hydrochlorothiazide 25 daily, amiodarone 200 b.i.d., Cozaar 25 daily, Coumadin 5 as directed, Zyrtec D if needed, Multivites, fish oil, propranolol 20 t.i.d., Atarax and Viagra as well as CPAP.

REVIEW OF SYSTEMS: No gastrointestinal, genitourinary, ENT or other bleeding or easy bruisability. No fever, night sweats, chills, myalgias, arthralgias, edema, orthopnea, paroxysmal nocturnal dyspnea, sustained palpitations and the rest of the review is negative.

PHYSICAL EXAMINATION: VITAL SIGNS: Blood pressure 130/78. GENERAL: He is awake, alert, cooperative and oriented in no apparent distress. HEENT: Eyes are free of icterus and EOMI. NECK: No jugular venous distention. Carotids are brisk without bruit or thrill. LUNGS: Clear to A&P. CARDIAC: Precordium is quiet to palpitation. An irregular irregular rhythm with a flow murmur, but no click, rub, gallop or diastolic sound. ABDOMEN: Free of masses, organomegaly or bruit. PULSES: Femoral pulses are full without bruit. EXTREMITIES: Free of edema with good distal pulses.

LABORATORY DATA: EKG shows atrial fibrillation with controlled ventricular response.

IMPRESSION:

1. Atrial fibrillation - asymptomatic at this time.
    a. Amiodarone and Coumadin.
2. Hypertension.
3. Sleep apnea.

DISPOSITION: A long discussion was carried out with the patient regarding his options. At this point absent symptoms and on Coumadin with atrial fib and controlled ventricular response the continuation of amiodarone as a failed antiarrhythmic makes no sense with outcome data actually supporting rate control with anticoagulation rather than strict rhythm control in the face of no symptoms. On this basis I have advised him to stop his amiodarone and I will see him back in 6 weeks with an EKG. He is to call if symptoms intensify such as palpitations and the like.

D:06/01/2006 12:16:30
T:06/01/2006 17:28:13
86228

He will keep me posted of his progress or if troubles develop.

C. W. HENDRICKS, MD, FACC

CWH/cb
cc: DEE CARTER MD

D:06/01/2006 12:16:30
T:06/01/2006 17:28:13
86228

COLUMBIA HEART, P.A.

PATIENT: ALVIN L MENIE
DOB:
DOS: 11/28/2007

AGE: 64Y SEX: M

CHART ID:
ACCOUNT:
SSN:

OFFICE NOTE

HISTORY: The patient is here today for further evaluation of known coronary disease on the back drop of paroxysmal atrial fibrillation by way of a stress Cardiolite. His scan was negative for ischemia and LV performance was normal as well. On this basis, no additional cardiac evaluation or work-up is indicated and he will be seen back in six months or p.r.n. on the same medications and advised to continue follow-up with Dr. Carter.

C W HENDRICKS MD FACC
CWH/gg
cc: DEE CARTER, MD FAXED

D:11/28/2007 09:24:06
T:12/01/2007 10:44:14
198098

PATIENT: ALVIN L MENIE
DOB:
DOS: 09/26/2007

AGE: 64Y SEX: M

CHART ID:
ACCOUNT:
SSN:

OFFICE NOTE

HISTORY: The patient is a 64-year-old is here today with no important cardiovascular complaints. Specifically, in the face of paroxysmal atrial fibrillation and left ventricular hypertrophy with chronic hypertension he has had no additional problems of shortness of breath, vertigo or other symptoms outlined in the note of 8/29/07 generated after an Emergency Department visit where transient atrial fibrillation was noted with hemodynamic compromise as a possible subsequent event. He was on Coumadin at the time and has been placed on Amiodarone and has had no recurrent symptoms and all things considered feels generally well.

CURRENT MEDICATIONS: Hydrochlorothiazide 25 daily, Cozaar 20 daily, Coumadin 5 as directed, Zyrtec D if needed, fish oil, propanolol 20 mg daily (for tremor), Viagra if needed and CPAP at night and Amiodarone 200 mg p.o. b.i.d.

REVIEW OF SYSTEMS: Patient has had no fever, night sweats, chills, weight loss or appetite change. No visual disturbance, blurred vision or other, and no hearing problems, epistaxis or sore throat. There has been no chest pain, pressure, heaviness, or tightness, dyspnea, edema or orthopnea. No coughs, sputum production or other shortness of breath. There has been no abdominal pain, hematochezia or melena. No GU bleeding, dysuria or other. There have been no myalgias, arthralgias or physical limitation and no rashes or purities. There have been no headaches, seizures, paresthesias or other. No depression or other changes. There has been no polydipsia, polyuria or excessive sweating. No petechiae, phalangeal swelling, photosensitivity or other. All other systems negative.

PHYSICAL EXAM: VITAL SIGNS: Blood pressure is 130/72. GENERAL: The patient is awake, alert, cooperative, and oriented in no apparent distress. EYES: Free of icterus and extraocular movements are intact. ENT: Unremarkable. CARDIAC EXAM: Remarkable for a precordium that is quiet to palpation. S1 and S2 were normal with a flow murmur at the left sternal border without gallop or rub. LUNGS: Clear to A&P. ABDOMEN: Free of masses, organomegaly or bruit. Femoral pulses are full without bruit. MUSCULOSKELETAL EXAM: Shows no joint swelling or deformity. INTEGUMENT: Unremarkable with reference to rash, ecchymosis, or other, and there is no tremor, palsy, or other paresis finding. SKIN: Dry with no excessive perspiration and no other abnormalities are identified.

LABORATORY DATA: Echocardiogram shows mild left atrial enlargement at 4.5 cm – probably normal for body surface index and concentric left ventricular hypertrophy with normal systolic performance and mild pulmonary hypertension at 39 mmHg.

IMPRESSION:

1. Atrial fibrillation – stable and on Coumadin and Amiodarone.
   a. No recurrent symptoms.
   b. History of vertigo – possibly related to number one above or others.
2. Sleep apnea.
3. Hypertension – controlled.
   a. Left ventricular hypertrophy on echo with normal left ventricular systolic performance.

D:09/26/2007 13:14:22
T:09/28/2007 08:23:39
184534

DISPOSITION: He will be seen back in six months or p.r.n. with no change in medications and to call if problems develop in the interim.

C W HENDRICKS MD FACC
CWH/cb
cc: DEE CARTER MD - faxed

PATIENT: ALVIN L MENIE
DOB:
DOS: 08/29/2007

AGE: 64Y SEX: M

CHART ID:
ACCOUNT:
SSN:

OFFICE NOTE

HISTORY: The patient is here today after recent Lexington Medical Center visit because of what could be an episode of unadulterated vertigo. He describes a sensation of headache in the posterior part of his head from his ears back, a sort of staring sensation, the room spinning and then intense nausea and vomiting with associated dizziness. He went to the emergency room where he apparently was not out of rhythm and was observed having symptoms and was told this was vertigo without any hearing deficient or other problem associated. This is akin to symptoms he has had in the past when he was in atrial fibrillation with rapid ventricular response but at this point at least under the ER observation, was not associated with dysrhythmia. This episode outside from no palpitations however his very similar to those episodes that he has had in the past.

CURRENT MEDICATIONS: Hydrochlorothiazide 25 daily, Cozaar 20 daily, Coumadin 5 as directed, Zyrtec D if needed, fish oil, propanolol 20 mg daily (for tremor), Viagra if needed and CPAP at night.

REVIEW OF SYSTEMS: Patient has had no fever, night sweats, chills, weight loss or appetite change. No visual disturbance, blurred vision or other, and no hearing problems, epistaxis or sore throat. There has been no chest pain, pressure, heaviness, or tightness, dyspnea, edema or orthopnea. No coughs, sputum production or other shortness of breath. There has been no abdominal pain, hematochezia or melena. No GU bleeding, dysuria or other. There have been no myalgias, arthralgias or physical limitation and no rashes or purities. There have been no headaches, seizures, paresthesias or other. No depression or other changes. There has been no polydipsia, polyuria or excessive sweating. No petechiae, phalangeal swelling, photosensitivity or other. All other systems negative.

PHYSICAL EXAM: VITAL SIGNS: Blood pressure is 130/70 even with a normal size cuff. GENERAL: The patient is awake, alert, cooperative, and oriented in no apparent distress. EYES: Free of icterus and extraocular movements are intact. ENT: Unremarkable. CARDIAC EXAM: Rhythm is irregular irregular. LUNGS: Clear to A&P. ABDOMEN: Free of masses, organomegaly or bruit. Femoral pulses are full without bruit. MUSCULOSKELETAL EXAM: Shows no joint swelling or deformity. INTEGUMENT: Unremarkable with reference to rash, ecchymosis, or other, and there is no tremor, palsy, or other paresis finding. SKIN: Dry with no excessive perspiration and no other abnormalities are identified.

LABORATORY DATA:

- All reviewed from Lexington Medical Center ER visit. CTs, et cetera all benign.
- Today, EKG shows atrial fibrillation with somewhat rapid ventricular response – asymptomatic.

IMPRESSION:

1. Vertigo – Ménière's disease versus other, accounting for recent hospital visit.
   a. Could not exclude precipitating transient atrial fibrillation with rapid ventricular response.
2. Recurrent atrial fibrillation – on Coumadin but off amiodarone.
3. Sleep apnea – on therapy.
4. Hypertension – controlled.

D:08/30/2007 06:54:58
T:09/01/2007 21:14:07
178586

RECOMMENDATIONS: At this point, he will be placed back on amiodarone 200 p.o. b.i.d. with a PT and INR in one week in the face of amio-Coumadin interaction. In addition to this, he will be seen back in one month with repeat EKG and an echocardiogram and call if problems develop in the interim. I believe it will be important to maintain sinus rhythm if by chance his continued episodes are those of symptomatic atrial fibrillation though other etiologies as listed above may need to be considered and this will be deferred to his primary attending physician.

C W HENDRICKS MD FACC
CWH/sm
cc: DEE CARTER MD - FAXED

D:08/30/2007 06:54:58
T:09/01/2007 21:14:07
178586

COLUMBIA HEART, P.A.

PATIENT: ALVIN L MENIE
DOB:
DOS: 03/15/2007

AGE: 63Y SEX: M

ACCOUNT:
SSN:

OFFICE NOTE

HISTORY: The patient returns today doing well. He has really had no chest pain or shortness of breath unless he had any problems with syncope or palpitations and when he was here last time was in atrial fib with a fairly rapid ventricular response but without any awareness. He is seen today again asymptomatic in the face of known paroxysmal atrial fibrillation on chronic Coumadin.

CURRENT MEDICATIONS: Hydrochlorothiazide 25 daily. Cozaar 25 every other day. Coumadin 5 as directed. Zyrtec as needed. Fish oil. Propranolol 20 daily. Viagra. CPAP.

REVIEW OF SYSTEMS: No gastrointestinal, genitourinary, ENT or other bleeding or easy bruisability. No fever, night sweats, chills, myalgias, arthralgias, edema, orthopnea, paroxysmal nocturnal dyspnea, sustained palpitations and the rest of the review is negative.

PHYSICAL EXAMINATION: VITAL SIGNS: Blood pressure 130/70 with a normal size cuff. GENERAL: Patient is awake, alert, cooperative and oriented in no apparent distress. HEENT: Eyes are free of icterus and EOMI. NECK: No jugular venous distention. Carotids are brisk without bruit or thrill. LUNGS: Clear to A & P. CARDIAC: Precordium is quiet to palpitations. S1 and S2 normal. There was a flow murmur at the mid left sternal border without click, rub, gallop or diastolic sound. ABDOMEN: Free of masses, organomegaly or bruit. PULSES: Femoral pulses are full without bruit. EXTREMITIES: Edema 1+.

LABORATORY DATA: EKG shows normal sinus rhythm with normal complexes and intervals and normal tracing with slight left axis.

IMPRESSION:

1. Paroxysmal atrial fibrillation—normal sinus rhythm at the current time.
   a. Asymptomatic.
   b. Prior amiodarone therapy.
   c. Chronic Coumadin therapy.
2. Sleep apnea with CPAP therapy.
3. Hypertension—controlled.

RECOMMENDATIONS: At this point, he will be seen back in 6 months or p.r.n. and if he is aware of palpitations or rapid heart action or any other significant issue, he can call for further advice.

C W HENDRICKS MD FACC

CWH/dtb
cc: DEE CARTER MD

D:03/15/2007 14:41:08
T:03/23/2007 07:12:54
142228

COLUMBIA HEART, P.A.

PATIENT: ALVIN L MENIE
DOB:
DOS: 12/01/2008

AGE: 65Y SEX: M

CHART ID:
MRN:
SSN:

OFFICE NOTE

HISTORY: The patient returns today doing pretty well. At his request he saw Dr. McCotter who felt a conservative posture in the absence of symptoms and controlled ventricular response in the face of chronic atrial fibrillation was appropriate. Accordingly, no additional foray in to more aggressive arena will be undertaken unless symptoms driven. He has had atrial fibrillation off and on for a number of years and now this appears to be "fixed" with no ongoing symptoms and certainly he has had no chest pain, shortness of breath, or other concerns and all things considered is getting along well at this time. He was told by Dr. McCotter that his atrial fibrillation was related to hypertension, age, and his increased weight. All things considered, he is near asymptomatic from the cardiac point of view. He has had negative stress testing in the past and no evidence of sick sinus syndrome.

CURRENT MEDICATIONS: HCTZ 25 mg daily, Cozaar 50 mg daily, Coumadin 5 mg as directed, Propanolol 20 mg t.i.d., Viagra if needed, Crestor, Zyrtec, fish oil, multivitamins, Antivert, Meclozine, Lyrica, and is going to start Flomax.

REVIEW OF SYSTEMS: Patient has had no fever, night sweats, chills, weight loss or appetite change. The patient has had no visual disturbance, blurred vision or other, and no hearing problems, epistaxis or sore throat. There has been no chest pain, pressure, heaviness, or tightness, dyspnea, edema or orthopnea. The patient has had no coughs, sputum production or other shortness of breath. There has been no abdominal pain, hematochezia or melena. No GU bleeding, dysuria or other. There have been no myalgias, arthralgias or physical limitation and no rashes or pruritis. There have been no headaches, seizures, paresthesias or other. No depression or other changes. There has been no polydipsia, polyuria or excessive sweating. No petechiae, phalange swelling, photosensitivity or other. All other systems negative.

PHYSICAL EXAM: VITAL SIGNS: Blood pressure is 140/80. GENERAL: The patient is awake, alert, cooperative, and oriented in no apparent distress. EYES: Free of icterus and extraocular movements are intact. ENT: Unremarkable. CARDIAC EXAM: Rhythm is irregularly/irregular. Remarkable for a precordium that is quiet to palpation. S1 and S2 were normal with a flow murmur at the left sternal border without gallop or rub. LUNGS: Clear to A&P. ABDOMEN: Free of masses, organomegaly or bruit. Femoral pulses are full without bruit. MUSCULOSKELETAL EXAM: Shows no joint swelling or deformity. INTEGUMENT: Unremarkable with reference to rash, ecchymosis, or other, and there is no tremor, palsy, or other paresis finding. SKIN: Dry with no excessive perspiration and no other abnormalities are identified.

IMPRESSION:

1. Atrial fibrillation – asymptomatic.
    a. Status-post EP consultation – conservative posture recommended.
    b. No evidence of sick sinus syndrome.
    c. Chronic Coumadin therapy without complications.
2. Hypertension.
3. Sleep apnea.
4. Complex medical regimen.

D:12/02/2008 06:30:24
T:12/06/2008 10:21:29
303025

PATIENT: ALVIN L MENIE
DOB:
DOS: 10/30/2008

AGE: 65Y SEX: M

CHART ID:
MRN:
SSN:

CONSULTATION

REFERRING PHYSICIAN: Dr. C. W. Hendricks.

REASON FOR THIS CONSULTATION: Paroxysmal at times persistent atrial fibrillation.

HISTORY OF PRESENT ILLNESS: This is a 65-year-old patient with a history of ongoing atrial fibrillation that is asymptomatic and has been refractory to Amiodarone. He has had a couple of episodes where he has extreme dizziness with headaches. He says these symptoms are made better with closing his eyes. The dizziness at times has been so severe that he has actually had nausea and vomiting. He has been admitted and worked up. He felt that these episodes have nothing to do with any cardiac etiology and it appears to be possibly inner ear related. Patient however felt that it may be caused by his atrial fibrillation and presented for an atrial fibrillation consult for further evaluation.

PAST MEDICAL HISTORY: Significant for:

1. Paroxysmal at times persistent atrial fibrillation that has been refractory to the use of Amiodarone.
2. Hypertension.
3. Sleep apnea.
4. Chronic nerve pain.

ALLERGIES: Sulfa.

SOCIAL HISTORY: No alcohol. No tobacco use.

FAMILY HISTORY: Negative for early CAD.

REVIEW OF SYSTEMS: Negative. CONSTITUTIONAL: No fevers, chills, weight loss. EYES: No visual disturbances. EENT: Negative. CARDIOVASCULAR: See History of Present Illness. RESPIRATORY: No cough, wheeze, otherwise see HPI. GASTROINTESTINAL: Negative. No dyspepsia, constipation. No other review of systems. GENITOURINARY: No difficulty voiding, no history of renal abnormalities or genital complaints. MUSCULOSKELETAL: Negative. INTEGUMENTARY: No lesions. NEUROLOGICAL: No motor or sensory deficits, cranial nerves intact. The patient is alert and oriented. PSYCHIATRIC: Appropriate mood status. ENDOCRINE: Negative except as mentioned under past medical history. HEMATOLOGIC/LYMPHATIC: Negative. No anemia, no lymphadenopathy, no blood dyscrasias. ALLERGIC/IMMUNOLOGIC: None. All other systems negative.

PHYSICAL EXAMINATION: VITAL SIGNS: Blood pressure 104/66, heart rate 75. EYES: Conjunctiva and lids normal. ENT: Dentition/gums/mucosa normal. Normocephalic. No neck vein distention. Normal carotid upstroke and amplitude, symmetric without bruits. The thyroid is nonpalpable. LUNGS: Clear to auscultation. Respirations are nonlabored. CARDIAC: The PMI is nondisplaced. No lifts/thrills. S1 and S2 normal. There were no murmurs, rubs, or gallops. ABDOMEN: Nontender. Bowel sounds are normoactive. There were no palpable masses or hepatosplenomegaly. No abdominal aortic bruit or abnormal pulsation. EXTREMITIES: Full and

D:11/02/2008 19:19:16
T:11/03/2008 08:54:53
278880

pedal pulses are 2+ and symmetric with normal amplitude. There is no edema, cyanosis or clubbing. [illegible]nous varicosities and no ischemic changes. SKIN: No lesions identified. NEUROLOGIC: No motor or sens[illegible]ficits are detected. The patient is oriented to time, place and person with normal affect/mood. MUSCULOS[illegible]TAL: Normal muscular strength and tone is noted.

DIAGNOSTIC STUDIES: EKG shows atrial fibrillation, heart rate 75 bpm.

Review of Holter monitor from Dr. Hendricks showed that his atrial fibrillation was well-control[illegible] an average heart rate of 59 bpm, maximum 93 and minimum of 50. No significant tachycardic or bradycard[illegible]ts.

ASSESSMENT AND PLAN:

1. Dizziness with episodes of nausea and vomiting. These instances most likely have no relatio[illegible] the patient's atrial fibrillation as the patient is in atrial fibrillation day of the office visit with he[illegible] that are well-controlled and no symptoms. I cannot find any type of relationship to his possib[illegible] ear disturbance to his AFib. The only fleeting possibility would be a possible transischemic at[illegible]om a thromboembolic event but the patient at this time is on Coumadin therapy and has been [illegible]utic. Therefore no further therapy is needed at this time. If another event does occur, we will re[illegible]d an MRI to look for any evidence of micro thromboembolic events.
2. Persistent atrial fibrillation. I agree with Dr. Hendricks' plan. I can add no further therapies at t[illegible]. His rates are controlled. He is asymptomatic and he is on thromboembolic therapy, Coumadin. [illegible] no change to his current medical regimen and agree 100% with Dr. Hendricks' ongoing plan.

FOLLOW-UP/PLAN: I will see the patient back on an as needed patient. He will follow up with Dr. H[illegible]s in approximately one month's time.

CRAIG J. MCCOTTER, MD
CJM/bl
cc:

D:11/02/2008 19:19:16
T:11/03/2008 08:54:53
278880

PATIENT: ALVIN L MENIE
DOB:
DOS: 10/03/2008

AGE: 65Y SEX: M

CHART ID:
MRN:
SSN:

OFFICE NOTE

HISTORY: The patient returns today with no important cardiovascular symptoms though he did have an "attack" prompting a chest pain unit visit which was worked out to not be a cardiac event though he was in atrial fibrillation but without rapid ventricular response. This centers around a vestibular or equilibrium type problem and just now he has had no recurrence of this and has had no syncope or other and is here today near asymptomatic save this one episode which appears to be related to additional work stress and situation provocation.

CURRENT MEDICATIONS: Unchanged from the listing of July 8, 2008 except he takes Antivert and a nausea pill on a p.r.n. basis and Amiodarone 200 mg b.i.d. since last seen.

REVIEW OF SYSTEMS: Patient has had no fever, night sweats, chills, weight loss or appetite change. The patient has had no visual disturbance, blurred vision or other, and no hearing problems, epistaxis or sore throat. There has been no chest pain, pressure, heaviness, or tightness, dyspnea, edema or orthopnea. The patient has had no coughs, sputum production or other shortness of breath. There has been no abdominal pain, hematochezia or melena. No GU bleeding, dysuria or other. There have been no myalgias, arthralgias or physical limitation and no rashes or pruritis. There have been no headaches, seizures, paresthesias or other. No depression or other changes. There has been no polydipsia, polyuria or excessive sweating. No petechiae, phalange swelling, photosensitivity or other. All other systems negative.

PHYSICAL EXAM: VITAL SIGNS: Blood pressure is 130/80. GENERAL: The patient is awake, alert, cooperative, and oriented in no apparent distress. EYES: Free of icterus and extraocular movements are intact. ENT: Unremarkable. CARDIAC EXAM: Remarkable for a precordium that is quiet to palpation. S1 and S2 were normal with a flow murmur at the left sternal border without gallop or rub. LUNGS: Clear to A&P. ABDOMEN: Free of masses, organomegaly or bruit. Femoral pulses are full without bruit. MUSCULOSKELETAL EXAM: Shows no joint swelling or deformity. INTEGUMENT: Unremarkable with reference to rash, ecchymosis, or other, and there is no tremor, palsy, or other paresis finding. SKIN: Dry with no excessive perspiration and no other abnormalities are identified.

LABORATORY DATA: Electrocardiogram shows atrial fibrillation with controlled ventricular response.

IMPRESSION:

1. Atrial fibrillation – asymptomatic and refractory to Amiodarone.
    a. No hemodynamic compromise.
    b. No syncope.
2. Hypertension.
3. Sleep apnea.
4. Complex medical regimen.

RECOMMENDATIONS: At this point we discussed at length various options, the one that I preferred was to leave him on Coumadin, discontinue his Amiodarone, and basically follow him along. He was interested in pursuing this with Dr. Craig McCotter which I think is reasonable and I have referred for a consultation to see if

D:10/03/2008 17:19:00
T:10/12/2008 17:49:28
271673

additional studies beyond what I suggest might be appropriate. Nonetheless, I think the Amiodarone can be stopped and I cautioned him about the change in his coagulation profile absent Amiodarone and this will be taken into account

C W HENDRICKS MD FACC
CWH/gg
cc: DEE CARTER MD (faxed)

D:10/03/2008 17:19:00
T:10/12/2008 17:49:28
271673

COLUMBIA HEART, P.A.

PATIENT: ALVIN L MENIE
DOB:
DOS: 09/04/2008

AGE: 65Y SEX: M

CHART ID:
MRN:
SSN:

OFFICE NOTE

HISTORY: The patient returns today with no important cardiovascular symptoms. Specifically, he had no chest pain, shortness of breath, palpitations, or other concerns, and has had no trouble with his increase of Amiodarone anticipating a facilitated cardioversion. He returns today with no important issues, and all things considered, is near asymptomatic from the cardiac respective with an EKG – reporting lab early – shows normal sinus rhythm so that the cardioversion aspect of this has been accomplished.

CURRENT MEDICATIONS: Unchanged from the July 8, 2008 note except for the Amiodarone 200 mg b.i.d.

REVIEW OF SYSTEMS: Patient has had no fever, night sweats, chills, weight loss or appetite change. The patient has had no visual disturbance, blurred vision or other, and no hearing problems, epistaxis or sore throat. There has been no chest pain, pressure, heaviness, or tightness, dyspnea, edema or orthopnea. The patient has had no coughs, sputum production or other shortness of breath. There has been no abdominal pain, hematuria or melena. No GU bleeding, dysuria or other. There have been no myalgias, arthralgias or physical limitations and no rashes or pruritis. There have been no headaches, seizures, paresthesias or other. No depression or other changes. There has been no polydipsia, polyuria or excessive sweating. No petechiae, phalange swelling, photosensitivity or other. All other systems negative.

PHYSICAL EXAM: VITAL SIGNS: Blood pressure is 140/80. GENERAL: The patient is awake, alert, cooperative, and oriented in no apparent distress. EYES: Free of icterus and extraocular movements intact. ENT: Unremarkable. CARDIAC EXAM: Remarkable for a precordium that is quiet to palpation. S1 and S2 were normal with a flow murmur at the left sternal border without gallop or rub. LUNGS: Clear to A&P. ABDOMEN: Free of masses, organomegaly or bruit. Femoral pulses are full without bruit. MUSCULOSKELETAL EXAM: Shows no joint swelling or deformity. INTEGUMENT: Unremarkable with reference to rash, ecchymosis, or other, and there is no tremor, palsy, or other paresis finding. SKIN: Dry with no excessive perspiration and no other abnormalities are identified.

LABORATORY DATA: EKG shows normal sinus rhythm with normal complexes and intervals and relative sinus bradycardia.

IMPRESSION:

1. Normal sinus rhythm – intermittent paroxysmal atrial fibrillation – controlled on higher dose of Amiodarone.
   a. Asymptomatic either way.
2. Hypertension.
3. Sleep apnea.
4. Complex medical regimen.

RECOMMENDATIONS: At this point I believe that he has declared himself as one who hopefully can be managed long term medically for this. Since he is asymptomatic, whether in atrial fibrillation or rhythmic Coumadin will be in his armamentarium but if the return of atrial fibrillation should occur I believe rate

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T:09/06/2008 10:52:40
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control with cessation of Amiodarone would be appropriate and when I see him back in three months if rhythm is still stable then we will cut his Amiodarone to 200 mg a day. Continue to follow-up with Dr. Carter.

C W HENDRICKS MD FACC
CWH/gg
cc: DEE CARTER MD (faxed)

D:09/05/2008 09:50:29
T:09/06/2008 10:52:40
263965

COLUMBIA HEART, P.A.

PATIENT: ALVIN L MENIE
DOB:
DOS: 07/08/2008

AGE: 65Y SEX: M

CHART ID:
MRN:
SSN:

OFFICE NOTE

HISTORY: The patient returns today doing okay. He has had no chest pain, syncope, palpitations, maybe some effort fatigue and dyspnea but this would not seem out of character for him and his body habitus independent of heart rhythm. His 24-hour Holter monitor showed predominantly atrial fibrillation but during the end of the tape he was back in sinus rhythm but remarks that he felt no differently at anytime during that 24-hour period, suggesting that sinus rhythm may not given him any particular advantage from the symptom standpoint.

CURRENT MEDICATIONS: Hydrochlorothiazide 25 daily, amiodarone 200 daily, Cozaar 50 daily, Coumadin as directed, propanolol 20 t.i.d. and Viagra if needed, Zyrtec, fish oil, multivitamins.

REVIEW OF SYSTEMS: Patient has had no fever, night sweats, chills, weight loss or appetite change. No visual disturbance, blurred vision or other, and no hearing problems, epistaxis or sore throat. There has been no chest pain, pressure, heaviness, or tightness, dyspnea, edema or orthopnea. No coughs, sputum production or other shortness of breath. There has been no abdominal pain, hematochezia or melena. No GU bleeding, dysuria or other. There have been no myalgias, arthralgias or physical limitation and no rashes or pruritus. There has been no headaches, seizures, paresthesias or other. No depression or other changes. There has been no polydipsia, polyuria or excessive sweating. No petechiae, phalangeal swelling, photosensitivity or other. All other systems negative.

PHYSICAL EXAM: VITAL SIGNS: Blood pressure is 142/82. GENERAL: Patient is awake, alert, cooperative, and oriented in no apparent distress. EYES: Free of icterus and extraocular movements are intact. ENT: Unremarkable. NECK: No jugular venous distention. Carotids are brisk without bruit or thrill. There was no thyromegaly or adenopathy. CARDIAC EXAM: Remarkable for a precordium that is quiet to palpation. S1 and S2 were normal with a flow murmur at the left sternal border without gallop or rub. LUNGS: Clear to A&P. ABDOMEN: Free of masses, organomegaly or bruit. Femoral pulses are full without bruit. MUSCULOSKELETAL EXAM: Shows no joint swelling or deformity. EXTREMITIES: Free of edema with no cyanosis or clubbing or deformity. INTEGUMENT: Unremarkable with reference to rash, ecchymosis or other, and there is no tremor, palsy, or other paresis finding. SKIN: Dry with no excessive perspiration and no other abnormalities are identified.

LABORATORY DATA:

- EKG shows atrial fibrillation with controlled to slow ventricular response.

IMPRESSION:

1. Atrial fibrillation – probably asymptomatic.
   a. Some effort fatigue and dyspnea.
   b. Prior fairly aggressive protocol to get him in rhythm and now failure on amiodarone.
2. Hypertension, controlled.
3. Sleep apnea.
4. Complex medical regimen to include Coumadin.

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RECOMMENDATIONS: At this point, he will be seen back in six weeks and we have decided to target him back in rhythm at least one more time. This may need to be done by a facilitated cardioversion. I am recommending to him to have his amiodarone increased to b.i.d. and at six weeks, if he is in atrial fib, I will set him up for an outpatient cardioversion. I do not anticipate going through a complex algorithm to get him back in rhythm or keep him there as it is questionable as to whether he is symptomatic and certainly I do not believe he needs more aggressive measures just at this point.

C W HENDRICKS MD FACC
CWH/sm
cc: DEE CARTER MD (faxed)

D:07/08/2008 11:32:49
T:07/11/2008 15:21:33
248884

COLUMBIA HEART, P.A.

PATIENT: ALVIN L MENIE
DOB:
DOS: 06/02/2008

AGE: 64Y SEX: M

CHART ID:
ACCOUNT:
SSN:

OFFICE NOTE

HISTORY: The patient returns today with no important cardiovascular symptoms or complaints. He tells that at times his heart may be out of rhythm and he checks his pulse and cannot be sure, but day to day he has no important problems with palpitations or other concerns and, all things considered, is getting along very well from the cardiovascular point of view. He has had no angina, unusual dyspnea and certainly no syncope or sustained palpitations. This is on the backdrop of chronic atrial fibrillation that to date has been reasonably well controlled with Amiodarone and Coumadin amongst other medications.

CURRENT MEDICATIONS: HCTZ 25 daily, Amiodarone 200 daily, Cozaar 50 daily, Coumadin 5 as directed, Propranolol 20 t.i.d., Viagra as needed, Zyrtec b.i.d., fish oil and multivitamins.

REVIEW OF SYSTEMS: Patient has had no fever, night sweats, chills, weight loss or appetite change. The patient has had no visual disturbance, blurred vision or other, and no hearing problems, epistaxis or sore throat. There has been no chest pain, pressure, heaviness, or tightness, dyspnea, edema or orthopnea. The patient has had no coughs, sputum production or other shortness of breath. There has been no abdominal pain, hematemesis or melena. No GU bleeding, dysuria or other. There have been no myalgias, arthralgias or physical limitations and no rashes or pruritus. There have been no headaches, seizures, paresthesias or other. No depression or other changes. There has been no polydipsia, polyuria or excessive sweating. No petechiae, phalangeal swelling, photosensitivity or other. All other systems negative.

PHYSICAL EXAM: VITAL SIGNS: Blood pressure is 150/82. GENERAL: The patient is well, alert, cooperative, and oriented in no apparent distress. EYES: Free of icterus and extraocular movements are intact. ENT: Unremarkable. NECK: No jugular venous distention. Carotids are brisk without bruit or thrill. There was no thyromegaly or adenopathy. CARDIAC EXAM: Remarkable for a precordium that is quiet to palpation. S1 and S2 were normal with a flow murmur at the left sternal border without gallop or rub. LUNGS: Clear to A&P. ABDOMEN: Free of masses, organomegaly or bruit. Femoral pulses are full without bruit. MUSCULOSKELETAL EXAM: Shows no joint swelling or deformity. EXTREMITIES: Free of edema with no cyanosis or clubbing or deformity. INTEGUMENT: Unremarkable with reference to rash, ecchymoses or other, and there is no tremor, palsy, or other paresis finding. SKIN: Dry with no excessive perspiration and other abnormalities are identified.

LABORATORY DATA: EKG shows atrial fibrillation with relatively slow rate and one 1.8 second pause.

IMPRESSION:

1. Atrial fibrillation – probably persistent at this point.
   a. No essential symptoms.
   b. Relative slow rates.
2. Hypertension.
3. Complex medical regimen.
4. Negative screening for coronary disease in the past.
5. Sleep apnea.

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241454

DISPOSITION: At this point he will have a 24-hour Holter monitor and I will see him back in a couple of months with phone follow up regarding his Holter. If he does not have any bouts of sinus rhythm, given the degree of difficulty in getting him in sinus rhythm years ago – as well as maintaining it – he probably can be treated by rate control and anticoagulation only. He is okay with this idea and, of course, with the bradycardia potential, sick sinus syndrome looms in the background and this will also be explored by his Holter.

C W HENDRICKS MD FACC
CWH/kh
cc: DEE CARTER MD (faxed)

PATIENT: ALVIN L MENIE
DOB:
DOS: 04/08/2009

AGE: 65Y SEX: M

CHART ID:
MRN:
SSN:

OFFICE NOTE

HISTORY: The patient returns today with no important cardiovascular symptoms or complaints. He has had no significant chest pain or shortness of breath, nor has he had any troubles with awareness of rapid heart action and this is in the face of now being left in atrial fibrillation with rate control and chronic Coumadin therapy.

CURRENT MEDICATIONS: As listed.

REVIEW OF SYSTEMS: Patient has had no fever, night sweats, chills, weight loss or appetite change. The patient has had no visual disturbance, blurred vision or other, and no hearing problems, epistaxis or sore throat. The patient has had no coughs, sputum production or other shortness of breath. There has been no abdominal pain, hematochezia or melena. No GU bleeding, dysuria or other. There have been no myalgias, arthralgias or physical limitation and no rashes or pruritus. There have been no headaches, seizures, paresthesias or other. No depression or other changes. There has been no polydipsia, polyuria or excessive sweating. No petechiae, phalangeal swelling, photosensitivity or other. All other systems negative.

PHYSICAL EXAM: VITAL SIGNS: Blood pressure is 118/74. GENERAL: The patient is awake, alert, cooperative, in no apparent distress. EYES: Free of icterus and extraocular movements are intact. ENT: Unremarkable. CARDIAC EXAM: Rhythm is irregularly irregular. Remarkable for a precordium that is quiet to palpation. S1 and S2 were normal with a flow murmur at the left sternal border without gallop or rub. LUNGS: Clear to A&P. ABDOMEN: Free of masses, organomegaly or bruit. Femoral pulses are full without bruit. MUSCULOSKELETAL EXAM: Shows no joint swelling or deformity. INTEGUMENT: Unremarkable with reference to rash, ecchymosis, or other, and there is no tremor, palsy, or other paresis finding. NEURO: Oriented x3.

IMPRESSION:

1. Atrial fibrillation with good rate control and no symptoms.
   a. Chronic Coumadin therapy.
2. Hypertension.
3. Sleep apnea.
4. Complex medical regimen.

RECOMMENDATIONS: At this point he will be seen back in 6 months or p.r.n. with no change in recommendations or studies, and if things were going poorly he can call at any time, and continue follow-up with Dr. Carter.

C W HENDRICKS MD FACC
CWH/kh
cc: DEE CARTER MD (faxed)
This document has been finalized by C W HENDRICKS MD FACC on 04/13/2009 22:26:45.

D:04/08/2009 16:49:46
T:04/13/2009 22:26:45
323990

PATIENT: ALVIN L MENIE
DOB:
DOS: 02/10/2010

AGE: 66Y SEX: M

CHART ID:
MRN:
SSN:

OFFICE NOTE

HISTORY: The patient returns today doing pretty well. He has had no important chest pain or shortness of breath beyond his baseline and has had no syncope or other cardiac awareness and certainly no symptoms to suggest cardiac ischemia or other important issue. All things considered, he is getting along pretty well with prior negative screening for coronary disease but recurrent issues with atrial fibrillation.

CURRENT MEDICATIONS: As listed.

GENERAL REVIEW OF SYSTEMS: CONSTITUTIONAL: No fevers, chills, weight loss. EYES: No visual disturbances. EARS, NOSE, MOUTH AND THROAT: Negative. CARDIOVASCULAR: See History of Present Illness. RESPIRATORY: No cough, sneeze; otherwise, see HPI. GASTROINTESTINAL: Negative. No dyspepsia, constipation. No other GI review of systems. GENITOURINARY: No difficulty voiding, no history of renal abnormalities or genital complaints. MUSCULOSKELETAL: Negative. INTEGUMENTARY: No lesions. NEUROLOGICAL: No motor or sensory deficits. Cranial nerves intact. The patient is alert and oriented. PSYCHIATRIC: Appropriate mental status. ENDOCRINE: Negative except as mentioned under past medical history. HEMATOLOGIC/LYMPHATIC: Negative. No anemia, no lymphadenopathy, no blood dyscrasias. ALLERGIC/IMMUNOLOGIC: Negative. All other systems are negative.

PHYSICAL EXAM: VITAL SIGNS: Blood pressure is 134/70. EYES: Conjunctivae and lids normal. ENT: Dentition/gums/mucosa normal. Normocephalic. No neck vein distention. Normal carotid upstroke and amplitude, symmetric without bruits. The thyroid is nonpalpable. LUNGS: Clear to auscultation. Respirations are unlabored. CARDIAC: The rhythm is irregularly irregular. S1 and S2 normal. There were no murmurs, rubs or gallops. ABDOMEN: Nontender. Bowel sounds are normoactive. There were no palpable masses or hepatosplenomegaly. No abdominal aortic bruit or abnormal pulsation. EXTREMITIES: Femoral and pedal pulses are 2+ and symmetric with normal amplitude. There is 1-2+ edema with brawny induration (history of cellulitis in both lower extremities); no cyanosis or clubbing. No venous varicosities and no ischemic changes. SKIN: No lesions identified. NEUROLOGIC: No motor or sensory deficits are detected. The patient is oriented to time, place and person with normal affect/mood. MUSCULOSKELETAL: Normal muscular strength and tone is noted.

LABORATORY DATA: EKG shows atrial fibrillation with generally controlled ventricular response – on Coumadin.

RECOMMENDATIONS: At this point, I am adding Lasix 40 mg Monday, Wednesday and Friday or p.r.n. to reduce the swelling in the lower extremities for the reason that he has had breakdown with swelling and cellulitis where I believe preventive measures in terms of his edema should be undertaken. As well, I have advised him that rate and not rhythm control for his atrial would serve him well and that no change in medications or procedure will be offered at this time, but he certainly can call if problems develop. He will be seen back in a couple of months with a BMP and if things are not going well he can be seen at any time. Continue follow up with Dr. Carter.

C W HENDRICKS MD FACC

D:02/11/2010 07:56:42
T:02/12/2010 09:21:54
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CWH/kh
cc: DEE CARTER MD (faxed)
This document has been finalized by C W HENDRICKS MD FACC on 02/12/2010 09:21:54.

COLUMBIA HEART, P.A.

PATIENT: ALVIN L MENIE
DOB:
DOS: 11/04/2010

AGE: 67Y SEX: M

CHART ID:
MRN:
SSN:

OFFICE NOTE

HISTORY: The patient returns today doing pretty well. He had an uneventful heart catheterization which surprisingly revealed no evidence of coronary disease, but in the face of a negative stress study, but progressive symptoms in a patient at high risk for obstructive problems. He had a superficial bruise at his catheterization site, but no major problems in terms of drainage, fevers, swelling or other and was incidentally noted to have MRSA from a derriere wound. He has had no syncope or palpitations in the face of a sick sinus syndrome that almost became overt while on beta blockers for chronic tremor and these have been discontinued with substitute therapy.

CURRENT MEDICATIONS: As listed.

REVIEW OF SYSTEMS: As noted above. CONSTITUTIONAL: No fevers, chills, weight loss. EYES: No visual disturbances. EENT: Negative. CARDIOVASCULAR: See History of Present Illness. RESPIRATORY: No cough, wheeze, otherwise see HPI. GASTROINTESTINAL: Negative. No dyspepsia, constipation. No other review of systems. GENITOURINARY: No difficulty voiding, no history of renal abnormalities or genital complaints. MUSCULOSKELETAL: Negative. INTEGUMENTARY: No lesions. NEUROLOGICAL: No motor or sensory deficits, cranial nerves intact. The patient is alert and oriented. PSYCHIATRIC: Appropriate mental status. ENDOCRINE: Negative except as mentioned under past medical history. HEMATOLOGIC/LYMPHATIC: Negative. No anemia, no lymphadenopathy, no blood dyscrasias. ALLERGIC/IMMUNOLOGIC: Negative. All other systems negative.

PHYSICAL EXAMINATION: VITAL SIGNS: Blood pressure is 130/70. EYES: Conjunctivae and lids normal. ENT: Dentition/gums/mucosa normal. Normocephalic. No neck vein distention. Normal carotid upstroke and amplitude, symmetric without bruits. The thyroid is nonpalpable. LUNGS: Clear to auscultation. Respirations are nonlabored. CARDIAC: Irregularly/irregular rhythm. The PMI is nondisplaced. No lifts/thrills. S1 and S2 normal. There were no murmurs, rubs, or gallops. ABDOMEN: Nontender. Bowel sounds are normoactive. There were no palpable masses or hepatosplenomegaly. No abdominal aortic bruit or abnormal pulsation. EXTREMITIES: Femoral and pedal pulses are 2+ and symmetric with normal amplitude. There is trace edema. No cyanosis or clubbing. No venous varicosities and no ischemic changes. SKIN: No lesions identified. NEUROLOGIC: No motor or sensory deficits are detected. The patient is oriented to time, place and person with normal affect/mood. MUSCULOSKELETAL: Normal muscular strength and tone is noted.

LABORATORY DATA: EKG reveals atrial flutter with no change from prior tracings and good rate control.

IMPRESSION:

1. Atrial fibrillation - as part of sick sinus syndrome, but asymptomatic.
    a. Chronic Coumadin.
2. Chest pain - noncardiac.
    a. Normal catheterization.
3. Sleep apnea.
4. Adult onset diabetes mellitus.
5. Hyperlipidemia.

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T:11/11/2010 07:58:47
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6. MRSA.
7. Complex medical regimen.

RECOMMENDATIONS: At this point he will be seen back in 3 months or p.r.n. and if stable then 6 month basis. He is cautioned about syncope or near syncope and if these things should occur he is to call office. On top of this if he needs beta blockers for tremor or other or if his rate becomes an issue on the fast pacemaker therapy would be indicated.

C W HENDRICKS MD FACC
CWH/gg
cc: DEE CARTER MD (faxed)
VA HOSPITAL DORN (faxed)
This document has been finalized by C W HENDRICKS MD FACC on 11/11/2010 07:58:47.

PATIENT: ALVIN L MENIE
DOB:
DOS: 10/07/2010

AGE: 67Y SEX: M

CHART ID:
MRN:
SSN:

OFFICE NOTE

HISTORY OF PRESENT ILLNESS: Patient returns today doing pretty well. He continues to have some chest discomfort that is not effort-related, somewhat atypical, but bothersome overall from the original prescription which could be cardiac ischemic. That said, he had a negative stress nuclear study and certainly no typical anginal symptoms in the face of a multi-positive risk factor profile for coronary disease.

He is seen today in conjunction with a repeat Holter monitor off beta blockers and he had no pauses - frequent 2.5 to 3-second pauses beta blockers previously - but he has heart rates frequently in the 160 range now, consistent with sick sinus syndrome. Moreover, his beta blocker therapy - partly for rate control and partly for tremor - was important to him in terms of being able to write and function, which is no longer a situation that is working for him. That said, he has had no major change in symptoms but overall new data suggesting a more aggressive approach should be undertaken overall.

CURRENT MEDICATIONS: As listed.

REVIEW OF SYSTEMS: As per the history above. CONSTITUTIONAL: No fevers, chills, weight loss. EYES: No visual disturbances. ENT: Negative. CARDIOVASCULAR: See History of Present Illness. RESPIRATORY: No cough, wheeze, otherwise see HPI. GASTROINTESTINAL: Negative. No dyspepsia, constipation. No other GI review of systems. GENITOURINARY: No difficulty voiding, no history of renal abnormalities or genital complaints. MUSCULOSKELETAL: Negative. INTEGUMENTARY: No lesions. NEUROLOGICAL: No motor or sensory deficits, cranial nerves intact. The patient is alert and oriented. PSYCHIATRIC: Appropriate mental status. ENDOCRINE: Negative except as mentioned under past medical history. HEMATOLOGIC/LYMPHATIC: Negative. No anemia, no lymphadenopathy, no blood dyscrasias. ALLERGIC/IMMUNOLOGIC: Negative. All other systems negative.

PHYSICAL EXAMINATION: VITAL SIGNS: Blood pressure is 140/70. EYES: Conjunctivae and lids normal. ENT: Dentition/gums/mucosa normal, normocephalic. No neck vein distention. Normal carotid upstroke and amplitude, symmetric without bruits. The thyroid is nonpalpable. LUNGS: Clear to auscultation. Respirations are nonlabored. CARDIOVASCULAR: Rhythm is irregular-irregular. ABDOMEN: Nontender. Bowel sounds are normoactive. There were no palpable masses or hepatosplenomegaly. No abdominal aortic bruit or abnormal pulsation. EXTREMITIES: Femoral and pedal pulses are 2+ and symmetric with normal amplitude. There is no edema, cyanosis or clubbing. No venous varicosities and no ischemic changes. SKIN: No lesions identified. NEUROLOGICAL EXAM: No motor or sensory deficits are detected. The patient is oriented to time, place and person with normal affect/mood. MUSCULOSKELETAL: Normal muscular strength and tone is noted.

LABORATORY DATA: Holter as discussed.

IMPRESSION:

1. Sick sinus syndrome - classic tachybrady.
    a. 3-second pauses alternating with rates of 160 off beta blockers.

D:10/07/2010 12:20:37
T:10/12/2010 11:06:27
470628

2. Chronic tremor and neurologic mild dysfunction - optimized by beta blockers, now withheld and return of symptoms.
3. Ongoing recurrent chest pain in a multi-positive risk factor profile.
4. Sleep apnea.
5. Adult onset diabetes mellitus.
6. Chronic complex medical therapy.

RECOMMENDATIONS: At this point, he is very likely going to need a pacemaker in order to be able to safely take beta blockers. Prior to any of this, however, I am setting him up for a cardiac catheterization with coronary angiography with possible PCI with the procedure, indications, and risks (death, stroke, myocardial infarction, arterial, and urgent bypass surgery for failed intervention) and risk/benefit ratio being outlined. He is to stop his Coumadin 5 days ahead of time and start on a baby aspirin with this and to take no metformin the night before or day of the procedure. He is willing to proceed.

C W HENDRICKS MD FACC
CWH/ss
cc: DEE CARTER MD (faxed)
VA HOSPITAL DORN (faxed)
RICHLAND CATH LAB (faxed)
This document has been finalized by C W HENDRICKS MD FACC on 10/12/2010 11:06:27.

COLUMBIA HEART, P.A.

PATIENT: ALVIN L MENIE
DOB:
DOS: 09/07/2010

AGE: 67Y SEX: M

CHART ID:
MRN:
SSN:

OFFICE NOTE

HISTORY: The patient returns doing okay. Basically, he has had no syncope or palpitations, but a Holter showing fairly significant pauses while on relatively low dose propranolol which I have advised him to stop. A list of the discussion was carried out regarding Agent Orange exposure and arrhythmia issues as well as ischemic heart disease issues and these I have pursued by way of "Google" and though the VA recommendations are not completely listed, these are deferred to "other sources" for pursuit. I have advised him, however, that ischemic was not documented by me in terms of a recent stress study prompted by chest pain, which has been atypical primarily at rest - and relatively low grade. The atrial fibrillation part of his problem is clearly related to Agent Orange as far as I could discern, but at the same time, he seems to think that the VA Administrator of Bloomington County has more information and certainly I will defer this.

CURRENT MEDICATIONS: Unchanged from the note of August 20, 2010, except the history above.

REVIEW OF SYSTEMS: Unchanged from the note of August 20, 2010, except for the history above. All other systems negative.

PHYSICAL EXAM: VITAL SIGNS: Blood pressure is 140/68. EYES: Conjunctivae and lids normal. ENT: Dentition/gums/mucosa normal. Normocephalic. No neck vein distention. Normal carotid upstroke and amplitude, symmetric without bruits. The thyroid is nonpalpable. LUNGS: Clear to auscultation. Respirations are unlabored. CARDIAC: The PMI is nondisplaced, no lifts/thrills. S1 and S2 normal. There were no murmurs, rubs or gallops. ABDOMEN: Nontender. Bowel sounds are normoactive. There were no palpable masses or hepatosplenomegaly. No abdominal aortic bruit or abnormal pulsation. EXTREMITIES: Femoral and pedal pulses are 2+ and symmetric with normal amplitude. There is no edema, cyanosis or clubbing. No venous varicosities and no ischemic changes. SKIN: No lesions identified. NEUROLOGIC: No motor or sensory deficits are detected. The patient is oriented to time, place and person with normal affect/mood. MUSCULOSKELETAL: Normal muscular strength and tone are noted.

IMPRESSION:

1. Atrial fibrillation with occult sick sinus syndrome - aggravated by propranolol.
   a. Nocturnal 3 second pauses without symptoms.
2. Negative screening for coronary disease with recent chest pain syndrome.
   a. To be pursued further with recurrent symptoms.
3. Sleep apnea.
4. Adult onset diabetes mellitus.
5. Complex medical regimen.

RECOMMENDATIONS: At this point, I will see him back in one month with a Holter one week prior to his visit after he stops the propranolol. The propranolol apparently was given because of benign tremor and it is not anticipated that stopping this will cause any significant issues though certainly he is cautioned about worsening pain or other problems which will be addressed should this occur.

D:09/08/2010 07:12:08
T:09/13/2010 16:46:02
462184

C W HENDRICKS MD FACC
CWH/sm
cc: DORN VA HOSPITAL (FAXED)
DEE CARTER MD (FAXED)
This document has been finalized by C W HENDRICKS MD FACC on 09/13/2010 16:46:02.

COLUMBIA HEART, P.A.

PATIENT: ALVIN L MENIE
DOB:
DOS: 08/26/2010 AGE: 67Y SEX: M

CHART ID:
MRN:
SSN:

OFFICE NOTE

HISTORY OF PRESENT ILLNESS: Patient returns today for further evaluation of a chest pain syndrome that he says today may be worse when he is in his lounge chair in a certain position and certainly no effort symptoms. This evaluation is in conjunction with a nuclear stress test that showed no ischemia and normal left ventricular performance and, accordingly, no reason to pursue further the symptoms of chest pain that he has recently had. On top of this, he had a Holter that showed heart rates in the high 30s, frequent 2.6 to 2.8 second pauses and one 3.2 second pause at 3:00 in the morning. This clearly points to a sick sinus syndrome and, were the pause not in the middle of the night, the threshold would be met for pacemaker therapy and this is likely coming his way in the near future anyway. Accordingly, I will see him back in 6 weeks and have cautioned him about any syncope or near syncope and further recommendations will be offered pending review of his circumstance when he returns. There were 15 minutes of this interview spent discussing with him the nuclear stress study, its implications, and the Holter results.

C W HENDRICKS MD FACC
CWH/ss
cc: VA HOSPITAL DORN (faxed)
This document has been finalized by C W HENDRICKS MD FACC on 09/01/2010 08:59:47.

D:08/26/2010 15:51:00
T:09/01/2010 08:59:47
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PATIENT: ALVIN L MENIE
DOB:
DOS: 08/20/2010 AGE: 67Y SEX: M

CHART ID:
MRN:
SSN:

OFFICE NOTE

HISTORY OF PRESENT ILLNESS: Patient returns doing suboptimally. In the last couple of weeks he has had a left parasternal pain that occurs at rest - sometimes associated with palpitations - and occurring especially when he is in his lounge chair. He feels like he is having somewhat of a gas buildup, but none of these symptoms are effort-related on the other hand. He has had a negative screening for coronary disease and on this background he has had several episodes of sweats and awareness of some rapid heart action and one episode of near loss of consciousness, raising the issue of sick sinus syndrome. He has taken Antivert for some of the dizzy spells, but for palpitations raise the issue of a cardiovascular etiology.

CURRENT MEDICATIONS: As listed - complex extensive list.

REVIEW OF SYSTEMS: CONSTITUTIONAL: No fevers, chills, weight loss. EYES: No visual disturbances. ENT: Negative. CARDIOVASCULAR: See History of Present Illness. RESPIRATORY: No cough, wheeze, otherwise see HPI. GASTROINTESTINAL: Negative. No dyspepsia, constipation. No other GI review of systems. GENITOURINARY: No difficulty voiding, no history of renal abnormalities or genital complaints. MUSCULOSKELETAL: Negative. INTEGUMENTARY: No lesions. NEUROLOGICAL: No motor or sensory deficits, cranial nerves intact. The patient is alert and oriented. PSYCHIATRIC: Appropriate mental status. ENDOCRINE: Negative except as mentioned under past medical history. HEMATOLOGIC/LYMPHATIC: Negative. No anemia, no lymphadenopathy, no blood dyscrasias. ALLERGIC/IMMUNOLOGIC: Negative. All other systems negative.

PHYSICAL EXAMINATION: VITAL SIGNS: Blood pressure is 132/80. EYES: Conjunctivae and lids normal. ENT: Dentition/gums/mucosa normal, normocephalic. No neck vein distention. Normal carotid upstroke and amplitude, symmetric without bruits. The thyroid is nonpalpable. LUNGS: Clear to auscultation. Respirations are nonlabored. CARDIOVASCULAR: Rhythm is irregular-irregular. ABDOMEN: Nontender. Bowel sounds are normoactive. There were no palpable masses or hepatosplenomegaly. No abdominal aortic bruit and normal pulsation. EXTREMITIES: Femoral and pedal pulses are 2+ and symmetric with normal amplitude. There is no edema, cyanosis or clubbing. No venous varicosities and no ischemic changes. SKIN: No lesions identified. NEUROLOGICAL EXAM: No motor or sensory deficits are detected. The patient is oriented to time, place and person with normal affect/mood. MUSCULOSKELETAL: Normal muscular strength and tone is noted.

IMPRESSION:

1. Presumed sick sinus syndrome with episodes consistent with bradyarrhythmia - to be uncovered.
   a. Long-standing atrial fibrillation with generally good rate control.
2. Negative screening in the past for coronary disease, but now onset of atypical but bothersome chest pain.
3. Sleep apnea.
4. Adult onset diabetes mellitus.
5. Complex medical regimen.

D:08/20/2010 15:50:52
T:08/25/2010 11:33:34
457442

RECOMMENDATIONS: At this point he will be seen back in one week with a Holter to be placed today and a Persantine nuclear stress study next week. Further recommendations will be offered pending review of this data, but certainly more aggressive measures will be undertaken if clinically indicated.

C W HENDRICKS MD FACC
CWH/ss
cc: VA HOSPITAL DORN (faxed)
DEE CARTER MD (faxed)
This document has been finalized by C W HENDRICKS MD FACC on 08/25/2010 11:33:34.

PATIENT: ALVIN L MENIE
DOB:
DOS: 04/22/2010 AGE: 66Y SEX: M

CHART ID:
MRN:
SSN:

OFFICE NOTE

HISTORY: The patient returns today doing pretty well. He has had no important chest pain or shortness of breath and, all things considered, has had no important cardiovascular complaints. Specifically, he has had no syncope, palpitations, chest pain or unusual dyspnea, though he is relatively sedentary in the face of sciatica and back pain. His overall situation is one of chronic atrial fibrillation with good rate control and anticoagulation with prior antiarrhythmic offerings failing to maintain sinus rhythm over a long period of time.

CURRENT MEDICATIONS: As listed.

GENERAL REVIEW OF SYSTEMS: CONSTITUTIONAL: No fevers, chills, weight loss. EYES: No visual disturbances. EARS, NOSE, MOUTH AND THROAT: Negative. CARDIOVASCULAR: See History of Present Illness. RESPIRATORY: No cough, sneeze; otherwise, see HPI. GASTROINTESTINAL: Negative. No dyspepsia, constipation. No other GI review of systems. GENITOURINARY: No difficulty voiding, no history of renal abnormalities or genital complaints. MUSCULOSKELETAL: Negative. INTEGUMENTARY: No lesions. NEUROLOGICAL: No motor or sensory deficits. Cranial nerves intact. The patient is alert and oriented. PSYCHIATRIC: Appropriate mental status. ENDOCRINE: Negative except as mentioned under past medical history. HEMATOLOGIC/LYMPHATIC: Negative. No anemia, no lymphadenopathy, no blood dyscrasias. ALLERGIC/IMMUNOLOGIC: Negative. All other systems are negative.

PHYSICAL EXAM: VITAL SIGNS: Blood pressure is 130/70. EYES: Conjunctivae and lids normal. ENT: Dentition/gums/mucosa normal. Normocephalic. No neck vein distention. Normal carotid upstroke and amplitude, symmetric without bruits. The thyroid is nonpalpable. LUNGS: Clear to auscultation. Respirations are unlabored. CARDIAC: The rhythm is irregularly irregular. The PMI is nondisplaced, no lifts or thrills. S1 and S2 normal. There were no murmurs, rubs or gallops. ABDOMEN: Nontender. Bowel sounds are normoactive. There were no palpable masses or hepatosplenomegaly. No abdominal aortic bruit or abnormal pulsation. EXTREMITIES: Femoral and pedal pulses are 2+ and symmetric with normal amplitude. There is trace to 1+ bilateral lower extremity edema; no cyanosis or clubbing. No venous varicosities and no ischemic changes. SKIN: No lesions identified. NEUROLOGIC: No motor or sensory deficits are detected. The patient is oriented to time, place and person with normal affect/mood. MUSCULOSKELETAL: Normal muscular strength and tone is noted.

LABORATORY DATA:

- EKG shows atrial fibrillation with generally controlled ventricular response.
- BMP this visit is unremarkable.

IMPRESSION:

1. Atrial fibrillation stable.
   a. Rate control.
   b. Chronic Coumadin therapy.
   c. No symptoms of sick sinus syndrome.
2. Sciatica - significant weight gain over and above baseline.
3. Sleep apnea.

D:04/23/2010 06:30:18
T:04/24/2010 23:52:27
427554

4. Adult onset diabetes mellitus - now on therapy.
5. Complex medical regimen.

RECOMMENDATIONS: At this point he will be seen back in 6 months or p.r.n. and no change in his regimen. He can call if problems develop in the interim and continue followup with Dr. Carter. As it turns out he had been given a prescription for metformin on a number of occasions but never had this filled until his last visit with Dr. Carter.

C W HENDRICKS MD FACC
CWH/kh
cc: - DEE CARTER MD (faxed)
This document has been finalized by C W HENDRICKS MD FACC on 04/24/2010 23:52:27.

PATIENT: ALVIN L MENIE
DOB:
DOS: 02/03/2011

AGE: 67Y SEX: M

CHART ID:
MRN:
SSN:

OFFICE NOTE

HISTORY: The patient returns today doing very well. He has really has had no important chest pain, shortness of breath. No limitation on his activity and no syncope or near syncope in the face of an occult sick sinus syndrome with bradycardia that is relieved by discontinuing some of his negative chronotropic medicines. Thus, he is pretty much at ad lib activity with no important problems and all this on the backdrop of a surprisingly normal cath.

CURRENT MEDICATIONS: As listed.

GENERAL REVIEW OF SYSTEMS: CONSTITUTIONAL: No fevers, chills, weight loss. EYES: No visual disturbances. EARS, NOSE, MOUTH AND THROAT: Negative. CARDIOVASCULAR: See History of Present Illness. RESPIRATORY: No cough, sneeze; otherwise, see HPI. GASTROINTESTINAL: Negative. No dyspepsia, constipation. No other GI review of systems. GENITOURINARY: No difficulty voiding, history of renal abnormalities or genital complaints. MUSCULOSKELETAL: Negative. INTEGUMENTARY: No lesions. NEUROLOGICAL: No motor or sensory deficits. Cranial nerves intact. The patient is alert and oriented. PSYCHIATRIC: Appropriate mental status. ENDOCRINE: Negative except as mentioned under past medical history. HEMATOLOGIC/LYMPHATIC: Negative. No anemia, no lymphadenopathy, no blood dyscrasias. ALLERGIC/IMMUNOLOGIC: Negative. All other systems are negative.

PHYSICAL EXAMINATION: VITAL SIGNS: Blood pressure 110/70. EYES: Conjunctivae and lids normal. ENT: Dentition/gums/mucosa normal. Normocephalic. No neck vein distention. Normal carotid upstroke and amplitude, symmetric without bruits. The thyroid is nonpalpable. LUNGS: Clear to auscultation. Respirations are unlabored. CARDIAC: The PMI is nondisplaced, no lifts or thrills. S1 and S2 normal. There were murmurs, rubs or gallops. ABDOMEN: Nontender. Bowel sounds are normoactive. There were no palpable masses or hepatosplenomegaly. No abdominal aortic bruit or abnormal pulsation. EXTREMITIES: Femoral and pedal pulses are 2+ and symmetric with normal amplitude. There is no edema, cyanosis or clubbing. No venous varicosities and no ischemic changes. SKIN: No lesions identified. NEUROLOGIC: No motor or sensory deficits are detected. The patient is oriented to time, place and person with normal affect and mood. MUSCULOSKELETAL: Normal muscular strength and tone is noted.

LABORATORY DATA: None today.

IMPRESSION:

1. Sick sinus syndrome - atrial fibrillation with intermittent 3 second pauses - pauses resolved with medicine changes.
2. Obstructive sleep apnea.
3. Chronic atrial fibrillation.
4. Adult also diabetes mellitus.
5. Hypertension.
6. Hyperlipidemia.
7. Complex medical regimen.

D:02/03/2011 11:26:12
T:02/08/2011 14:20:13
499260

RECOMMENDATIONS: At this point, he will be seen back in 6 months or p.r.n. with no change in strategies and of course he can be seen at any time if problems develop or concern heightens.

C W HENDRICKS MD FACC
CWH/dcl
cc: DEE CARTER MD (Faxed)
This document has been finalized by C W HENDRICKS MD FACC on 02/08/2011 14:20:13.

COLUMBIA HEART, P.A.

PATIENT: ALVIN L MENIE
DOB:
DOS: 08/05/2011

AGE: 68Y SEX: M

CHART ID:
MRN:
SSN:

OFFICE NOTE

HISTORY: The patient returns doing okay. He has had no major cardiovascular symptoms, but says he has fallen twice - not syncope - and blames part of this on the use of Clonazepam. This apparently has made him drowsy at times and he is taking it once a day and has been placed on phentermine for weight loss, and is being followed for this by Dr. Carter. He has been "reading up" on his symptoms and has come to the conclusion that he may have Parkinson's disease and apparently has filed a claim for this and is seeing a neurologist. This is on the backdrop of the of chronic atrial fibrillation with occult sick sinus syndrome that at this point is asymptomatic.

CURRENT MEDICATIONS: As listed.

GENERAL REVIEW OF SYSTEMS: CONSTITUTIONAL: No fevers, chills, weight loss. EYES: No visual disturbances. EARS, NOSE, MOUTH AND THROAT: Negative. CARDIOVASCULAR: See History of Present Illness. RESPIRATORY: No cough, sneeze; otherwise, see HPI. GASTROINTESTINAL: Negative. No dyspepsia, constipation. No other GI review of systems. GENITOURINARY: No difficulty voiding, no history of renal abnormalities or genital complaints. MUSCULOSKELETAL: Negative. INTEGUMENTARY: No lesions. NEUROLOGICAL: No motor or sensory deficits. Cranial nerves intact. The patient is alert and oriented. PSYCHIATRIC: Appropriate mental status. ENDOCRINE: Negative except as mentioned under past medical history. HEMATOLOGIC/LYMPHATIC: Negative. No anemia, no lymphadenopathy, no blood dyscrasias. ALLERGIC/IMMUNOLOGIC: Negative. All other systems are negative.

PHYSICAL EXAMINATION: VITAL SIGNS: Blood pressure 120/70. EYES: Conjunctivae and lids normal. ENT: Dentition/gums/mucosa normal. Normocephalic. No neck vein distention. Normal carotid upstroke and amplitude, symmetric without bruits. The thyroid is nonpalpable. LUNGS: Clear to auscultation. Respirations are unlabored. CARDIAC: The PMI is nondisplaced, no lifts or thrills. S1 and S2 normal. There were no murmurs, rubs or gallops. ABDOMEN: Nontender. Bowel sounds are normoactive. There were no palpable masses or hepatosplenomegaly. No abdominal aortic bruit or abnormal pulsation. EXTREMITIES: Femoral and pedal pulses are 2+ and symmetric with normal amplitude. There is no edema, cyanosis or clubbing. No venous varicosities and no ischemic changes. SKIN: No lesions identified. NEUROLOGIC: No motor or sensory deficits are detected. The patient is oriented to time, place and person with normal affect/mood. MUSCULOSKELETAL: Normal muscular strength and tone is noted.

LABORATORY DATA: EKG shows atrial flutter with generally controlled ventricular response with one Ashman's beat.

IMPRESSION:

1. Chronic atrial fibrillation - occult sick sinus syndrome with chronic Coumadin therapy.
   a. No indication for pacemaker just now.
2. Sleep apnea.
3. Adult onset diabetes mellitus.
4. Hypertension.
5. Hyperlipidemia.

D:08/06/2011 05:59:46
T:08/09/2011 00:14:37
548726

6. Falling spells of uncertain significance - neuro evaluation pending.

RECOMMENDATIONS: At this point he will be seen back in 6 months or p.r.n. with no additional cardiovascular studies. There is no evidence of coronary disease, normal left ventricular performance overall, and most of his issues currently are being addressed by Dr. Carter.

C W HENDRICKS MD FACC
CWH/kh
cc: VA HOSPITAL DORN (faxed)
DEE CARTER MD (faxed)
This document has been finalized by C W HENDRICKS MD FACC on 08/09/2011 00:14:37.

E. SELMAN WATSON, Ph.D.
Clinical Psychologist
1720 Main St.
Suite 101
Columbia, South Carolina 29201
Phone: (803) 256-6863

PSYCHOLOGICAL EVALUATION

I. Identifying Data

Name: Alvin Loyd Menie

Address:

Telephone: (Home)

Age: 60

Date of Birth:

Sex: Male

Marital Status:

Children:

Education: BS/Economics/Northeast University of Oklahoma

Occupation: Premium Auditor/State Accident Fund

Nature of Injury: Stress-Related Arrhythmia

Date of Injury: March 3, 2003

Attorney: None

Employer: State Accident Fund/14 years

Dates of Evaluation: 06-17-03; 07-16-03

II. Reason for Referral

Alvin Menie is a 60 year old white male who was referred for a psychological evaluation by Ms. Vicki Powell with Compendium Services, Inc. According to some reports received, this gentleman had recently experienced a cardiac problem, which he felt was due to stress on the job. There was also some concern as to whether any other factors

might have played a role so an evaluation was requested to investigate his complaint and form an opinion about the etiology of his condition and any need for treatment.

III. Dates of Contact

06-17-03	4.50 hours	Clinical Interview and MMPI-2 testing, Alvin Menie Behavioral Observations of Alvin Menie
07-16-03	2.50 hours	Clinical Interview and PAI testing, Alvin Menie Behavioral Observations of Alvin Menie Review of Documents

IV. Qualifications

Dr. Selman Watson is a licensed clinical psychologist who maintains a forensic practice at 1720 Main Street in Columbia, South Carolina. In addition to this role, he is also a senior member of the psychology service at G. Werber Bryan Psychiatric Hospital, a 280 bed acute care inpatient facility where he has logged over 25 years. Dr. Watson, during his career, has performed over 200 personal injury evaluations with an eye toward identifying any malingering or deception a claimant might bring to the process. He also is well versed in the disorders that arise from a work-related injury and has offered expert witness testimony in a variety of legal settings.

V. Sources of Information

Clinical Interviews (2) of Alvin Menie
MMPI-2/PAI testing of Alvin Menie
Behavioral Observations of Alvin Menie
Review of Documents including Authorization for Treatment
and Recent Work Schedule

VI. Background Information

Alvin Menie is a 60 year old white male who has been an employee of the State Accident Fund for 14 years. According to his report, he experienced some cardiac problems on the job last spring and tied it to a workload that had tripled following the loss of two other auditors during an especially busy time of the year. Mr. Menie noted, for example, that a colleague named Carla went out on medical leave on December 27th for surgery and three days later saw the departure of Shawn who took a position with a different state agency. This turn of events he said subsequently left him with the bulk of the work to do that involved managing close to 530 accounts. Serving to make things worse, Mr. Menie disclosed there

had been a sizable increase in premiums levied for workers comp insurance to municipals, cities, and counties which resulted in a lot of complaints or phone calls seeking an explanation. It was not unusual he insisted for him consequently to work a lot of overtime including some days that might stretch to 9:00 p.m. trying to contact individuals by phone who were unavailable during normal hours. Gathering information from agencies with aircraft, Mr. Menie added, proved to be especially time consuming since premiums would often have to be adjusted for these customers. Overtime work, on the other hand, was said to not be new to him as a veteran employee who had a habit of leaving the job after others had already gone home.

On March 3, 2003, Mr. Menie reported that he had spent a typical day at the agency and left around 6:00 p.m. He could not recall any symptoms prior to this moment including any feelings of nervousness or anxiety and attributed it to his style being a bit laid back wherein he seldom gets emotionally worked up or overly excited about even stressful things. Mr. Menie indicated his condition, however, deteriorated that evening when he became very dizzy while watching television. Upon waking up his wife, he began to sweat and stumbled to the bathroom to try and deal with some unrelenting nausea. Mr. Menie said that an ambulance was summoned some time later, which transported him to the Lexington Medical Center with an oxygen mask in place. It was determined that his blood pressure and heart rate were quite elevated so he was assigned to a room and put under Dr. Hendrix's care. With the use of medications, Mr. Menie reported that they were able to correct the "defibrillation" and return his heart to a more normal rate and rhythm. He said that he learned from this provider that stress was probably the culprit and talked about having noticed in the past his right hand sometimes trembling or quivering. Apparently, this symptom had little meaning to him at the time as did the strong, involuntary blinking of his right eye which he also had never experienced as a problem. Mr. Menie, upon further reflection, then referenced a new software system at work by noting they couldn't amend or revise programs without the assistance of IBM personnel. In his mind, it served to create a lot of delays and slow down any progress that might have been made.

Finally, Mr. Menie stipulated that he owns no psychiatric history and knows of no relatives who have ever been treated for an emotional disorder. His legal record was also said to be clean with no incidents of ever having been arrested or jailed and he denied experiencing any problems with his anger or any history of having assaulted others. In regards to his home life, Mr. Menie described his marriage as quite stable without any undue financial burdens and no responsibility for caring for a relative. His physical health was also said to be unremarkable except for the coronary issue and he reportedly is not a consumer of alcohol or drugs and has

never received treatment for any addiction. Mr. Menie concluded with the disclosure that he has had no recurring problems with his heart since March and pronounced his mood as sound with no disturbance in his sleep or appetite functions.

VII. Behavioral Observations

Alvin Menie is a 60 year old white male who is somewhat portly in his build. He has gray hair as expected for one his age and a ruddy complexion indicative of a person who might prefer the outdoors. With no tie and his shirt unbuttoned at the neck, Mr. Menie seemed the epitome of comfort and not a man who would readily alter his laidback style.

This subject arrived for each session in a prompt manner and greeted the examiner on both occasions in a cordial way. He showed no reluctance to respond to inquiries and would even elaborate on his replies if a request was made. Mr. Menie gave the impression of having a good grasp on what had happened to him and could recall with great clarity the events that had taken place. From this presentation, it seemed clear that his coronary condition had not negatively affected his memory and held little likelihood that it would interfere with his job. Mr. Menie, moreover, did not express a lot of concern about himself and did not appear overly rattled by his experience. There were no strong fluctuations noted in his mood and his speech maintained an even tempo with no interruption or pressure. His thinking also seemed well organized and linear with respect to its direction or sequential flow.

On the psychometric instruments, Mr. Menie took a very deliberate approach being careful to mark his responses. He needed a lot of time as a result to complete a task but never allowed this to compromise his effort. Mr. Menie was also not averse to asking questions if an item seemed unclear and remained quite cooperative throughout the process despite his sense that he felt fine and saw little need for the tests.

VIII. Test Results

Mr. Menie's response to the MMPI-2 produced a defensive profile that describes a man who is vulnerable to developing physical symptoms in response to stress. The most typical complaint is one of pain usually located in the extremities but seldom are they incapacitated to the point of being disabled. On the contrary, these individuals are often found to continue functioning albeit at a reduced level of efficiency and prefer medical explanations to psychological factors in order to be seen as normal, responsible, and free of problems. It is precisely their strong

grip on emotionally-charged material that leads to their physical pathology rather than expressing their feelings as they arise. Mr. Menie and others like him consequently are fearful of being judged and have a strong need to be seen as cheerful, content, and "brave in the face of any pain". They also tend to resent having their mind probed and for this reason do not make particularly good candidates for any psychotherapy.

Finally, persons with this codetype can secure some secondary gain by emphasizing their discomfort. This may take the form of attention, affection, or sympathy and in the workplace include avoiding some responsibilities or assigning them to others. Noticeably absent from Mr. Menie's record is any evidence of an underlying depression and his pattern of scores do not highlight any significant pathology in his personality.

PAI data collected on Mr. Menie showed his validity and clinical scales to all be within normal limits. At present, he is not considered to be anxious or depressed and there are no additional scale elevations that point to any problem in his character. Indices measuring drug and alcohol use are also quite low.

IX. Conclusions and Recommendations

1. Alvin Menie is a 60 year old white male who appears to have suffered a cardiac arrhythmia from an accumulation of stress on the job. Data from the MMPI-2 in fact describe him as a man with a strong tendency to utilize a lot of depression and denial in order to avoid dealing with emotionally laden issues. Rather than express his negative thoughts and feelings as they arise, Mr. Menie instead keeps them at bay so others will continue to view him as normal and responsible without any fault. His high need for social approval is partly to blame and invariably accounts for the difficulty he experiences in trying to share anything that might be considered distasteful. Persons like Mr. Menie also tend to organize their lives around ideals of service to family, friends, or the community and perceive any psychological imbalance as a sign of weakness. For this reason, they seldom talk about their troubles or problems but project a positive, almost cheerful manner despite the circumstance that might exist.

2. Any treatment options for Mr. Menie should include some assertiveness training to help him learn the value of expressing his feelings, particularly the negative ones. Therapy could also help him recognize any anger, stress, or sadness as it builds before it is converted to or becomes a somatic problem that requires the attention of a medical professional. While Mr.

Menie is considered a genuinely caring individual, he needs to understand his body's response to anxiety and find better ways to manage it in the future. Regular aerobic activity is often quite useful in this regard but is no substitute for facing any issues or material that might be emotionally charged.

X. Diagnostic Impression

Axis I:	Adjustment Disorder with Anxiety: 309.24
Axis II:	Deferred
Axis III:	Cardiac Arrhythmia
Axis IV:	Heavy Workload
Axis V:	GAF70

Respectfully Submitted,

E. Selman Watson, PhD

E. Selman Watson, Ph.D.
Licensed Clinical Psychologist

ESW/tfr

STATE ACCIDENT FUND

Irvin D. Parker
Director

INTERAGENCY MEMORADUM

TO: Alvin Menie, Auditor RGF

FROM: Ruby G. Flateau, Manager of Administrative Services

DATE: April 15, 2003

SUBJECT: Performance Pay Increase

We recognize that during the past year you have played and continue to play a key role in collecting the revenue and conducting premium audits. You helped to keep these essential functions going throughout a period of transition caused by staff turnover and other extraordinary circumstances. You will receive a pay increase in the amount of **$3,022 (7.5%)** raising your annual salary from $40,306 to **$43,328**. This increase will become effective April 17, 2003 and will reflect on your May 16, 2003 payroll check. Congratulations and continue the good work!

Cc: Ross Gamble, Deputy Director
Human Resources File

Approved by: Ross H. Gamble

P.O. BOX 102100 COLUMBIA, S.C. 29221-5 - 112 - 896-5800 1-800-521-6576 FAX (803) 896-5797

STATE ACCIDENT FUND

Irvin D. Parker, Director

Dear Policyholder,

Effective January 1, 2003 rates increased an average of 24.7%. This is the first base rate increase since 1996 and it will vary somewhat for each agency depending on the mix of job classifications in the agency.

By statute, the State Accident Fund's worker's compensation rates must be set at a level that will neither create a deficit nor produce a profit from operations.

As has been true nationally, the severity of the average worker's compensation claim has increased markedly in recent years. Since 1999 our average medical costs have increased 44%. Average indemnity costs have increased 52% since then.

If your agency has a drug free policy you may be eligible for the 5% drug free credit. Application for the premium credit for the 2002/2003 fiscal year must be submitted along with the Actual Payroll Report.* Re-certification is required each year and must be submitted along with your Actual Payroll Report before the credit can be applied. Note that the requirement for random testing of all persons is no longer required. Testing may be included for pre-employment, post accident, and/or high risk or safety sensitive positions at your discretion.

If your agency's 2003/2004 FY Estimated Payroll, used to determine estimated premium, does not agree with your 2003/2004 budget, then please place your estimated payroll for each classification code to the left of the Estimated Payroll on your Estimated Statement that came along with the invoice. We will revise the Estimated Premium prior to payment, if you submit your estimated payroll to SAF no later than July 1, 2003.

* A self-certification, "Application for Drug and Alcohol Free Workplace Premium Credit", form is attached.

If you have any questions regarding the above, please feel free to contact me.

Sincerely,

A.L. Menie
Sr. Premium Auditor
(803) 896-5854
E-Mail amenie@saf.state.sc.us

P.O. Box 102100, Columbia, SC 29221-5000
803-896-5854, 800-521-6576, Fax: 803-896-5801

ACORD™ WORKERS COMPENSATION - FIRST REPORT OF INJURY OR ILLNESS

EMPLOYER (NAME & ADDRESS INCL ZIP)
THE STATE ACCIDENT FUND
PO BOX 102100
COLUMBIA SC 29221-5000

CARRIER/ADMINISTRATOR CLAIM NUMBER
REPORT PURPOSE CODE
JURISDICTION
JURISDICTION CLAIM NUMBER
INSURED REPORT NUMBER

SIC CODE
EMPLOYER FEIN
EMPLOYER'S LOCATION ADDRESS (IF DIFFERENT)
SAME
LOCATION #
PHONE # 896-5300

CARRIER/CLAIMS ADMINISTRATOR

CARRIER (NAME, ADDRESS & PHONE NO)
THE STATE ACCIDENT FUND
PO BOX 102100
COLUMBIA SC 29221-5000

POLICY PERIOD
07-01-02 TO 07-01-03
CHECK IF APPROPRIATE
☐ SELF INSURANCE

CLAIMS ADMINISTRATOR (NAME, ADDRESS & PHONE NO)

CARRIER FEIN
POLICY/SELF-INSURED NUMBER
ADMINISTRATOR #
AGENT NAME & CODE NUMBER

EMPLOYEE/WAGE

NAME (LAST, FIRST, MIDDLE)
MENIE ALVIN L.
DATE OF BIRTH
SOCIAL SECURITY NUMBER
DATE HIRED 1-3-89
STATE OF HIRE SC

ADDRESS (INCL ZIP)
SEX
☒ M MALE
F FEMALE
U UNKNOWN

MARITAL STATUS
U UNMARRIED SINGLE/DIVORCED
☒ M MARRIED
S SEPARATED
K UNKNOWN

OCCUPATION/JOB TITLE
Premium Auditor
EMPLOYMENT STATUS
Employed

PHONE
OF DEPENDENTS 1
NCCI CLASS CODE

PER: ☐ DAY ☐ WEEK ☐ MONTH ☐ OTHER:
DAYS WORKED/WEEK 5
FULL PAY FOR DAY OF INJURY? ☑ YES ☐ NO
DID SALARY CONTINUE? ☑ YES ☐ NO

OCCURRENCE/TREATMENT

TIME EMPLOYEE BEGAN WORK 8:30 AM 5:00 PM
DATE OF INJURY/ILLNESS 3-3-03
TIME OF OCCURRENCE 6:00 pm ☐ AM ☑ PM
LAST WORK DATE 3-3-03
DATE EMPLOYER NOTIFIED 3-4-03
DATE DISABILITY BEGAN 3-3-03

CONTACT NAME/PHONE NUMBER
AL MENIE 896-5854
TYPE OF INJURY/ILLNESS
STRESS
PART OF BODY AFFECTED
HEART

DID INJURY/ILLNESS EXPOSURE OCCUR ON EMPLOYER'S PREMISES? ☑ YES ☐ NO
TYPE OF INJURY/ILLNESS CODE
PART OF BODY AFFECTED CODE

DEPARTMENT OR LOCATION WHERE ACCIDENT OR ILLNESS EXPOSURE OCCURRED
Policyholder Services
ALL EQUIPMENT, MATERIALS, OR CHEMICALS EMPLOYEE WAS USING WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED
None

SPECIFIC ACTIVITY THE EMPLOYEE WAS ENGAGED IN WHEN THE ACCIDENT OR ILLNESS EXPOSURE OCCURRED
Premium Auditor Job duties
Heart Irregular Beating & Hard breathing
WORK PROCESS THE EMPLOYEE WAS ENGAGED IN WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED
Premium Auditor Job duties

HOW INJURY OR ILLNESS/ABNORMAL HEALTH CONDITION OCCURRED. DESCRIBE THE SEQUENCE OF EVENTS AND INCLUDE ANY OBJECTS OR SUBSTANCES THAT DIRECTLY INJURED THE EMPLOYEE OR MADE THE EMPLOYEE ILL
Working trying to handle job duties for 3 employees auditors from 12-30-02 to 03-03-03
CAUSE OF INJURY

DATE RETURN(ED) TO WORK 3-17-03
IF FATAL, GIVE DATE OF DEATH —
WERE SAFEGUARDS OR SAFETY EQUIPMENT PROVIDED? ☐ YES ☐ NO
WERE THEY USED? N/A ☐ YES ☐ NO

PHYSICIAN/HEALTH CARE PROVIDER (NAME & ADDRESS)
Lexington Medical Center
Lexington County EMS

HOSPITAL (NAME & ADDRESS)
Lexington Medical Center
2720 Sunset Blvd
West Columbia, SC 29164

INITIAL TREATMENT
0 NO MEDICAL TREATMENT
1 MINOR BY EMPLOYER
2 MINOR BY HOSP
☒ EMERGENCY CARE
☒ HOSPITALIZED > 24 HRS
5 FUTURE MAJOR MEDICAL/LOST TIME ANTICIPATED

WITNESSES (NAME & PHONE #)

DATE ADMINISTRATOR NOTIFIED 3-4-03
DATE PREPARED 3-5-03
PREPARER'S NAME & TITLE Alvin L. Menie - 114 - Premium Auditor
PHONE NUMBER 896-5854

ACORD 4 (2/95) SEE BACK FOR IMPORTANT INFORMATION/SIGNATURE © ACORD CORPORATION 1993

ACORD™ WORKERS COMPENSATION - FIRST REPORT OF INJURY OR ILLNESS

EMPLOYER (NAME & ADDRESS INCL ZIP)
STATE ACCIDENT FUND
PO BOX 102100
COLUMBIA, SC 29221-5000

CARRIER/ADMINISTRATOR CLAIM NUMBER

REPORT PURPOSE CODE

JURISDICTION

JURISDICTION CLAIM NUMBER

INSURED REPORT NUMBER

SIC CODE

EMPLOYER FEIN

EMPLOYER'S LOCATION ADDRESS (IF DIFFERENT)
SAME

LOCATION #: 000
PHONE #: 803 896-5800

CARRIER/CLAIMS ADMINISTRATOR

CARRIER (NAME, ADDRESS & PHONE NO)
STATE ACCIDENT FUND
PO BOX 102100
COLUMBIA SC 29221-5000

POLICY PERIOD
07-01 TO 07-01-05

CLAIMS ADMINISTRATOR (NAME, ADDRESS & PHONE NO)

CHECK IF APPROPRIATE
☐ SELF INSURANCE

CARRIER FEIN

POLICY/SELF-INSURED NUMBER
300641537

ADMINISTRATOR #

AGENT NAME & CODE NUMBER
N/A

EMPLOYEE/WAGE

NAME (LAST, FIRST, MIDDLE)
MENIE, ALVIN L.

DATE OF BIRTH

SOCIAL SECURITY NUMBER

DATE HIRED
1-03-1979

STATE OF HIRE
SC

ADDRESS (INCL ZIP)

SEX
☒ M MALE
F FEMALE
U UNKNOWN

MARITAL STATUS
U UNMARRIED SINGLE/DIVORCED
☒ M MARRIED
S SEPARATED
K UNKNOWN

OCCUPATION/JOB TITLE
SENIOR PREMIUM AUDITOR

EMPLOYMENT STATUS
EMPLOYED

PHONE

OF DEPENDENTS

NCCI CLASS CODE

PER: DAY ☐ WEEK ☒ MONTH ☐ OTHER: ANNUALLY

DAYS WORKED/WEEK
4½

FULL PAY FOR DAY OF INJURY? ☒ YES ☐ NO

DID SALARY CONTINUE? ☒ YES ☐ NO

OCCURRENCE/TREATMENT

TIME EMPLOYEE BEGAN WORK
0638 ☒ AM ☐ PM

DATE OF INJURY/ILLNESS
8-6-2004

TIME OF OCCURRENCE
1100 ☒ AM ☐ PM

LAST WORK DATE
8-11-04

DATE EMPLOYER NOTIFIED
8-11-04

DATE DISABILITY BEGAN
8-16-04

CONTACT NAME/PHONE NUMBER
SGT SPANN 896-5876

TYPE OF INJURY/ILLNESS
STRESS ON THE JOB

PART OF BODY AFFECTED
HEART

DID INJURY/ILLNESS EXPOSURE OCCUR ON EMPLOYER'S PREMISES?
☒ YES ☐ NO

TYPE OF INJURY/ILLNESS CODE

PART OF BODY AFFECTED CODE

DEPARTMENT OR LOCATION WHERE ACCIDENT OR ILLNESS EXPOSURE OCCURRED
PREMIUM AUDIT

ALL EQUIPMENT, MATERIALS, OR CHEMICALS EMPLOYEE WAS USING WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED
PC, INK PEN, CALCULATOR

SPECIFIC ACTIVITY THE EMPLOYEE WAS ENGAGED IN WHEN THE ACCIDENT OR ILLNESS EXPOSURE OCCURRED
PREFORMING REVISION OF AUDIT

WORK PROCESS THE EMPLOYEE WAS ENGAGED IN WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED
PREFORMING REVISION OF AUDIT

HOW INJURY OR ILLNESS/ABNORMAL HEALTH CONDITION OCCURRED. DESCRIBE THE SEQUENCE OF EVENTS AND INCLUDE ANY OBJECTS OR SUBSTANCES THAT DIRECTLY INJURED THE EMPLOYEE OR MADE THE EMPLOYEE ILL
THINKING ABOUT WORK LOAD WITH ONE LEAVING OR DISABILITY, NOT HIRING REPLACEMENT, NO TIME TO BE TRAINED

CAUSE OF INJURY CODE

DATE RETURN(ED) TO WORK
8-10-04

IF FATAL, GIVE DATE OF DEATH
N/A

WERE SAFEGUARDS OR SAFETY EQUIPMENT PROVIDED? ☐ YES ☐ NO

WERE THEY USED? N/A ☐ YES ☐ NO

PHYSICIAN/HEALTH CARE PROVIDER (NAME & ADDRESS)
RICHLAND COUNTY RESCUE
LEXINGTON MEDICAL CENTER
LEXINGTON MEDICAL CENTER

HOSPITAL (NAME & ADDRESS)
LEXINGTON MEDICAL CENTER
SUNSET BLVD
W COLUMBIA, SC

INITIAL TREATMENT
0 NO MEDICAL TREATMENT
1 MINOR: BY EMPLOYER
2 MINOR CLINIC/HOSP
3 ☒ EMERGENCY CARE
4 ☒ HOSPITALIZED > 24 HRS
5 FUTURE MAJOR MEDICAL/LOST TIME ANTICIPATED

WITNESSES (NAME & PHONE #)
LINDA GLASS 896-5911 ALL EMPLOYEES COMING 8-6-04

DATE ADMINISTRATOR NOTIFIED
8-6-04

DATE PREPARED
8-11-04

PREPARER'S NAME & TITLE
ALVIN L. MENIE - 115-A, PREMIUM AUDITOR

PHONE NUMBER
896-5954

ACORD 1 (2/95) SEE BACK FOR IMPORTANT STATE INFORMATION/SIGNATURE © ACORD CORPORATION 1993

STATE OF SOUTH CAROLINA

BEFORE THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

WCC FILE NO.: 0307461

Alvin L. Menie, *Claimant,* vs. State Accident Fund, *Employer,* *Carrier,* *Defendant.*	)	AFFIDAVIT OF STEVE FLOWERS

Personally appeared before me, Steve Flowers, who on oath states and deposes:

1. He is an employee of the State Accident Fund's MIS Department and was asked to compile certain of the materials requested by the Claimant's subpoena.

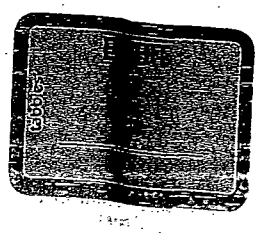
2. With respect to item # 1 requested in the subpoena ("Any and all documents regarding incoming phone calls to [the Claimant] at phone number (803) 896-5854"), no log or list of incoming calls is maintained by the State Accident Fund.

3. With respect to item # 3 requested in the subpoena ("The number of audits requested and completed for twelve months prior to the date of incident to include the month of March, 2003"), my research has determined that 838 audits were requested and completed from February 1, 2002, through March 31, 2003.

Further the Affiant sayeth not.

Steve Flowers

STEVE FLOWERS



SWORN to before me this 5th day of December, 2005

Nerissa W. Jackson (L.S.)
Notary Public for the State of South Carolina

My Commission Expires: July 5, 2006

Personnel Locator Report

Alvin Menie

01 Dec 05

Date	Time Arrived	Start Lunch	End Lunch	Time Left	Status Description
01 Jan 02					Annual Leave
02 Jan 02	08:37			13:32	Off Duty
07 Jan 02	08:37			17:43	Off Duty
08 Jan 02	08:40			17:48	Off Duty
09 Jan 02	08:32			16:47	Off Duty
10 Jan 02	08:36			17:47	Off Duty
11 Jan 02	08:34	12:12	12:41	17:14	Off Duty
14 Jan 02	08:38	12:07	13:17	17:18	Off Duty
15 Jan 02	08:38			16:36	Off Duty
16 Jan 02	08:30	12:17		17:17	Off Duty
17 Jan 02	08:33	13:02	13:42	17:17	Off Duty
18 Jan 02	08:42			17:47	Official Business
21 Jan 02					Official Business
22 Jan 02					Official Business
23 Jan 02	08:50			18:46	Off Duty
24 Jan 02	08:30			16:06	Official Business
25 Jan 02	08:27			17:08	Off Duty
28 Jan 02	08:37	12:00	12:27	17:01	Off Duty
29 Jan 02	08:40	12:01	13:07	17:06	Off Duty
30 Jan 02	08:44			14:07	Official Business
31 Jan 02	08:38			17:28	Off Duty

Personnel Locator Report

Alvin Menie

01 Dec 05

Date	Time Arrived	Start Lunch	End Lunch	Time Left	Status Description
01 Feb 02	08:25	11:51	13:00	17:04	Off Duty
04 Feb 02	08:43	12:15	13:09	18:02	Off Duty
05 Feb 02	08:45			17:01	Off Duty
06 Feb 02	08:52			17:18	Off Duty
07 Feb 02	08:29	11:52	14:39	17:13	Off Duty
08 Feb 02	08:35	12:22	13:32	17:14	Off Duty
11 Feb 02	08:37			16:25	Off Duty
12 Feb 02	08:33			17:33	Off Duty
13 Feb 02	08:33	13:21	14:02	16:35	Off Duty
14 Feb 02	08:48	12:03	13:37	16:49	Off Duty
15 Feb 02	08:34	12:02	13:54	17:02	Off Duty
19 Feb 02	08:27			17:02	Off Duty
20 Feb 02	08:35			17:00	Off Duty
21 Feb 02	08:34				On Duty
22 Feb 02	08:42	12:23	13:12	17:12	Off Duty
25 Feb 02	08:42			16:55	Off Duty
26 Feb 02	09:21				On Duty
27 Feb 02	11:09	11:59	12:42		On Duty
28 Feb 02	09:04			17:00	Off Duty

Personnel Locator Report

Alvin Menie

01 Dec 05

Date	Time Arrived	Start Lunch	End Lunch	Time Left	Status Description
01 Mar 02	08:33	12:00	12:53	17:05	Off Duty
04 Mar 02	08:50	12:03	12:39	17:13	Off Duty
05 Mar 02	08:35			17:14	Off Duty
06 Mar 02	08:33			16:42	Off Duty
07 Mar 02	10:32			16:46	Off Duty
08 Mar 02	09:16			16:49	Off Duty
11 Mar 02	08:06			08:07	Official Business
12 Mar 02	08:36	12:07	13:17	17:11	Off Duty
13 Mar 02	09:06	12:01	13:27	17:05	Off Duty
14 Mar 02	08:45	12:14	13:02	17:13	Off Duty
15 Mar 02	08:43	12:03	13:02	16:08	Off Duty
18 Mar 02	08:40			17:16	Off Duty
19 Mar 02	08:34			17:01	Off Duty
20 Mar 02	08:39			17:06	Off Duty
21 Mar 02	08:35			16:32	Off Duty
22 Mar 02	08:45			17:01	Off Duty
25 Mar 02	08:55				On Duty
26 Mar 02	14:58			17:02	Off Duty
27 Mar 02	08:37			17:37	Off Duty
3 Mar 02	08:33	12:04	12:32	17:12	Off Duty
29 Mar 02					Annual Leave

Personnel Locator Report

Alvin Menie

01 Dec 05

Date	Time Arrived	Start Lunch	End Lunch	Time Left	Status Description
01 Apr 02	09:07	12:07	12:37	17:04	Off Duty
02 Apr 02	08:34	12:42	13:10	17:01	Off Duty
03 Apr 02	08:32	12:11	12:37	17:30	Off Duty
04 Apr 02	13:44			17:02	Off Duty
05 Apr 02	08:38	12:52	13:24	17:11	Off Duty
08 Apr 02	08:52			10:49	Official Business
09 Apr 02	08:35	12:14	12:44	17:15	Off Duty
10 Apr 02	13:27			16:56	Off Duty
11 Apr 02	08:49	10:56	12:02	17:03	Off Duty
12 Apr 02	08:37	12:59	14:47	16:50	Off Duty
15 Apr 02					Sick Leave
16 Apr 02	10:34			17:02	Off Duty
17 Apr 02	08:42			17:02	Off Duty
18 Apr 02				09:30	Annual Leave
19 Apr 02					Annual Leave
22 Apr 02	08:33	13:08	13:37	17:20	Off Duty
23 Apr 02	09:27			17:03	Off Duty
24 Apr 02	08:58	12:01	12:29	17:04	Off Duty
25 Apr 02	08:27	12:31	13:22	17:24	Sick Leave
26 Apr 02	09:30	12:01	12:28	17:14	Off Duty
29 Apr 02	08:30	12:05	12:35	17:06	Off Duty
30 Apr 02	08:29	13:07	13:44	14:31	Off Duty

Personnel Locator Report

Alvin Menie

01 Dec 05

Date	Time Arrived	Start Lunch	End Lunch	Time Left	Status Description
01 May 02	08:46	12:09	13:00	17:11	Off Duty
02 May 02	08:36	12:10	12:56	17:01	Off Duty
03 May 02	08:58	12:01	13:08	15:34	Off Duty
06 May 02	08:41	13:31	14:34	17:12	Off Duty
07 May 02	08:36	12:23	12:50	16:30	Off Duty
08 May 02	08:37			17:45	Off Duty
09 May 02					Sick Leave
10 May 02					Sick Leave
13 May 02				10:24	Sick Leave
14 May 02					Sick Leave
15 May 02					Sick Leave
16 May 02					Sick Leave
17 May 02					Sick Leave
20 May 02					Sick Leave
21 May 02					Sick Leave
22 May 02					Sick Leave
23 May 02	08:28	12:04	13:06	17:05	Off Duty
24 May 02	09:35	12:13	12:42	17:08	Off Duty
28 May 02	08:35	13:17	13:41	17:05	Off Duty
9 May 02	09:45	12:43	13:17	17:02	Off Duty
30 May 02	08:32	12:38	13:08	17:14	Off Duty
31 May 02	08:32	12:36	15:31	17:08	Off Duty

Personnel Locator Report

Alvin Menie | **01 Dec 05**

Date	Time Arrived	Start Lunch	End Lunch	Time Left	Status Description
03 Jun 02	08:39	12:34	13:11	17:21	Off Duty
04 Jun 02	08:36	12:50	13:20	17:16	Off Duty
05 Jun 02	08:40	09:57	12:34	13:31	Sick Leave
06 Jun 02				09:24	Sick Leave
07 Jun 02				10:00	Sick Leave
10 Jun 02	09:00	12:53	14:00	17:19	Off Duty
11 Jun 02	08:31	12:23	12:57	17:31	Off Duty
12 Jun 02	08:36	12:07	13:10	17:31	Off Duty
13 Jun 02	08:26	12:14	12:52	17:13	Off Duty
14 Jun 02	08:34			15:30	Off Duty
17 Jun 02	08:33	12:11	12:43	17:08	Off Duty
18 Jun 02	08:21	12:31	12:55	17:09	Off Duty
19 Jun 02	08:30	12:23	13:45	13:59	Sick Leave
20 Jun 02	08:10	12:17	12:49	16:30	Off Duty
21 Jun 02	08:26	12:14	13:00	18:02	Off Duty
24 Jun 02	08:27	12:16	12:45	17:13	Off Duty
25 Jun 02	08:28	12:27	13:02	17:02	Off Duty
26 Jun 02	08:31	11:48	12:57	17:16	Off Duty
27 Jun 02	08:32	13:35	14:05	17:31	Off Duty
`8 Jun 02	08:28	12:04	13:37	17:07	Off Duty

Personnel Locator Report

Alvin Menie | **01 Dec 05**

Date	Time Arrived	Start Lunch	End Lunch	Time Left	Status Description
01 Jul 02	11:00	12:10	12:39	17:31	Off Duty
02 Jul 02	08:49	12:29	13:06	17:40	Off Duty
03 Jul 02	08:32	12:19	12:52	17:08	Annual Leave
04 Jul 02					Annual Leave
05 Jul 02					Annual Leave
08 Jul 02	08:52	12:14	12:46	17:33	Off Duty
09 Jul 02	08:29	12:03	12:38	17:08	Sick Leave
10 Jul 02					Sick Leave
11 Jul 02	08:23			17:01	Off Duty
12 Jul 02	08:32	11:14	12:13	17:03	Off Duty
15 Jul 02	08:31	12:49	13:47	17:18	Off Duty
16 Jul 02	08:33	12:34	13:02	17:38	Off Duty
17 Jul 02	08:39	12:05	13:02	18:04	Annual Leave
18 Jul 02	11:45	12:51	13:13	19:56	Off Duty
19 Jul 02	08:29			17:08	Off Duty
22 Jul 02	08:30	13:01	13:21	17:08	Off Duty
23 Jul 02	08:37	12:31	12:59	17:29	Off Duty
24 Jul 02	08:03	12:03	13:06	17:04	Off Duty
25 Jul 02	08:36	13:17	13:43	17:15	Off Duty
26 Jul 02	08:48	12:15	13:27	17:18	Off Duty
29 Jul 02	08:35	12:25	13:27	17:16	Off Duty
30 Jul 02	08:28	11:31	12:35	17:29	Off Duty
31 Jul 02	08:28			17:03	Off Duty

Personnel Locator Report

Alvin Menie | **01 Dec 05**

Date	Time Arrived	Start Lunch	End Lunch	Time Left	Status Description
01 Aug 02					Sick Leave
02 Aug 02	08:34	12:17	13:13	17:14	Off Duty
05 Aug 02	08:37	12:05	12:34	17:01	Off Duty
06 Aug 02	08:40	11:35	12:34	19:12	Off Duty
07 Aug 02	08:39	12:02	13:08	17:33	Off Duty
08 Aug 02	08:32	12:11	13:29	17:27	Off Duty
09 Aug 02	08:21	12:34	13:10	17:05	Off Duty
12 Aug 02	08:35	12:11	13:10	17:24	Off Duty
13 Aug 02	08:29	12:41	12:59	17:18	Off Duty
14 Aug 02	08:32	12:41	13:16	14:16	Annual Leave
15 Aug 02	08:39	13:46	14:12	17:04	Off Duty
16 Aug 02	08:53	12:19	12:54	16:00	Off Duty
19 Aug 02	10:00	11:58	13:07	16:36	Off Duty
20 Aug 02	08:38			17:16	Off Duty
21 Aug 02	08:32			17:03	Off Duty
22 Aug 02	08:52	12:16	13:10	18:12	Annual Leave
23 Aug 02					Annual Leave
26 Aug 02	12:21			14:01	Official Business
27 Aug 02	08:38	13:23	14:15	17:35	Off Duty
8 Aug 02	08:38			17:11	Off Duty
29 Aug 02	08:30	13:51	14:49	16:51	Off Duty
30 Aug 02	08:45			12:08	Annual Leave

Personnel Locator Report

Alvin Menie

01 Dec 05

Date	Time Arrived	Start Lunch	End Lunch	Time Left	Status Description
02 Sep 02					Annual Leave
03 Sep 02	08:37	12:12	13:06	17:10	Off Duty
04 Sep 02	08:34	12:18	13:03	17:06	Off Duty
05 Sep 02	08:58	14:39	15:03	17:22	Off Duty
06 Sep 02					Annual Leave
09 Sep 02				10:57	Annual Leave
10 Sep 02				09:04	Annual Leave
11 Sep 02					Annual Leave
12 Sep 02					Annual Leave
13 Sep 02	08:35	12:26	13:06	17:03	Off Duty
16 Sep 02	08:35	12:25	13:17	17:11	Off Duty
17 Sep 02	08:37			13:39	Official Business
18 Sep 02					Sick Leave
19 Sep 02	08:35	12:26	13:30	17:15	Off Duty
20 Sep 02	08:26	12:13	13:11	17:05	Off Duty
23 Sep 02					Sick Leave
24 Sep 02					Sick Leave
25 Sep 02	08:29	12:02	12:54	17:07	Off Duty
26 Sep 02	08:32	12:26	12:58	17:03	Off Duty
27 Sep 02	09:45	12:14	12:44	17:28	Off Duty
30 Sep 02				09:50	Annual Leave

Personnel Locator Report

Alvin Menie | **01 Dec 05**

Date	Time Arrived	Start Lunch	End Lunch	Time Left	Status Description
01 Oct 02					Annual Leave
02 Oct 02					Annual Leave
03 Oct 02	08:54	13:14	13:46	17:15	Off Duty
04 Oct 02	08:33	12:59	13:30	17:07	Off Duty
07 Oct 02	08:36	13:42	14:07	17:10	Off Duty
08 Oct 02	08:34	12:04	13:27	17:22	Off Duty
09 Oct 02	08:37	13:10	14:43	18:32	Off Duty
10 Oct 02	08:44	13:33	14:31	14:51	Official Business
11 Oct 02	08:15	12:35	13:36	17:11	Off Duty
14 Oct 02	08:36	12:56	13:29	17:25	Off Duty
15 Oct 02	08:47	12:09	13:05	17:02	Off Duty
16 Oct 02	08:32	12:00	12:59	17:04	Off Duty
17 Oct 02	08:33	15:43	15:46	17:03	Off Duty
18 Oct 02	08:28	12:11	12:31	16:09	Off Duty
21 Oct 02	08:50	12:16	12:43	17:07	Off Duty
22 Oct 02	08:32	11:57	12:35	17:14	Off Duty
23 Oct 02	08:35	11:51	13:08	17:20	Off Duty
24 Oct 02	08:39	12:04	13:05	16:55	Off Duty
25 Oct 02	08:36	12:07	12:35	17:14	Off Duty
28 Oct 02	08:39	12:02	12:37	17:14	Off Duty
29 Oct 02	08:31	12:08	13:00	16:46	Off Duty
30 Oct 02	08:28	11:39	12:54	17:19	Off Duty
31 Oct 02	08:32	11:53	12:57	16:35	Off Duty

Personnel Locator Report

Alvin Menie **01 Dec 05**

Date	Time Arrived	Start Lunch	End Lunch	Time Left	Status Description
01 Nov 02	08:34	11:21	16:07	16:51	Off Duty
04 Nov 02	10:31	11:31	15:58	17:38	Off Duty
05 Nov 02	13:05			16:25	Off Duty
06 Nov 02	08:48	12:12	12:47	16:32	Off Duty
07 Nov 02	08:26	11:14	12:57	17:02	Off Duty
08 Nov 02	08:31	13:16	13:46	17:05	Off Duty
12 Nov 02	08:33	12:15	13:21	17:42	Off Duty
13 Nov 02	08:43	12:41	13:14	17:28	Off Duty
14 Nov 02	08:41	12:49	13:38	17:17	Off Duty
15 Nov 02	08:39	11:25	12:25	17:01	Off Duty
18 Nov 02	08:32	12:30	12:58	17:20	Off Duty
19 Nov 02	08:24			17:00	Off Duty
20 Nov 02	11:05				On Duty
21 Nov 02	08:31	10:50	12:51	17:10	Off Duty
22 Nov 02	08:33	13:12	13:44	17:02	Off Duty
25 Nov 02	08:35	12:53	14:16	17:56	Off Duty
26 Nov 02	08:33	12:05	12:35	17:02	Off Duty
27 Nov 02	08:36	12:27	14:04	17:01	Off Duty

Personnel Locator Report

Alvin Menie

01 Dec 05

Date	Time Arrived	Start Lunch	End Lunch	Time Left	Status Description
02 Dec 02	08:39	12:34	13:02	16:57	Off Duty
03 Dec 02	08:37	12:08	12:30	17:02	Off Duty
04 Dec 02	08:36	12:05	12:24	13:02	Off Duty
05 Dec 02	10:37	15:11	15:41	17:02	Off Duty
06 Dec 02	09:03	12:23	13:19	14:37	Official Business
09 Dec 02	08:30	12:30	13:48	16:04	Official Business
10 Dec 02					Official Business
11 Dec 02	08:35	12:18	13:10	17:14	Off Duty
12 Dec 02	08:34	13:33	14:03	15:09	Off Duty
13 Dec 02	08:44	12:21	12:48	16:29	Off Duty
16 Dec 02	09:27	11:45	13:02	16:31	Off Duty
17 Dec 02	08:37			17:09	Off Duty
18 Dec 02	08:34	16:41	17:21	17:21	Off Duty
19 Dec 02	08:29	12:30	13:38	17:29	Off Duty
20 Dec 02	08:26	12:27	13:38	17:33	Off Duty
23 Dec 02	08:33	13:35	14:02	17:00	Off Duty
27 Dec 02	09:13	13:15	14:14	17:41	Off Duty
30 Dec 02	08:51	12:11	12:35	18:29	Off Duty
31 Dec 02	08:08	12:08	12:42	17:07	Off Duty

Personnel Locator Report

Alvin Menie

01 Dec 05

Date	Time Arrived	Start Lunch	End Lunch	Time Left	Status Description
02 Jan 03	08:32	12:02	12:56	17:16	Off Duty
03 Jan 03	08:33	12:22	13:24	17:06	Off Duty
06 Jan 03	08:57	12:12	12:48	17:31	Off Duty
07 Jan 03	08:29	12:01	13:01	18:03	Off Duty
08 Jan 03	08:20	12:28	12:48	17:35	Off Duty
09 Jan 03	08:23	12:30	13:03	17:34	Off Duty
10 Jan 03	08:35	10:48	11:48	17:18	Off Duty
13 Jan 03	08:30	12:09	12:34	17:36	Off Duty
14 Jan 03	08:29	12:33	12:59	17:18	Off Duty
15 Jan 03	08:41	13:40	13:55	16:26	Off Duty
16 Jan 03	08:26	12:10	12:27	17:15	Off Duty
17 Jan 03	08:37	12:20	12:46	17:43	Off Duty
21 Jan 03	08:18	12:41	13:22	17:31	Off Duty
22 Jan 03	08:09	12:17	13:13	16:13	Off Duty
24 Jan 03	10:11	13:28	14:02	18:03	Off Duty
27 Jan 03	08:42	12:35	13:09	17:27	Off Duty
28 Jan 03	08:37	12:32	12:58	17:26	Off Duty
29 Jan 03	08:35	12:45	13:11	17:28	Off Duty
30 Jan 03	08:26	12:29	13:26	16:02	Off Duty
1 Jan 03	08:35	12:02	12:59	16:31	Off Duty

Personnel Locator Report

Alvin Menie | **01 Dec 05**

Date	Time Arrived	Start Lunch	End Lunch	Time Left	Status Description
03 Feb 03	08:33	12:44	13:41	17:01	Off Duty
04 Feb 03	08:39	15:03	15:14	17:20	Off Duty
05 Feb 03	08:31	13:26	14:43	17:05	Off Duty
06 Feb 03	08:29			17:42	Off Duty
07 Feb 03	09:16	13:25	13:48	16:32	Off Duty
10 Feb 03	08:47	12:02	13:47	16:41	Off Duty
11 Feb 03	08:28			17:28	Off Duty
12 Feb 03	08:33	13:10	13:23	17:32	Off Duty
13 Feb 03	08:28	12:31	13:25	17:34	Off Duty
14 Feb 03	08:30	12:15	13:39	17:15	Off Duty
18 Feb 03	08:36	12:08	13:04	17:13	Off Duty
19 Feb 03	08:30	12:22	12:53	17:21	Off Duty
20 Feb 03	08:34	12:11	14:23	17:40	Off Duty
21 Feb 03	09:04	12:16	13:14	17:03	Off Duty
24 Feb 03	08:31	12:50	13:13	17:14	Off Duty
25 Feb 03	08:33	12:12	12:43	16:33	Off Duty
26 Feb 03	08:35	11:17	12:33	17:12	Off Duty
27 Feb 03	08:26	13:07	14:07	17:08	Off Duty
28 Feb 03	10:36	13:29	14:43	17:09	Annual Leave

Personnel Locator Report

Alvin Menie

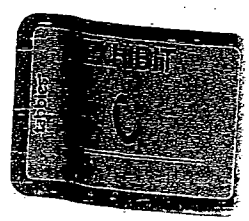
01 Dec 05

Date	Time Arrived	Start Lunch	End Lunch	Time Left	Status Description
03 Mar 03	09:39	12:28	13:37	17:07	Off Duty
05 Mar 03					Sick Leave
06 Mar 03				12:50	Sick Leave
07 Mar 03					Sick Leave
10 Mar 03				17:18	Sick Leave
11 Mar 03				09:34	Sick Leave
12 Mar 03					Sick Leave
13 Mar 03					Sick Leave
14 Mar 03					Sick Leave
17 Mar 03	08:57	12:21	13:12		On Duty
18 Mar 03	08:41			17:42	Off Duty
19 Mar 03	08:33	12:49	13:03	16:43	Off Duty
20 Mar 03	09:06	12:27	13:00	16:27	Off Duty
21 Mar 03	08:42			18:25	Off Duty
24 Mar 03	08:35	12:01	13:04	17:00	Off Duty
25 Mar 03	08:31	11:59	12:57	17:06	Off Duty
26 Mar 03	08:13	11:49	12:17	17:25	Off Duty
27 Mar 03	08:34	11:59	13:02	17:02	Off Duty
28 Mar 03	08:28	12:17	12:28	17:39	Off Duty
1 Mar 03	08:39	12:45	13:04	17:56	Off Duty

S. C. State Accident Fund

Policy Audit Information for Policy Period Ending 1/1/2003

Auditor	Policy Number and Name		Date Audit Entered	Days to Audit
Boles, Chris				
	001005636	LYNCHBURG-ELLIOTT CHILD DEVELOPME	Feb 13, 2003	43
	001006030	GOOSE CREEK RECREATION	Mar 28, 2003	86
	001007632	TOWN OF PINEBIDGE		
	001011634	CITY OF SUMTER	Mar 28, 2003	86
	001012236	ORANGEBURG COUNTY DSN		
	001014638	GILBERT-SUMMIT RURAL WATER DISTRIC	Mar 28, 2003	86
	001018233	CHARLESTON COUNTY HUMAN SERVICES	Mar 28, 2003	86
	001020437	BERKELEY SENIORS INC.	Mar 28, 2003	86
	001023237	FAIRFIELD COUNTY EMS		
	001026038	NEWBERRY DSN		
	001026234	FAIRFIELD DSN BOARD		
	001029035	ST JOHNS FIRE DIST COMM	Feb 21, 2003	51
	001029231	CLARENDON MEMORIAL HOSPITAL		
	001029437	LAKE MOULTRIE VFD		
	001033431	SALUDA NURSING CENTER	Mar 27, 2003	85
	001033832	TOWN OF BLYTHEWOOD		
	001035439	LODGE VFD		
	100000011	HARLEYVILLE RURAL FIRE DEPT STD	Mar 28, 2003	86
	100000017	JAMESTOWN RURAL FIRE DEPT	Mar 28, 2003	86
	100000038	CORDESVILLE RURAL VFD	Jan 13, 2003	12
	100000056	SUMTER SENIOR SERVICES	Feb 19, 2003	49
	100000068	REEVESVILLE VFD	Mar 28, 2003	86
	100000105	BUFFALO MT PISGAH FIRE DEPT	Feb 05, 2003	35
	100000118	CLARENDON COUNTY COUNCIL ON AGIN(	Mar 28, 2003	86
	100000121	NEWBERRY COUNCIL ON AGING	Feb 21, 2003	51
	100000128	SALUDA COUNCIL ON AGING	Feb 19, 2003	49
	100000136	KERSHAW COUNTY COUNCIL ON AGING	Mar 28, 2003	86
	100000139	LEE COUNTY COUNCIL ON AGING	Mar 28, 2003	86
	100475113	RICHLAND LEXINGTON AIRPORT DISTRIC	Mar 28, 2003	86
	100493775	COLLETON COUNTY COUNCIL ON AGING I	Mar 28, 2003	86
	100641069	NORTH CHARLESTON SEWER DISTRICT	Mar 28, 2003	86
	100641221	ST ANDREWS PUBLIC SERVICE DISTRICT	Jan 13, 2003	12
	100641461	RICHLAND COUNTY RECREATION COMMI:	Mar 28, 2003	86
	100641487	RIVERBANKS PARK COMMISSION	Feb 21, 2003	51
	100641657	BERKELEY-CHARLESTON-DORCHESTER (	Mar 28, 2003	86
	100677033	SANTEE WATEREE RTA	Feb 21, 2003	51
	100677058	ST ANDREWS PARISH PARKS & PLAYGRC	Mar 28, 2003	86
	100677065	DORCHESTER COUNTY LIBRARY	Mar 04, 2003	62
	100677087	YORK COUNTY DSN	Mar 28, 2003	86
	105404045	JAMES ISLAND PUBLIC SERVICE DISTRIC		
	106063028	SANTEE LYNCHES COUNCIL OF GOVERNI	Feb 21, 2003	51
	110024873	MIDLANDS EMS	Feb 18, 2003	48
	110029517	PIMLICO RURAL FIRE DEPARTMENT	Mar 27, 2003	85
	110034563	CAW CAW VFD	Mar 28, 2003	86
	200000034	TOWN OF BOWMAN	Mar 28, 2003	86
	200000045	ISLE OF PALMS WATER & SEWER	Mar 28, 2003	86
	200000050	NORTH CHARLESTON HOUSING AUTHORI	Mar 28, 2003	86
	200000064	TOWN OF KIAWAH ISLAND	Mar 28, 2003	86
	200536013	TOWN OF GREAT FALLS	Mar 28 2003	86



S. C. State Accident Fund

Policy Audit Information for Policy Period Ending 1/1/2003

Auditor	Policy Number and Name		Date Audit Entered	Days to Audit
Boles, Chris				
	200641018	SUMMERVILLE COMMISSION OF PUBLIC V	Feb 21, 2003	51
	200641036	TOWN OF PELION	Mar 28, 2003	86
	200641140	TOWN OF LAMAR	Mar 27, 2003	85
	200641165	CITY OF MANNING	Mar 28, 2003	86
	200641168	TOWN OF ST STEPHEN		
	200641208	TOWN OF PROSPERITY	Feb 21, 2003	51
	200641228	TOWN OF RIDGE SPRING	Mar 28, 2003	86
	200641230	TOWN OF LIVINGSTON	Mar 28, 2003	86
	200641231	TOWN OF CHAPIN	Mar 28, 2003	86
	200641242	TOWN OF NORTH	Mar 28, 2003	86
	200641248	TOWN OF EUTAWVILLE	Mar 27, 2003	85
	200641252	TOWN OF GILBERT	Mar 28, 2003	86
	200641259	TOWN OF CARLISLE	Mar 28, 2003	86
	200641343	TOWN OF SWANSEA	Mar 28, 2003	86
	200641355	TOWN OF WILLIAMS	Feb 21, 2003	51
	200641401	TOWN OF SALUDA	Mar 27, 2003	85
	200641428	SALUDA COMMISSIONERS OF PUBLIC WC	Mar 27, 2003	85
	200641517	CITY OF NORTH CHARLESTON	Mar 28, 2003	86
	200641520	TOWN OF NORWAY	Feb 21, 2003	51
	200641566	TOWN OF ELGIN	Mar 28, 2003	86
	200642004	TOWN OF WHITMIRE	Mar 28, 2003	86
	200642009	CITY OF FOLLY BEACH		
	200642012	TOWN OF RIDGEWAY	Feb 21, 2003	51
	205408852	NEWBERRY HOUSING AUTHORITY	Feb 21, 2003	51
	205408929	GEORGETOWN HOUSING AUTHORITY	Mar 28, 2003	86
	210013148	TOWN OF SALLEY	Mar 27, 2003	85
	210034720	TOWN OF RAVENEL	Mar 28, 2003	86

Policy Count 76 **Policies With Audits Less Than 180 Days** 64 **Percent Less Than 180 days** 84

S. C. State Accident Fund

Policy Audit Information for Policy Period Ending 1/1/2003

Auditor	Policy Number and Name		Date Audit Entered	Days to Audit
Farray, Warren				
	001002021	MONTMORENCI COUCHTON W&S	Mar 26, 2003	84
	001011436	PENDLETON AREA RESCUE	Mar 18, 2003	76
	001012038	TAYLORS FIRE & SEWER DISTRICT	Mar 24, 2003	82
	001013234	GRANITEVILLE-VAUCLUSE-WARRENVILLE	Mar 04, 2003	62
	001016633	SHELDON FIRE DISTRICT	Mar 18, 2003	76
	001016831	TIGERVILLE FIRE DISTRICT	Mar 25, 2003	83
	001017631	WILLIAMSTON RESCUE SQUAD		
	001020635	PELZER RESCUE SQUAD	Mar 06, 2003	64
	001020833	ABBEVILLE RESCUE, INC		
	001021039	BELVEDERE FIRE DISTRICT	Mar 18, 2003	76
	001022835	GANTT FIRE SEWER & POLICE DISTRICT		
	001024030	WADE HAMPTON FIRE & SEWER DISTRIC	Mar 25, 2003	83
	001024236	EUREKA VFD	Mar 28, 2003	86
	001025832	DACUSVILLE VOLUNTEER FIRE DEPARTM		
	001027233	GREENVILLE COUNTY DSN BOARD		
	001027830	LANGLEY WATER SEWER & FIRE DISTRIC		
	001028438	NEW FOUNDATIONS	Mar 28, 2003	86
	001028633	NORTHEAST RESCUE SQUAD		
	001031031	DUE WEST RESCUE, INC.		
	001031237	COUCHTON FIRE RESCUE		
	001034038	BARNWELL COUNTY NURSING HOME		
	100000006	AIKEN COUNTY DSN BOARD	Mar 14, 2003	72
	100000016	JASPER COUNTY DSN BOARD	Mar 06, 2003	64
	100000025	ANDERSON COUNTY DSN BOARD	Mar 13, 2003	71
	100000039	HILTON HEAD NO 1 PUBLIC SERVICE DIST	Mar 18, 2003	76
	100000042	LOWCOUNTRY AND RESORT ISLANDS TO	Mar 13, 2003	71
	100000044	BREEZY HILL WATER & SEWER	Mar 27, 2003	85
	100000049	PIONEER RURAL WATER DISTRICT	Mar 06, 2003	64
	100000065	PICKENS COUNTY DSN BOARD	Mar 12, 2003	70
	100000077	SENIOR SOLUTIONS	Mar 21, 2003	79
	100000087	GLEAMS HUMAN RESOURCE COMMISSIOI	Mar 07, 2003	65
	100000089	SUNBELT HUMAN ADVANCEMENT	Mar 13, 2003	71
	100000109	HAMPTON COUNTY DSN BOARD	Mar 24, 2003	82
	100000114	SLATER WATER SEWER & LIGHT DISTRIC	Mar 24, 2003	82
	100000117	EDGEFIELD SENIOR CITIZENS	Mar 28, 2003	86
	100000125	PICKENS COUNTY SENIORS UNLIMITED	Mar 27, 2003	85
	100429473	DONALDSON DEVELOPMENT COMMISSIO	Mar 24, 2003	82
	100536040	EDGEFIELD COUNTY WATER & SEWER AI	Mar 07, 2003	65
	100630748	GREENVILLE COUNTY LIBRARY	Mar 06, 2003	64
	100631253	ANDERSON COUNTY LIBRARY	Mar 20, 2003	78
	100631291	ALLENDALE-HAMPTON-JASPER REG LIBR	Mar 13, 2003	71
	100631459	BARNWELL COUNTY CAREER CENTER	Mar 25, 2003	83
	100632430	CENTRAL MIDLANDS COUNCIL OF GOVER	Mar 25, 2003	83
	100641216	HOMELAND PARK WATER & SEWER DISTI	Mar 24, 2003	82
	100641223	GREATER GREENVILLE SANITATION COM	Mar 06, 2003	64
	100641226	WOODRUFF-ROEBUCK WATER DISTRICT	Mar 04, 2003	62
	100641448	BEAUFORT-JASPER COUNTY WATER & SI	Mar 04, 2003	62
	100641492	GREENWOOD METROPOLITAN DISTRICT	Mar 06, 2003	64
	100641505	APPALACHIAN COUNCIL OF GOVERNMEN	Mar 27, 2003	85

S. C. State Accident Fund

Policy Audit Information for Policy Period Ending 1/1/2003

Auditor	Policy Number and Name		Date Audit Entered	Days to Audit
array, Warren				
	100641515	GREENWOOD REGIONAL LIBRARY	Mar 07, 2003	65
	100641528	MARIETTA WATER & SANITATION DISTRIC	Mar 26, 2003	84
	100641547	SOUTH ISLAND PUBLIC SERVICE DISTRIC	Mar 24, 2003	82
	100641553	GREENVILLE CO COMM ALCOHOL & DRU	Mar 28, 2003	86
	100641565	PIEDMONT PARK FIRE DISTRICT	Mar 06, 2003	64
	100641583	BOILING SPRINGS FIRE DISTRICT	Mar 07, 2003	65
	100641610	DUNCAN CHAPEL FIRE DISTRICT	Mar 19, 2003	77
	100641620	AIKEN COUNTY COMM ON ALCOHOL & DR	Mar 26, 2003	84
	100641631	EMERALD CENTER MULTI COUNTY DSN B	Mar 07, 2003	65
	100641634	PICKENS ALCOHOL & DRUG ABUSE COMM	Mar 13, 2003	71
	100641648	NORTH GREENVILLE FIRE DISTRICT		
	100641658	BEREA PUBLIC SERVICE DISTRICT	Mar 28, 2003	86
	100641664	BLUFFTON AREA FIRE COMMISSION	Mar 06, 2003	64
	100641674	BARNWELL COUNTY COMMON ALCOHOL	Mar 07, 2003	65
	100641676	MONTMORENCI VFD	Mar 26, 2003	84
	100641677	GREENWOOD-EDGEFIELD-MCCORMICK C	Mar 21, 2003	79
	100641679	FRIPP ISLAND PUBLIC SERVICE DISTRICT	Mar 26, 2003	84
	100643069	EAST RICHLAND COUNTY PUBLIC SERVIC	Mar 26, 2003	84
	100677029	SOUTH GREENVILLE FIRE DISTRICT	Mar 13, 2003	71
	100677034	DEFENDER CORPORATION OF GREENVIL	Mar 07, 2003	65
	100677043	METROPOLITAN SEWER SUB DISTRICT	Mar 12, 2003	70
	100677049	OCONEE COUNTY SEWER COMMISSION	Mar 07, 2003	65
	100677066	ANDERSON-OCONEE BEHAVIORAL HEALT	Mar 07, 2003	65
	100677069	LOWCOUNTRY RTA	Mar 06, 2003	64
	101001536	CLEAR SPRING FIRE AND RESCUE	Mar 07, 2003	65
	106001755	DONALDSON CENTER FIRE SERVICE ARE	Mar 18, 2003	76
	110008623	GENERATIONS UNLIMITED	Mar 07, 2003	65
	110023378	SLATER-MARIETTA FIRE DISTRICT	Mar 18, 2003	76
	110034611	SANDY SPRINGS WATER COMPANY	Mar 18, 2003	76
	110035008	OCONEE COUNTY DSN BOARD	Mar 21, 2003	79
	200000019	TOWN OF SALEM	Mar 19, 2003	77
	200000037	ANDERSON HOUSING AUTHORITY	Feb 26, 2003	56
	200000039	BLUE RIDGE RURAL WATER COMPANY	Mar 13, 2003	71
	200000040	GREENWOOD HOUSING AUTHORITY	Mar 28, 2003	86
	200000044	TOWN OF NORRIS	Mar 13, 2003	71
	200000049	AIKEN HOUSING AUTHORITY	Mar 17, 2003	75
	200000051	GREENVILLE WATER SYSTEM	Mar 06, 2003	64
	200540653	GREENVILLE HOUSING AUTHORITY	Mar 07, 2003	65
	200614061	CITY OF COLUMBIA HOUSING AUTHORITY	Mar 24, 2003	82
	200641011	TOWN OF EDGEFIELD	Mar 06, 2003	64
	200641012	TOWN OF HONEA PATH	Mar 21, 2003	79
	200641049	TOWN OF PENDLETON	Mar 27, 2003	85
	200641090	TOWN OF ALLENDALE	Mar 04, 2003	62
	200641091	CITY OF BARNWELL	Mar 19, 2003	77
	200641097	TOWN OF MCCORMICK	Mar 06, 2003	64
	200641215	TOWN OF RIDGELAND	Mar 04, 2003	62
	200641235	TOWN OF BRUNSON	Mar 27, 2003	85
	200641238	TOWN OF TRENTON	Mar 11, 2003	69
	200641249	TOWN OF PELZER	Mar 19, 2003	77

S. C. State Accident Fund

Policy Audit Information for Policy Period Ending 1/1/2003

Auditor	Policy Number and Name		Date Audit Entered	Days to Audit
Farray, Warren				
	200641250	TOWN OF HARDEEVILLE	Mar 26, 2003	84
	200641316	TOWN OF OLAR	Mar 13, 2003	71
	200641359	TOWN OF JOHNSTON	Mar 13, 2003	71
	200641421	NEW ELLENTON PUBLIC WORKS COMMIS	Mar 06, 2003	64
	200641479	BEAUFORT HOUSING AUTHORITY	Mar 24, 2003	82
	200641507	MCCORMICK COMMISSIONERS OF PUBLIC	Mar 06, 2003	64
	200641561	CITY OF FOUNTAIN INN	Mar 06, 2003	64
	200641574	TOWN OF DUE WEST	Mar 28, 2003	86
	200641641	TOWN OF WAGENER		
	200642034	TOWN OF BLUFFTON	Mar 14, 2003	72
	200677067	TOWN OF GRAY COURT		
	201007257	TOWN OF WEST UNION	Mar 19, 2003	77

Policy Count 110 **Policies With Audits Less Than 180 Days** 97 **Percent Less Than 180 days** 88

S. C. State Accident Fund

Policy Audit Information for Policy Period Ending 1/1/2003

Auditor	Policy Number and Name		Date Audit Entered	Days to Audit
Menie, Al				
	001005230	LYMO-WACCAMAW REGIONAL TRANSPOF	Mar 28, 2003	86
	001006634	UNA FIRE DEPARTMENT	Mar 28, 2003	86
	001007434	MCCOLL EMS AND RESCUE 5 INC	Jan 03, 2003	2
	001008234	MARLBORO COUNTY RESCUE SQUAD INC	Mar 21, 2003	79
	001009638	ARKWRIGHT FIRE DEPT	Mar 27, 2003	85
	001011030	OLDE ENGLISH DISTRICT COMMISSION	Mar 25, 2003	83
	001020031	BOILING SPRINGS FIRE DEPT	Feb 25, 2003	55
	001023834	LAURENS COUNTY DSN BOARD		
	001025636	NORTH SPARTANBURG AREA FIRE & REC		
	001027439	DARLINGTON COUNTY DSN BOARD		
	001028839	THE CHARLES LEA CENTER		
	001032236	LANCASTER COUNTY CHILDREN'S COUNC		
	001032833	CHESTER COUNTY RESCUE SQUAD		
	001034635	FORT MILL RESCUE SQUAD		
	001035233	PACOLET MILLS RESCUE SQUAD		
	100000008	OLD 96 DISTRICT TOURISM COMMISSION	Mar 28, 2003	86
	100000020	DARLINGTON COUNTY COMM ACTION AG	Mar 28, 2003	86
	100000028	HILLTOP AREA VFD	Mar 28, 2003	86
	100000029	MARLBORO COUNTY DSN		
	100000072	SPARTANBURG MEMORIAL AUDITORIUM	Mar 28, 2003	86
	100000080	HICKORY GROVE LIFE SAVING SQUAD	Feb 20, 2003	50
	100000090	BUFFALO VFD	Mar 21, 2003	79
	100000091	CHESTER/LANCASTER DSN		
	100000092	WILLIAMSBURG COUNTY DSN	Mar 21, 2003	79
	100000101	WESTVIEW-FAIRFOREST FIRE & EMS RES		
	100000106	PACOLET FIRE DEPARTMENT	Mar 28, 2003	86
	100000116	DARLINGTON COUNTY COUNCIL ON AGIN	Mar 21, 2003	79
	100000129	PEE DEE TOURISM COMMISSION	Mar 28, 2003	86
	100000131	VITAL AGING	Mar 21, 2003	79
	100493791	SENIOR CITIZENS ASSOCIATION OF FLOR	Mar 21, 2003	79
	100536021	LIBERTY-CHESNEE-FINGERVILLE WATER		
	100631155	CHEROKEE COUNTY PUBLIC LIBRARY	Mar 28, 2003	86
	100631411	YORK COUNTY LIBRARY SYSTEM	Feb 11, 2003	41
	100641453	CHESTER METROPOLITAN DISTRICT	Mar 28, 2003	86
	100641490	PEE DEE REGIONAL COUNCIL OF GOVERI	Mar 28, 2003	86
	100641504	CATAWBA REGIONAL COUNCIL OF GOVEI	Mar 21, 2003	79
	100641525	FLORENCE CITY/COUNTY BUILDING COMI	Mar 28, 2003	86
	100641534	IRMO CHAPIN RECREATION COMMISSION	Feb 20, 2003	50
	100641645	GRAND STRAND WATER & SEWER AUTHC		
	100641660	CHEROKEE RECREATION DISTRICT	Feb 20, 2003	50
	100662166	MARION COUNTY COUNCIL ON AGING		
	100677046	COUNSELING SERVICES OF LANCASTER	Mar 21, 2003	79
	100677061	DILLON-MARION COMM ALCOHOL & DRUG	Mar 28, 2003	86
	101004212	GEORGETOWN COUNTY WATER & SEWEI	Mar 28, 2003	86
	101006895	MARION COUNTY BOARD OF EDUCATION	Feb 20, 2003	50
	105401351	REGIONAL HOUSING AUTHORITY #1	Feb 21, 2003	51
	106143272	COLUMBIA HOUSING AUTHORITY (CHAD)	Mar 25, 2003	83
	106311006	MARLBORO COUNTY COUNCIL ON AGING	Mar 28, 2003	86
	110001303	BOYS HOME OF YORK CC	Mar 28, 2003	86

S. C. State Accident Fund

Policy Audit Information for Policy Period Ending 1/1/2003

Auditor	Policy Number and Name		Date Audit Entered	Days to Audit
Aenie, Al				
	110005584	GRASSY POND VFD	Feb 26, 2003	56
	110022223	RICHLAND LEXINGTON DSN BOARD	Feb 18, 2003	48
	110026776	MURRELLS INLET GARDEN CITY FIRE DEF	Mar 28, 2003	86
	110029067	SALEM COMMUNITY WATERSHED CONSE	Mar 21, 2003	79
	110029513	ENOREE VFD	Feb 21, 2003	51
	110031160	ASBURY REHOBOTH VFD	Feb 20, 2003	50
	110033934	NORTH MYRTLE BEACH RESCUE SQUAD	Mar 21, 2003	79
	110034725	CHEROKEE ALCOHOL & DRUG ABUSE	Mar 21, 2003	79
	110034789	SHORELINE BEHAVIORAL HEALTH SERVIC	Mar 28, 2003	86
	200000052	CITY OF WELLFORD	Feb 20, 2003	50
	200000055	TOWN OF PAMPLICO		
	200000059	TOWN OF PAWLEYS ISLAND	Feb 26, 2003	56
	200000061	GAFFNEY HOUSING AUTHORITY	Feb 20, 2003	50
	200540535	SPARTANBURG HOUSING AUTHORITY	Mar 21, 2003	79
	200641180	CITY OF LORIS	Mar 21, 2003	79
	200641267	TOWN OF BLACKSBURG	Mar 28, 2003	86
	200641292	TOWN OF JEFFERSON		
	200641480	TOWN OF LYMAN		
	200641543	BENNETTSVILLE HOUSING AUTHORITY	Mar 28, 2003	86
	200641587	TOWN OF JONESVILLE		
	200642101	TOWN OF ATLANTIC BEACH	Mar 28, 2003	86
	205405918	ROCK HILL HOUSING AUTHORITY		
	205408553	CONWAY HOUSING AUTHORITY	Mar 21, 2003	79
	210006293	TOWN OF LANE	Mar 28, 2003	86

Policy Count 73 Policies With Audits Less Than 180 Days 54 Percent Less Than 180 days 74

Policy Count 259 Policies With Audits Less Than 180 Days 215 Percent Less Than 180 days 83

S. C. State Accident Fund

Policy Audit Information for Policy Period Ending 7/1/2002

Auditor	Policy Number and Name		Date Audit Entered	Days to Audit
Boles, Chris				
	001000611	USC SCHOOL OF MEDICINE--STUDENTS	Oct 28, 2002	119
	001000629	B&C-OFFICE GENERAL SERVICES-SFM	Dec 12, 2002	164
	001000850	B&C-OFFICE OF ENERGY	Dec 12, 2002	164
	001000868	B&C-OFFICE BUDGET & ANALYSIS DIREC		
	001003433	DJJ YOUTH INDUSTRIES PROGRAM	Sep 20, 2002	81
	001008432	MEDICAL UNIVERSITY HOSPITAL AUTHOF	Oct 28, 2002	119
	001019835	EDUCATION LOTTERY COMMISSION	Oct 29, 2002	120
	300000012	PROCUREMENT REVIEW PANEL	Sep 20, 2002	81
	300000044	USC APPRENTICE STUDENTS	Oct 28, 2002	119
	300000045	DJJ SHELTERED WORKSHOP PROGRAM	Sep 20, 2002	81
	300631014	MEDICAL UNIVERSITY OF SOUTH CAROLI	Oct 28, 2002	119
	300631015	UNIVERSITY OF SOUTH CAROLINA	Oct 28, 2002	119
	300631016	THE CITADEL	Sep 20, 2002	81
	300631178	WIL LOU GRAY OPPORTUNITY SCHOOL	Sep 20, 2002	81
	300631514	UNIVERSITY OF CHARLESTON	Dec 20, 2002	172
	300641104	DEPT OF MENTAL HEALTH	Dec 12, 2002	164
	300641112	FORESTRY COMMISSION	Sep 20, 2002	81
	300641117	DEPT OF REVENUE & TAXATION	Dec 12, 2002	164
	300641167	B&C-RETIREMENT SYSTEM	Dec 12, 2002	164
	300641183	DEPT OF DSN	Sep 20, 2002	81
	300641239	B&C-OFFICE STATE BUDGET	Dec 12, 2002	164
	300641361	ATTORNEY GENERAL'S OFFICE	Oct 28, 2002	119
	300641364	B&C-CONFEDERATE RELIC ROOM	Dec 12, 2002	164
	300641383	HIGHER EDUCATION COMMISSION	Sep 20, 2002	81
	300641482	ELECTION COMMISSION	Sep 20, 2002	81
	300641529	JUVENILE JUSTICE DEPT	Nov 18, 2002	140
	300641538	PATRIOTS POINT DEVELOPMENT AUTHOF	Nov 18, 2002	140
	300641597	B&C-OFFICE GENERAL SERVICES	Dec 12, 2002	164
	300641598	B&C-HUMAN RESOURCE-TEMPO	Dec 12, 2002	164
	300641599	B&C-OFFICE RESEARCH & STATISTICS	Dec 12, 2002	164
	300641622	STATE ETHICS COMMISSION	Sep 20, 2002	81
	300642085	STATE LAW ENFORCEMENT DIVISION	Oct 28, 2002	119
	300677037	B&C-OFFICE EXECUTIVE DIRECTOR ADMI	Dec 12, 2002	164
	300677073	STATE HOUSING AUTHORITY	Sep 20, 2002	81
	301006352	B&C-OFFICE CHIEF INFORMATION OFFICI	Dec 12, 2002	164
	310010328	HIGHER EDUCATION TUITION GRANTS	Sep 20, 2002	81
	310010334	SEA GRANT CONSORTIUM	Sep 20, 2002	81
	310014697	B&C BOARD-DIV. INTERNAL OPS.	Dec 12, 2002	164
	310030506	B&C-OFFICE LOCAL GOVERNMENT	Dec 12, 2002	164
	310033563	B&C-OFFICE ECONOMIC ADVISORS	Dec 12, 2002	164
	310033565	B&C-OFFICE INSURANCE RESERVE FUND	Dec 12, 2002	164

Policy Count 41 Policies With Audits Less Than 180 Days 40 Percent Less Than 180 days 98

S. C. State Accident Fund

Policy Audit Information for Policy Period Ending 7/1/2002

Auditor	Policy Number and Name		Date Audit Entered	Days to Audit
Farray, Warren				
	001000652	DSS-FOOD STAMP RECIPIENTS	Oct 04, 2002	95
	~~001015031~~	~~FIRST STEPS TO SCHOOL READINESS~~		
	001018837	VOC REHAB CLIENTS-HARTSVILLE	Sep 26, 2002	87
	001030434	EDUCATION OVERSIGHT COMMITTEE	Oct 01, 2002	92
	100641433	GREENVILLE-SPARTANBURG AIRPORT C(	Oct 09, 2002	100
	100641514	LOWCOUNTRY COUNCIL OF GOVERNMEN	Oct 18, 2002	109
	300000041	ADMINISTRATIVE LAW JUDGES	Aug 22, 2002	52
	300000046	MINORITY AFFAIRS COMMISSION	Oct 01, 2002	92
	300631123	JOHN DE LA HOWE SCHOOL	Aug 23, 2002	53
	300631195	LANDER UNIVERSITY	Oct 04, 2002	95
	300641105	EMPLOYMENT SECURITY COMMISSION	Oct 07, 2002	98
	300641106	DEPT OF LABOR LICENSING & REGULATIC	Oct 09, 2002	100
	300641119	DEPT OF NATURAL RESOURCES	Oct 03, 2002	94
	300641121	DEPT OF HEALTH & ENVIRONMENTAL CO	Oct 03, 2002	94
	300641122	DEPT OF SOCIAL SERVICES	Oct 03, 2002	94
	300641142	TREASURERS OFFICE	Oct 01, 2002	92
	300641156	PROBATION, PAROLE & PARDON BOARD	Oct 10, 2002	101
	300641159	DEPT OF ARCHIVES & HISTORY	Oct 08, 2002	99
	300641164	STATE LEGISLATIVE COUNCIL	Oct 01, 2002	92
	300641171	DEPT OF AGRICULTURE	Oct 01, 2002	92
	300641175	DEPT OF INSURANCE	Oct 01, 2002	92
	300641185	SC STATE UNIVERSITY	Dec 13, 2002	165
	300641370	STATE LIBRARY	Oct 01, 2002	92
	300641416	VOCATIONAL REHABILITATION DEPARTMI	Sep 24, 2002	85
	300641427	EDUCATIONAL TELEVISION NETWORK	Oct 01, 2002	92
	300641462	DEPT OF PARKS RECREATION & TOURISM	Oct 03, 2002	94
	300641530	THE SENATE	Oct 01, 2002	92
	300641557	ARTS COMMISSION	Oct 10, 2002	101
	300641592	GOV'S OFFICE OF EXEC POLICY & PROGF	Oct 15, 2002	106
	300641593	GOV'S OFFICE OF EXEC CONTROL OF ST,	Oct 15, 2002	106
	300641594	GOV'S OFFICE MANSION & GROUNDS	Oct 15, 2002	106
	306311373	DSS-WORK EXPERIENCE PROGRAM	Jul 19, 2002	18
	310008148	PROBATION, PAROLE & PARDON PUBLIC	Oct 15, 2002	106
	310009744	JOBS ECONOMIC DEVELOPMENT AUTHOI	Oct 03, 2002	94
	310010335	STATE FINANCIAL INSTITUTIONS BOARD	Oct 01, 2002	92
	310020089	RESEARCH AUTHORITY	Oct 01, 2002	92
	310029510	MEDICAL MALPRACTICE PATIENTS COMP	Oct 01, 2002	92
	310030540	LEG PRINT, INF & TECH SYSTEMS	Oct 07, 2002	98
	373001003	VOC REHAB CLIENTS-AIKEN	Sep 27, 2002	88
	373001102	VOC REHAB CLIENTS-ANDERSON	Sep 27, 2002	88
	373001202	VOC REHAB CLIENTS-CHARLESTON	Sep 27, 2002	88
	373001302	VOC REHAB CLIENTS-LEXINGTON	Sep 27, 2002	88
	373001402	VOC REHAB CLIENTS-CONWAY	Sep 26, 2002	87
	373001502	VOC REHAB CLIENTS-FLORENCE	Sep 26, 2002	87
	373001602	VOC REHAB CLIENTS-GAFFNEY	Sep 26, 2002	87
	373001702	VOC REHAB CLIENTS-GREENVILLE	Sep 24, 2002	85
	373001802	VOC REHAB CLIENTS-GREENWOOD	Sep 24, 2002	85
	373002002	VOC REHAB CLIENTS-ORANGEBURG	Sep 26, 2002	87
	373002102	VOC REHAB CLIENTS-ROC - 141 -	Sep 24, 2002	85

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Policy Audit Information for Policy Period Ending 7/1/2002

Auditor	Policy Number and Name		Date Audit Entered	Days to Audit
Farray, Warren				
	373002202	VOC REHAB CLIENTS-SPARTANBURG	Sep 26, 2002	87
	373002302	VOC REHAB CLIENTS-SUMTER	Aug 28, 2002	58
	373002402	VOC REHAB CLIENTS-WALTERBORO	Sep 24, 2002	85
	373002602	VOC REHAB CLIENTS-LAURENS	Sep 24, 2002	85
	373002702	VOC REHAB CLIENTS-MARLBORO	Sep 24, 2002	85
	373002802	VOC REHAB CLIENTS-CAMDEN	Sep 30, 2002	91
	373002902	VOC REHAB CLIENTS-LANCASTER	Sep 30, 2002	91
	373003002	VOC REHAB CLIENTS-BEAUFORT	Sep 26, 2002	87
	373003102	VOC REHAB CLIENTS-OCONEE	Sep 24, 2002	85
	373003202	VOC REHAB CLIENTS-BERKELEY/DORCHE	Sep 27, 2002	88

Policy Count 59 **Policies With Audits Less Than 180 Days** 58 **Percent Less Than 180 days** 98

S. C. State Accident Fund

Policy Audit Information for Policy Period Ending 7/1/2002

Auditor	Policy Number and Name		Date Audit Entered	Days to Audit
Menie, Al				
	001005446	TRANSPORTATION INFRASTRUCTURE BA	Jul 19, 2002	18
	300000004	DOC-ECONOMIC DEVELOPMENT COUNCIL	Oct 18, 2002	109
	300000022	PROSECUTION COORDINATION COMMISS	Oct 18, 2002	109
	300000025	SENTENCING GUIDLINES COMMISSION	Oct 22, 2002	113
	300000026	DEPT OF PUBLIC SAFETY	Oct 18, 2002	109
	300000029	BUSINESS CAROLINA INC	Oct 28, 2002	119
	300000031	COASTAL CAROLINA UNIVERSITY	Oct 18, 2002	109
	300000039	DEPT OF TRANSPORTATION	Oct 22, 2002	113
	300000040	INDIGENT DEFENSE COMMISSION	Oct 18, 2002	109
	300000042	DOC-COMMUNITY GRANTS	Oct 18, 2002	109
	300607351	SC BAR	Oct 17, 2002	108
	300631012	CLEMSON UNIVERSITY	Oct 18, 2002	109
	300631038	SCHOOL FOR THE DEAF & BLIND	Oct 17, 2002	108
	300631083	WINTHROP UNIVERSITY	Oct 22, 2002	113
	300631471	COMMISSION FOR THE BLIND	Oct 17, 2002	108
	300631475	FRANCIS MARION UNIVERSITY	Oct 22, 2002	113
	300641054	WORKERS COMPENSATION COMMISSION	Oct 22, 2002	113
	300641110	DEPT OF EDUCATION	Oct 18, 2002	109
	300641178	PUBLIC SERVICE COMMISSION	Oct 22, 2002	113
	300641194	COMPTROLLER GENERAL'S OFFICE	Oct 17, 2002	108
	300641195	DOC-DEPT OF COMMERCE	Oct 18, 2002	109
	300641198	JUDICIAL DEPARTMENT	Oct 17, 2002	108
	300641264	DEPT OF EDUCATION-TRANSPORTATION	Nov 25, 2002	147
	300641371	LIEUTENANT GOVERNOR'S OFFICE	Oct 17, 2002	108
	300641374	SECRETARY OF STATE'S OFFICE	Oct 22, 2002	113
	300641436	DEPT OF ALCOHOL & DRUG ABUSE SERV	Oct 17, 2002	108
	300641438	STATE BOARD FOR TECH & COMP ED	Oct 22, 2002	113
	300641537	STATE ACCIDENT FUND	Oct 17, 2002	108
	300641567	DEPT OF CONSUMER AFFAIRS	Oct 18, 2002	109
	300641579	HOUSE OF REPRESENTATIVES	Oct 22, 2002	113
	300641602	LEGISLATIVE AUDIT COUNCIL	Oct 22, 2002	113
	300641626	HUMAN AFFAIRS COMMISSION	Oct 18, 2002	109
	300641627	SECOND INJURY FUND	Oct 22, 2002	113
	300641651	MUSEUM COMMISSION	Oct 22, 2002	113
	300677076	APPELLATE DEFENSE	Sep 20, 2002	81
	301005261	STATE HEALTH & HUMAN SERVICES	Dec 03, 2002	155
	301005412	STATE AUDITORS OFFICE	Oct 17, 2002	108

Policy Count 37 **Policies With Audits Less Than 180 Days** 37 **Percent Less Than 180 days** 100

Policy Count 137 **Policies With Audits Less Than 180 Days** 135 **Percent Less Than 180 days** 99

S. C. State Accident Fund

Policy Audit Information for Policy Period Ending 1/1/2002

Auditor	Policy Number and Name		Date Audit Entered	Days to Audit
Boles, Chris				
	001000405	FORTY-ONE VFD	Sep 10, 2002	252
	001003227	CASSATT WATER COMPANY	Aug 09, 2002	220
	001003631	KERSHAW COUNTY DSN	Oct 24, 2002	296
	001005636	LYNCHBURG-ELLIOTT CHILD DEVELOPME	Dec 23, 2002	356
	001006030	GOOSE CREEK RECREATION	Jul 11, 2002	191
	001007632	TOWN OF PINERIDGE	Feb 04, 2002	34
	001007830	CHARLESTON RTA	Sep 13, 2002	255
	001010438	LAMAR FIREMEN'S RESCUE SQUAD	Feb 04, 2002	34
	001011634	CITY OF SUMTER	Jul 09, 2002	189
	001011832	LINCOLNVILLE VOLUNTEER RESCUE SQU	Aug 09, 2002	220
	001012236	ORANGEBURG COUNTY DSN	Jul 15, 2002	195
	001013432	HUGER RURAL FIRE DEPARTMENT	Jul 11, 2002	191
	001014430	GIVHANS FIRE DEPT	Jul 11, 2002	191
	001014638	GILBERT-SUMMIT RURAL WATER DISTRIC	Jul 11, 2002	191
	001014836	LYNCHBURG RESCUE SQUAD	May 30, 2002	149
	001017839	GEORGETOWN COUNCIL ON AGING	Sep 10, 2002	252
	001018233	CHARLESTON COUNTY HUMAN SERVICES	Aug 09, 2002	220
	001018431	BAMBERG RESCUE SQUAD INC	Sep 10, 2002	252
	001018639	PHOENIX CENTER	Jul 15, 2002	195
	100000001	PINE RIDGE FIRE DEPARTMENT	Sep 10, 2002	252
	100000003	LEBANON RURAL VFD	Aug 27, 2002	238
	100000005	WHITESVILLE RURAL FIRE DEPARTMENT	Sep 10, 2002	252
	100000007	COLLETON COUNTY DSN BOARD	Jul 09, 2002	189
	100000011	HARLEYVILLE RURAL FIRE DEPT STD	Jul 11, 2002	191
	100000015	ALVIN RURAL VFD	Feb 04, 2002	34
	100000017	JAMESTOWN RURAL FIRE DEPT	Aug 27, 2002	238
	100000026	GROVER RURAL VFD	Aug 27, 2002	238
	100000031	SUMTER COUNTY DSN	Jul 11, 2002	191
	100000032	THE ALPHA CENTER	Jul 16, 2002	196
	100000038	CORDESVILLE RURAL VFD	Jul 11, 2002	191
	100000048	MONCKS CORNER RURAL FIRE DEPARTM	Jul 12, 2002	192
	100000056	SUMTER SENIOR SERVICES	Jul 16, 2002	196
	100000068	REEVESVILLE VFD	Jul 15, 2002	195
	100000070	PINEVILLE-RUSSELLVILLE VFD	Aug 27, 2002	238
	100000071	INDIAN FIELD FIRE DEPT	Aug 06, 2002	217
	100000073	OLANTA RURAL FIRE DEPARTMENT	Nov 12, 2002	315
	100000074	CALHOUN COUNTY DSN BOARD	Jul 09, 2002	189
	100000076	BERKELEY COUNTY RESCUE SQUAD	Jul 09, 2002	189
	100000096	IRMO FIRE DISTRICT	Aug 27, 2002	238
	100000105	BUFFALO MT PISGAH FIRE DEPT	Jul 09, 2002	189
	100000107	CHARLESTON NAVAL COMPLEX REDEVEL	Aug 27, 2002	238
	100000118	CLARENDON COUNTY COUNCIL ON AGIN(	Aug 27, 2002	238
	100000119	SENIOR RESOURCES, INC	Jul 16, 2002	196
	100000120	DORCHESTER SENIORS INC	Jul 11, 2002	191
	100000121	NEWBERRY COUNCIL ON AGING	Jul 15, 2002	195
	100000122	BERKELEY, CHARLESTON, DORCHESTER	Jul 09, 2002	189
	100000124	KENNEDY CENTER	Aug 27, 2002	238
	100000128	SALUDA COUNCIL ON AGING	Jul 16, 2002	196
	100000132	CLARENDON COUNTY DSN	Aug 06, 2002	217

S. C. State Accident Fund

Policy Audit Information for Policy Period Ending 1/1/2002

Auditor	Policy Number and Name		Date Audit Entered	Days to Audit
Boles, Chris				
	100000135	CROSS RURAL FIRE DEPT	Sep 10, 2002	252
	100000136	KERSHAW COUNTY COUNCIL ON AGING	Aug 09, 2002	220
	100000138	SOUTH SANTEE COMMUNITY CENTER	Jul 16, 2002	196
	100000139	LEE COUNTY COUNCIL ON AGING	Jul 12, 2002	192
	100000140	CARLISLE VFD	Nov 25, 2002	328
	100000141	FORT MOTTE VFD	Jul 11, 2002	191
	100475113	RICHLAND LEXINGTON AIRPORT DISTRIC	Jul 09, 2002	189
	100493775	COLLETON COUNTY COUNCIL ON AGING I	Jul 11, 2002	191
	100631634	CHARLESTON COUNTY AVIATION AUTHOI	Jul 11, 2002	191
	100641069	NORTH CHARLESTON SEWER DISTRICT	Aug 09, 2002	220
	100641221	ST ANDREWS PUBLIC SERVICE DISTRICT	Jul 09, 2002	189
	100641461	RICHLAND COUNTY RECREATION COMMI:	Jul 09, 2002	189
	100641487	RIVERBANKS PARK COMMISSION	Jul 15, 2002	195
	100641510	LEXINGTON CO RECREATION & AGING CC	Aug 09, 2002	220
	100641516	SUMTER COUNTY LIBRARY	Aug 29, 2002	240
	100641539	SUMTER COUNTY ALCOHOL & DRUB ABU:	Jul 11, 2002	191
	100641584	CHARLESTON COUNTY PARKS & RECREA	Aug 09, 2002	220
	100641585	BAMBERG COUNTY OFFICE ON AGING	Jul 09, 2002	189
	100641605	CLARENDON COMM ON ALCOHOL & DRUC	Jul 11, 2002	191
	100641607	SALUDA ALCOHOL & DRUG ABUSE COMM	Aug 27, 2002	238
	100641618	FAIRFIELD BEHAVIOR HEALTH SERVICES	Aug 06, 2002	217
	100641623	FAIRFIELD COUNTY LIBRARY	Jul 11, 2002	191
	100641628	HARVIN CLARENDON PUBLIC LIBRARY	Jul 11, 2002	191
	100641630	CHARLESTON CO HOUSING & REDEVELO	Jul 11, 2002	191
	100641657	BERKELEY CHARLESTON DORCHESTER (	Jul 09, 2002	189
	100677011	LUGOFF FIRE DEPARTMENT	Aug 06, 2002	217
	100677033	SANTEE WATEREE RTA	Mar 19, 2002	77
	100677051	RICHLAND COUNTY PUBLIC DEFENDER	Jul 15, 2002	195
	100677058	ST ANDREWS PARISH PARKS & PLAYGRC	Jul 09, 2002	189
	100677065	DORCHESTER COUNTY LIBRARY	Jul 11, 2002	191
	100677072	GEORGETOWN CO ALCOHOL & DRUG AB	Jul 11, 2002	191
	100677087	YORK COUNTY DSN	Aug 27, 2002	238
	100677090	SANDY RUN CALHOUN FIRE DISTRICT	Sep 10, 2002	252
	101005411	FAIRFIELD COUNTY COUNCIL ON AGING	Aug 09, 2002	220
	101006883	LEE COUNTY DSN BOARD	Jul 12, 2002	192
	101008492	DORCHESTER COUNTY COMM ON ALCOH	Jul 11, 2002	191
	105404045	JAMES ISLAND PUBLIC SERVICE DISTRIC	Apr 02, 2002	91
	106063028	SANTEE LYNCHES COUNCIL OF GOVERNI	Jul 16, 2002	196
	106163138	ORANGEBURG COUNTY COUNCIL ON AGI	Aug 27, 2002	238
	110004475	BAMBERG COUNTY DSN BOARD	Sep 18, 2002	260
	110005759	DISABILITY BOARD OF CHARLESTON COL	Jul 11, 2002	191
	110006272	NEWBERRY COUNTY WATER & SEWER A	Jul 15, 2002	195
	110010925	GEORGETOWN COUNTY DSN BOARD	Sep 10, 2002	252
	110019118	BELLEVILLE VFD	Jul 09, 2002	189
	110024873	MIDLANDS EMS	Aug 09, 2002	220
	110027921	CAROMI VFD	Sep 10, 2002	252
	110029515	SANDRIDGE VFD	Jul 16, 2002	196
	110029517	PIMLICO RURAL FIRE DEPARTMENT	Jul 15, 2002	195
	110031977	BONNEAU RURAL FIRE DEI	Sep 10, 2002	252

S. C. State Accident Fund

Policy Audit Information for Policy Period Ending 1/1/2002

Auditor	Policy Number and Name		Date Audit Entered	Days to Audit
Boles, Chris				
	110034410	SANTEE CIRCLE VFD	Sep 10, 2002	252
	110034563	CAW CAW VFD	Jul 11, 2002	191
	110034722	MACEDONIA VFD	Jul 12, 2002	192
	110035266	SHULERVILLE-HONEYHILL FIRE DEPARTM	Jun 12, 2002	162
	110035335	LEXINGTON COUNTY DEFENDER AGENCY	Jul 12, 2002	192
	110035420	JUMPER STATION VFD	Aug 27, 2002	238
	200000034	TOWN OF BOWMAN	Jul 09, 2002	189
	200000036	TOWN OF GASTON	Dec 23, 2002	356
	200000043	TOWN OF SPRINGFIELD	Aug 27, 2002	238
	200000045	ISLE OF PALMS WATER & SEWER	Jul 11, 2002	191
	200000048	TOWN OF PERRY WATER SYSTEM	Feb 28, 2002	58
	200000050	NORTH CHARLESTON HOUSING AUTHORI	Jul 15, 2002	195
	200000053	TOWN OF SEABROOK ISLAND	Jul 16, 2002	196
	200000057	TOWN OF ROWESVILLE	Oct 24, 2002	296
	200000063	TOWN OF CORDOVA	Jul 11, 2002	191
	200000064	TOWN OF KIAWAH ISLAND	Aug 27, 2002	238
	200536013	TOWN OF GREAT FALLS	Jun 28, 2002	178
	200614739	SUMTER HOUSING AUTHORITY	Jul 16, 2002	196
	200641018	SUMMERVILLE COMMISSION OF PUBLIC V	Jul 16, 2002	196
	200641030	TOWN OF HOLLY HILL	Aug 27, 2002	238
	200641036	TOWN OF PELION	Jul 11, 2002	191
	200641069	CHARLESTON HOUSING AUTHORITY	Sep 10, 2002	252
	200641071	TOWN OF ST MATTHEWS	Jul 16, 2002	196
	200641094	TOWN OF EHRHARDT	Oct 24, 2002	296
	200641140	TOWN OF LAMAR	Feb 12, 2002	42
	200641147	TOWN OF BRANCHVILLE	Jul 09, 2002	189
	200641163	TOWN OF ELLOREE	Sep 10, 2002	252
	200641165	CITY OF MANNING	Jul 12, 2002	192
	200641168	TOWN OF ST STEPHEN	Oct 24, 2002	296
	200641205	TOWN OF MAYESVILLE	Jul 12, 2002	192
	200641207	MT PLEASANT WATERWORKS	Jul 11, 2002	191
	200641208	TOWN OF PROSPERITY	Aug 27, 2002	238
	200641228	TOWN OF RIDGE SPRING	Jul 15, 2002	195
	200641230	TOWN OF LIVINGSTON	Jul 12, 2002	192
	200641231	TOWN OF CHAPIN	Aug 09, 2002	220
	200641237	TOWN OF CAMERON	Jul 11, 2002	191
	200641242	TOWN OF NORTH	Jul 12, 2002	192
	200641244	TOWN OF PINEWOOD	Jul 15, 2002	195
	200641246	TOWN OF SUMMERTON	Aug 06, 2002	217
	200641248	TOWN OF EUTAWVILLE	Aug 27, 2002	238
	200641252	TOWN OF GILBERT	Aug 27, 2002	238
	200641253	TOWN OF RIDGEVILLE	Oct 24, 2002	296
	200641254	TOWN OF MCBEE	Aug 06, 2002	217
	200641259	TOWN OF CARLISLE	Jul 11, 2002	191
	200641261	TOWN OF BATESBURG-LEESVILLE	Jul 09, 2002	189
	200641266	TOWN OF BETHUNE	Jul 09, 2002	189
	200641278	TOWN OF COTTAGEVILLE	Sep 10, 2002	252
	200641282	TOWN OF EASTOVER	Aug 27, 2002	238
	200641287	TOWN OF HARLEYVILLE	Jul 11, 2002	191

S. C. State Accident Fund

Policy Audit Information for Policy Period Ending 1/1/2002

Auditor	Policy Number and Name		Date Audit Entered	Days to Audit
Boles, Chris				
	200641291	TOWN OF IRMO	Jul 11, 2002	191
	200641300	TOWN OF LITTLE MOUNTAIN	Jul 12, 2002	192
	200641330	TOWN OF ST GEORGE	Oct 24, 2002	296
	200641333	TOWN OF SANTEE	Oct 24, 2002	296
	200641338	TOWN OF SMOAKS	Jul 16, 2002	196
	200641343	TOWN OF SWANSEA	Jul 11, 2002	191
	200641355	TOWN OF WILLIAMS	Jul 16, 2002	196
	200641357	TOWN OF WOODFORD	Jul 16, 2002	196
	200641401	TOWN OF SALUDA	Jul 15, 2002	195
	200641428	SALUDA COMMISSIONERS OF PUBLIC WC	Jul 16, 2002	196
	200641489	TOWN OF SPRINGDALE	Aug 06, 2002	217
	200641491	TOWN OF JAMESTOWN	Jul 11, 2002	191
	200641517	CITY OF NORTH CHARLESTON	Jul 15, 2002	195
	200641520	TOWN OF NORWAY	Jul 15, 2002	195
	200641541	WHITMIRE COMMISSION OF PUBLIC WOR	Jul 16, 2002	196
	200641566	TOWN OF ELGIN	Aug 27, 2002	238
	200641586	TOWN OF LINCOLNVILLE	Jul 11, 2002	191
	200641588	TOWN OF SOUTH CONGAREE	Jul 16, 2002	196
	200642004	TOWN OF WHITMIRE	Jul 09, 2002	189
	200642009	CITY OF FOLLY BEACH	Mar 19, 2002	77
	200642012	TOWN OF RIDGEWAY	Jul 11, 2002	191
	200642024	TOWN OF HEATH SPRINGS	Feb 04, 2002	34
	205408852	NEWBERRY HOUSING AUTHORITY	Aug 27, 2002	238
	205408929	GEORGETOWN HOUSING AUTHORITY	Jul 11, 2002	191
	210008147	BATESBURG-LEESVILLE DEPT OF PUBLIC	Jul 09, 2002	189
	210008622	TOWN OF NEESES	Jul 12, 2002	192
	210010688	TOWN OF BONNEAU	Jul 09, 2002	189
	210034720	TOWN OF RAVENEL	Aug 27, 2002	238
	210035178	TOWN OF HOLLYWOOD	Jul 11, 2002	191
	300476044	PORTS AUTHORITY	Sep 09, 2002	251

Policy Count 177 **Policies With Audits Less Than 180 Days** 12 **Percent Less Than 180 days** 7

S. C. State Accident Fund

Policy Audit Information for Policy Period Ending 1/1/2002

Auditor	Policy Number and Name		Date Audit Entered	Days to Audit
Farray, Warren				
	001009836	TOWN OF JACKSON	Jun 24, 2002	174
	001011436	PENDLETON AREA RESCUE	Jul 16, 2002	196
	001012038	TAYLORS FIRE & SEWER DISTRICT	Feb 14, 2002	44
	001013234	GRANITEVILLE-VAUCLUSE-WARRENVILLE	Feb 28, 2002	58
	001013838	JACKSON FIRST ALERT RESCUE SQUAD	Feb 06, 2002	36
	001014034	BEECH ISLAND VOLUNTEER FIRE DEPART	Jul 25, 2002	205
	001016633	SHELDON FIRE DISTRICT	Mar 08, 2002	66
	001017631	WILLIAMSTON RESCUE SQUAD	Sep 23, 2002	265
	001019231	CALHOUN FALLS RESCUE SQUAD	Nov 06, 2002	309
	001020635	PELZER RESCUE SQUAD	Mar 08, 2002	66
	001021039	BELVEDERE FIRE DISTRICT	Aug 07, 2002	218
	001021836	FORK RESCUE SQUAD	Mar 11, 2002	69
	001024236	EUREKA VFD	Aug 07, 2002	218
	100000006	AIKEN COUNTY DSN BOARD	Apr 17, 2002	106
	100000027	RIVER FALLS VFD	Feb 28, 2002	58
	100000039	HILTON HEAD NO 1 PUBLIC SERVICE DIST	Feb 28, 2002	58
	100000042	LOWCOUNTRY AND RESORT ISLANDS TO	Mar 13, 2002	71
	100000058	JASPER COUNTY AGING	Feb 14, 2002	44
	100000061	GREENVILLE ARENA DISTRICT	Mar 04, 2002	62
	100000065	PICKENS COUNTY DSN BOARD	Feb 28, 2002	58
	100000077	SENIOR SOLUTIONS	Apr 09, 2002	98
	100000085	TRANSITIONS INC	Mar 12, 2002	70
	100000087	GLEAMS HUMAN RESOURCE COMMISSIOI	Feb 13, 2002	43
	100000088	ASSOCIATION OF CONSERVATION DISTRI	Jun 13, 2002	163
	100000089	SUNBELT HUMAN ADVANCEMENT	Mar 18, 2002	76
	100000108	DUNKLIN FIRE DISTRICT	Aug 07, 2002	218
	100000109	HAMPTON COUNTY DSN BOARD	Mar 11, 2002	69
	100000112	AIKEN AREA COUNCIL ON AGING INC	Feb 14, 2002	44
	100000114	SLATER WATER SEWER & LIGHT DISTRIC	Apr 09, 2002	98
	100000117	EDGEFIELD SENIOR CITIZENS	Mar 12, 2002	70
	100000125	PICKENS COUNTY SENIORS UNLIMITED	Feb 28, 2002	58
	100493663	BEAUFORT COUNTY COUNCIL ON AGING	Feb 14, 2002	44
	100536040	EDGEFIELD COUNTY WATER & SEWER AU	Feb 28, 2002	58
	100631253	ANDERSON COUNTY LIBRARY	Feb 15, 2002	45
	100631291	ALLENDALE-HAMPTON-JASPER REG LIBR	Feb 15, 2002	45
	100631459	BARNWELL COUNTY CAREER CENTER	Mar 08, 2002	66
	100632430	CENTRAL MIDLANDS COUNCIL OF GOVER	Apr 09, 2002	98
	100641216	HOMELAND PARK WATER & SEWER DISTI	Feb 13, 2002	43
	100641223	GREATER GREENVILLE SANITATION COM	Feb 13, 2002	43
	100641226	WOODRUFF-ROEBUCK WATER DISTRICT	Apr 04, 2002	93
	100641433	GREENVILLE-SPARTANBURG AIRPORT CC	Feb 06, 2002	36
	100641434	RICHLAND COUNTY PUBLIC LIBRARY	Feb 15, 2002	45
	100641448	BEAUFORT-JASPER COUNTY WATER & SI	Mar 04, 2002	62
	100641477	PENDLETON DIST HISTORICAL & REC COI	Feb 06, 2002	36
	100641492	GREENWOOD METROPOLITAN DISTRICT	Feb 14, 2002	44
	100641528	MARIETTA WATER & SANITATION DISTRIC	Jun 24, 2002	174
	100641547	SOUTH ISLAND PUBLIC SERVICE DISTRIC	Feb 20, 2002	50
	100641553	GREENVILLE CO COMM ALCOHOL & DRU	Sep 12, 2002	254
	100641582	GREENVILLE TRANSIT AUT	Mar 11, 2002	69

S. C. State Accident Fund

Policy Audit Information for Policy Period Ending 1/1/2002

Auditor	Policy Number and Name		Date Audit Entered	Days to Audit
Farray, Warren				
	100641631	EMERALD CENTER MULTI COUNTY DSN B	Mar 04, 2002	62
	100641634	PICKENS ALCOHOL & DRUG ABUSE COMM	Feb 13, 2002	43
	100641648	NORTH GREENVILLE FIRE DISTRICT	Feb 28, 2002	58
	100641658	BEREA PUBLIC SERVICE DISTRICT	Feb 01, 2002	31
	100641664	BLUFFTON AREA FIRE COMMISSION	Mar 19, 2002	77
	100641666	TYGER RIVER FIRE SERVICE AREA	Jun 26, 2002	176
	100641672	PUMPKINTOWN FIRE DEPARTMENT	May 15, 2002	134
	100641674	BARNWELL COUNTY COMMON ALCOHOL	Feb 06, 2002	36
	100641676	MONTMORENCI VFD	Feb 22, 2002	52
	100641677	GREENWOOD-EDGEFIELD-MCCORMICK C	Mar 22, 2002	80
	100641679	FRIPP ISLAND PUBLIC SERVICE DISTRICT	Mar 19, 2002	77
	100648069	EAST RICHLAND COUNTY PUBLIC SERVIC	Feb 07, 2002	37
	100677029	SOUTH GREENVILLE FIRE DISTRICT	Feb 13, 2002	43
	100677043	METROPOLITAN SEWER SUB-DISTRICT		
	100677066	ANDERSON-OCONEE BEHAVIORAL HEALT	Feb 06, 2002	36
	101000046	FLORENCE COUNTY DSN BOARD	Jul 12, 2002	192
	101001536	CLEAR SPRING FIRE AND RESCUE	Jul 11, 2002	191
	110018264	GLASSY MOUNTAIN FIRE DEPT	Feb 28, 2002	58
	110023378	SLATER MARIETTA FIRE DISTRICT	Jun 24, 2002	174
	110029065	HOLLY SPRINGS VFD	May 15, 2002	134
	110034475	WILLISTON RESCUE SQUAD	Apr 15, 2002	104
	110034611	SANDY SPRINGS WATER COMPANY	Jun 27, 2002	177
	110035008	OCONEE COUNTY DSN BOARD	Jun 24, 2002	174
	200000037	ANDERSON HOUSING AUTHORITY	Mar 22, 2002	80
	200000039	BLUE RIDGE RURAL WATER COMPANY	Jul 08, 2002	188
	200000040	GREENWOOD HOUSING AUTHORITY	Mar 12, 2002	70
	200000046	TOWN OF WEST PELZER	Mar 08, 2002	66
	200000049	AIKEN HOUSING AUTHORITY	Feb 14, 2002	44
	200000051	GREENVILLE WATER SYSTEM	Mar 12, 2002	70
	200000054	EASLEY HOUSING AUTHORITY	Apr 16, 2002	105
	200540653	GREENVILLE HOUSING AUTHORITY	Mar 13, 2002	71
	200614061	CITY OF COLUMBIA HOUSING AUTHORITY	Mar 13, 2002	71
	200641011	TOWN OF EDGEFIELD	Feb 14, 2002	44
	200641012	TOWN OF HONEA PATH	Feb 28, 2002	58
	200641014	TOWN OF IVA	Apr 30, 2002	119
	200641015	CITY OF EASLEY	Apr 09, 2002	98
	200641049	TOWN OF PENDLETON	Mar 19, 2002	77
	200641050	TOWN OF FAIRFAX	May 02, 2002	121
	200641086	TOWN OF WILLISTON	May 02, 2002	121
	200641090	TOWN OF ALLENDALE	Feb 13, 2002	43
	200641091	CITY OF BARNWELL	Feb 14, 2002	44
	200641235	TOWN OF BRUNSON	Feb 14, 2002	44
	200641238	TOWN OF TRENTON	Feb 13, 2002	43
	200641249	TOWN OF PELZER	Feb 13, 2002	43
	200641250	TOWN OF HARDEEVILLE	Mar 04, 2002	62
	200641262	TOWN OF YEMASSEE	Feb 20, 2002	50
	200641316	TOWN OF OLAR	Jul 11, 2002	191
	200641359	TOWN OF JOHNSTON	Mar 12, 2002	70
	200641421	NEW ELLENTON PUBLIC W	Feb 15, 2002	45

S. C. State Accident Fund

Policy Audit Information for Policy Period Ending 1/1/2002

Auditor	Policy Number and Name		Date Audit Entered	Days to Audit
Farray, Warren				
	200641561	CITY OF FOUNTAIN INN	Mar 13, 2002	71
	200641641	TOWN OF WAGENER	Mar 18, 2002	76
	200642034	TOWN OF BLUFFTON	Mar 12, 2002	70
	200642093	CITY OF TRAVELERS REST	Mar 15, 2002	73
	200677038	TOWN OF ULMER	Mar 08, 2002	66
	200677067	TOWN OF GRAY COURT	Mar 18, 2002	76
	210026566	TOWN OF GIFFORD	May 15, 2002	134
	424000000	ADJUTANT GENERAL MILITARY/STATE GL	Oct 09, 2002	281

Policy Count 106 **Policies With Audits Less Than 180 Days** 92 **Percent Less Than 180 days** 87

S. C. State Accident Fund

Policy Audit Information for Policy Period Ending 1/1/2002

uditor	Policy Number and Name		Date Audit Entered	Days to Audit
Menie, Al				
	001001817	HOUSING AUTHORITY OF CITY OF LAURE	Mar 28, 2002	86
	001002427	DMW VFD	Feb 07, 2002	37
	001003235	OAKLAND VOLUNTEER FIRE DEPT	Apr 26, 2002	115
	001005230	LYMO-WACCAMAW REGIONAL TRANSPOI	Mar 28, 2002	86
	001005834	FLORENCE RESCUE SQUAD	Feb 04, 2002	34
	001007434	MCCOLL EMS AND RESCUE 5 INC	Dec 30, 2002	363
	001008234	MARLBORO COUNTY RESCUE SQUAD INC	Jun 28, 2002	178
	001008838	DARLINGTON FIREMEN'S RESCUE SQUAD	Aug 12, 2002	223
	001009638	ARKWRIGHT FIRE DEPT	Dec 05, 2002	338
	001011030	OLDE ENGLISH DISTRICT COMMISSION	Jul 09, 2002	189
	001016435	PAWLEYS ISLAND RESCUE SQUAD	Sep 11, 2002	253
	001018035	PEE DEE REGIONAL TRANSPORTATION A	Feb 04, 2002	34
	001019033	MIDWAY FIRE AND RESCUE	Jul 12, 2002	192
	001019439	CKC VOLUNTEER FIRE DEPARTMENT	Jul 23, 2002	203
	001019637	LAKE ROBINSON RESCUE SQUAD	Feb 22, 2002	52
	001020031	BOILING SPRINGS FIRE DEPT	May 06, 2002	125
	100000008	OLD 96 DISTRICT TOURISM COMMISSION	Feb 07, 2002	37
	100000020	DARLINGTON COUNTY COMM ACTION AG	Feb 07, 2002	37
	100000028	HILLTOP AREA VFD	Apr 02, 2002	91
	100000029	MARLBORO COUNTY DSN	Feb 08, 2002	38
	100000047	PEE DEE COMMUNITY ACTION AGENCY	Mar 01, 2002	59
	100000057	TRANSIT MANAGEMENT OF SPARTANBUF	Nov 25, 2002	328
	100000059	NORTHERN HORRY RESCUE SQUAD	Dec 09, 2002	342
	100000062	CHEROKEE COUNTY DSN BOARD	Apr 03, 2002	92
	100000064	LATTA RESCUE SQUAD	Feb 07, 2002	37
	100000072	SPARTANBURG MEMORIAL AUDITORIUM	Jul 12, 2002	192
	100000080	HICKORY GROVE LIFE SAVING SQUAD	Apr 03, 2002	92
	100000090	BUFFALO VFD	Feb 04, 2002	34
	100000091	CHESTER/LANCASTER DSN	May 06, 2002	125
	100000092	WILLIAMSBURG COUNTY DSN	Jul 02, 2002	182
	100000094	HORRY COUNTY DSN BOARD	Mar 28, 2002	86
	100000095	WHITNEY FIRE DEPARTMENT	Feb 14, 2002	44
	100000099	CHEROKEE SPRINGS FIRE DEPT	Dec 23, 2002	356
	100000100	POPLAR SPRINGS VFD	Apr 25, 2002	114
	100000101	WESTVIEW-FAIRFOREST FIRE & EMS RES	Oct 03, 2002	275
	100000103	STARTEX VFD	Jul 26, 2002	206
	100000106	PACOLET FIRE DEPARTMENT	Feb 14, 2002	44
	100000110	GLENDALE FIRE DISTRICT	Nov 13, 2002	316
	100000116	DARLINGTON COUNTY COUNCIL ON AGIN	Feb 04, 2002	34
	100000123	CHESTER COUNTY SENIOR SERVICES	Aug 06, 2002	217
	100000127	DRAYTON FIRE AND RESCUE 15	Jul 11, 2002	191
	100000129	PEE DEE TOURISM COMMISSION	Apr 01, 2002	90
	100000130	REIDVILLE FIRE DEPARTMENT	Mar 14, 2002	72
	100000131	VITAL AGING	Aug 05, 2002	216
	100000134	FLOYDALE RESCUE & FIRE DEPT	Feb 21, 2002	51
	100493791	SENIOR CITIZENS ASSOCIATION OF FLOR	Feb 22, 2002	52
	100536021	LIBERTY-CHESNEE-FINGERVILLE WATER	Mar 06, 2002	64
	100607538	FLORENCE REGIONAL AIRPORT	Feb 21, 2002	51
	100631155	CHEROKEE COUNTY PUBL	Jul 11, 2002	191

S. C. State Accident Fund

Policy Audit Information for Policy Period Ending 1/1/2002

Auditor

Menie, Al

Policy Number and Name		Date Audit Entered	Days to Audit
100631231	SPARTANBURG COUNTY PUBLIC LIBRARII	Apr 23, 2002	112
~~100631293~~	~~CHESTER COUNTY LIBRARY~~	~~May 30, 2002~~	~~149~~
100631411	YORK COUNTY LIBRARY SYSTEM	Feb 12, 2002	42
100631528	H B SWOFFORD CAREER CENTER	Aug 19, 2002	230
100641415	SPARTANBURG METROPOLITAN SUB-DIS	Feb 21, 2002	51
100641453	CHESTER METROPOLITAN DISTRICT	Mar 28, 2002	86
100641471	MARION COUNTY TECHNICAL EDUCATION	Jun 24, 2002	174
100641490	PEE DEE REGIONAL COUNCIL OF GOVERI	Jun 26, 2002	176
100641504	CATAWBA REGIONAL COUNCIL OF GOVEI	Jul 08, 2002	188
100641525	FLORENCE CITY/COUNTY BUILDING COMI	Jul 24, 2002	204
100641534	IRMO CHAPIN RECREATION COMMISSION	Jul 16, 2002	196
100641545	FLORENCE ALCOHOL & DRUG CIRCLE	Jul 16, 2002	196
100641551	GATEWAY COUNSELING	Feb 07, 2002	37
100641619	DARLINGTON COUNTY WATER & SEWER	Mar 28, 2002	86
100641629	CONVERSE AREA FIRE DISTRICT	Feb 12, 2002	42
100641645	GRAND STRAND WATER & SEWER AUTHC	Mar 13, 2002	71
100641649	MARION CO LIBRARY	Feb 27, 2002	57
100641656	HAZEL PITTMAN CENTER	Jul 16, 2002	196
100641660	CHEROKEE RECREATION DISTRICT	Feb 04, 2002	34
100641673	CHESNEE RESCUE SQUAD #8	Sep 25, 2002	267
100662166	MARION COUNTY COUNCIL ON AGING	Mar 01, 2002	59
100662167	DILLION CO COUNCIL ON AGING	Apr 03, 2002	92
100677044	PALMETTO RURAL FIRE DEPARTMENT	Nov 27, 2002	330
100677046	COUNSELING SERVICES OF LANCASTER	Feb 04, 2002	34
100677052	CHESNEE COMM VOL FIRE DEPT	Jul 01, 2002	181
100677057	CROFT FIRE DISTRICT	Oct 30, 2002	302
100677061	DILLON-MARION COMM ALCOHOL & DRUG	Feb 04, 2002	34
100677068	NEW PROSPECT VOLUNTEER FIRE DEPT	Apr 03, 2002	92
100677070	GOWENSVILLE VFD	Dec 05, 2002	338
100677071	HOLLY SPRINGS FIRE DEPT	Feb 04, 2002	34
100677082	WILLIAMSBURG ALCOHOL & DRUG ABUSE	Oct 23, 2002	295
100677088	CULTURAL HERITAGE COMMISSION OF YC	Feb 12, 2002	42
101004212	GEORGETOWN COUNTY WATER & SEWEI	Jul 11, 2002	191
101005410	OAK GROVE VFD	Nov 12, 2002	315
101005610	REEDY CREEK VFD	Feb 12, 2002	42
101006347	WINDY HILL VFD	Jul 23, 2002	203
101006885	MARION COUNTY BOARD OF EDUCATION	Mar 19, 2002	77
101007857	CHESTERFIELD COUNTY DSN BOARD	Mar 14, 2002	72
105401351	REGIONAL HOUSING AUTHORITY #1	Feb 04, 2002	34
106073593	CHESTERFIELD COUNTY COUNCIL ON AG	Apr 03, 2002	92
106143272	COLUMBIA HOUSING AUTHORITY (CHAD)	Mar 14, 2002	72
106311006	MARLBORO COUNTY COUNCIL ON AGING	Jul 16, 2002	196
110001303	BOYS HOME OF YORK COUNTY	Jun 03, 2002	153
110005584	GRASSY POND VFD	Feb 22, 2002	52
110009501	RIVER HILLS EMERGENCY SQUAD	Feb 21, 2002	51
110021354	HOBBYSVILLE VFD	Feb 27, 2002	57
110022223	RICHLAND LEXINGTON DSN BOARD	Feb 21, 2002	51
110024555	LYNCHES LAKE-CAMP BRANCH WATERSH	Apr 01, 2002	90
110026183	JOHNSONVILLE FIRE DISTRI	Feb 12, 2002	42

S. C. State Accident Fund

Policy Audit Information for Policy Period Ending 1/1/2002

uditor	Policy Number and Name		Date Audit Entered	Days to Audit
Menie, Al				
	110026776	MURRELLS INLET GARDEN CITY FIRE DEF	Jul 12, 2002	192
	110027078	CHEROKEE CREEK VFD	Jul 01, 2002	181
	110029067	SALEM COMMUNITY WATERSHED CONSE	Apr 01, 2002	90
	110029513	ENOREE VFD	Feb 04, 2002	34
	110029514	MYRTLE BEACH VOLUNTEER RESCUE SQ	Apr 05, 2002	94
	110029516	MACEDONIA FIRE DISTRICT	May 20, 2002	139
	110030862	MARION-DILLON COUNTY DSN	Feb 20, 2002	50
	110031160	ASBURY REHOBOTH VFD	Mar 01, 2002	59
	110033066	ANTIOCH VFD	Jul 09, 2002	189
	110033934	NORTH MYRTLE BEACH RESCUE SQUAD	Feb 04, 2002	34
	110034244	TWIN RIVERS FIRE DEPARTMENT	Feb 22, 2002	52
	110034725	CHEROKEE ALCOHOL & DRUG ABUSE	Feb 07, 2002	37
	110034789	SHORELINE BEHAVIORAL HEALTH SERVIC	Feb 20, 2002	50
	200000041	WOODRUFF HOUSING AUTHORITY	Jul 18, 2002	198
	200000042	FORT MILL HOUSING AUTHORITY	Feb 04, 2002	34
	200000052	CITY OF WELLFORD	Mar 14, 2002	72
	200000055	TOWN OF PAMPLICO	Feb 04, 2002	34
	200000058	LANCASTER HOUSING AUTHORITY	Jul 15, 2002	195
	200000059	TOWN OF PAWLEYS ISLAND	Aug 06, 2002	217
	200000060	MYRTLE BEACH AIR BASE REDEVELOPME	Apr 01, 2002	90
	200000061	GAFFNEY HOUSING AUTHORITY	Mar 28, 2002	86
	200000062	TOWN OF PACOLET	Feb 04, 2002	34
	200420394	FLORENCE HOUSING AUTHORITY	Mar 28, 2002	86
	200540535	SPARTANBURG HOUSING AUTHORITY	Mar 14, 2002	72
	200614451	UNION HOUSING AUTHORITY	Feb 04, 2002	34
	200641074	TOWN OF LATTA	Apr 26, 2002	115
	200641154	TOWN OF MCCOLL	Aug 19, 2002	230
	200641160	TOWN OF CHESTERFIELD	Mar 28, 2002	86
	200641180	CITY OF LORIS	Mar 14, 2002	72
	200641229	TOWN OF AYNOR	Mar 14, 2002	72
	200641232	CITY OF INMAN	Jun 26, 2002	176
	200641236	TOWN OF SCRANTON	Feb 04, 2002	34
	200641240	TOWN OF COWPENS	Aug 28, 2002	239
	200641256	TOWN OF GREELEYVILLE	Feb 20, 2002	50
	200641257	CITY OF LANDRUM	Jul 02, 2002	182
	200641267	TOWN OF BLACKSBURG	Feb 04, 2002	34
	200641274	CITY OF CHESNEE	Mar 28, 2002	86
	200641280	TOWN OF DUNCAN	Aug 06, 2002	217
	200641292	TOWN OF JEFFERSON	Feb 22, 2002	52
	200641293	CITY OF JOHNSONVILLE	Jul 01, 2002	181
	200641319	TOWN OF PATRICK	May 30, 2002	149
	200641340	TOWN OF SOCIETY HILL	Feb 04, 2002	34
	200641443	TOWN OF LOCKHART	Jun 28, 2002	178
	200641480	TOWN OF LYMAN	Oct 09, 2002	281
	200641527	HARTSVILLE HOUSING AUTHORITY	Mar 01, 2002	59
	200641543	BENNETTSVILLE HOUSING AUTHORITY	Feb 04, 2002	34
	200641581	TOWN OF ARCADIA LAKES	Aug 19, 2002	230
	200641587	TOWN OF JONESVILLE	Feb 04, 2002	34
	200641603	TOWN OF CLIO	Nov 12, 2002	315

S. C. State Accident Fund

Policy Audit Information for Policy Period Ending 1/1/2002

Auditor	Policy Number and Name		Date Audit Entered	Days to Audit
Menie, Al				
	200641667	CLOVER HOUSING AUTHORITY	Feb 12, 2002	42
	200641671	TOWN OF HICKORY GROVE	Feb 04, 2002	34
	200642033	TOWN OF CAMPOBELLO	Apr 02, 2002	91
	200642101	TOWN OF ATLANTIC BEACH	Jul 23, 2002	203
	200677039	YORK HOUSING AUTHORITY	Mar 28, 2002	86
	200677075	TOWN OF SELLERS	Oct 21, 2002	293
	205405918	ROCK HILL HOUSING AUTHORITY	Apr 02, 2002	91
	205408553	CONWAY HOUSING AUTHORITY	Feb 04, 2002	34
	210006293	TOWN OF LANE	Apr 04, 2002	93
	210012284	DARLINGTON HOUSING AUTHORITY	Jun 26, 2002	176
	210012628	TOWN OF BRIARCLIFFE ACRES	Feb 04, 2002	34
	210025872	MYRTLE BEACH HOUSING AUTHORITY	Feb 04, 2002	34

Policy Count 159 **Policies With Audits Less Than 180 Days** 108 **Percent Less Than 180 days** 68

Policy Count 442 **Policies With Audits Less Than 180 Days** 212 **Percent Less Than 180 days**

State Accident Fund
Monthly Time Sheet
Jan-02

Employee: CARLA JOHNSON

Exempt/Non-Exempt

Department : PHS

SSN - [redacted]

Date	Actual Hours Worked	Annual Leave	Sick Leave	Other Paid Leave	Leave Without Pay	Holiday	Comp Time Taken	Comp Time Earned	Total Leave Hours	Grand Total Hours
1	0.00					7.50			7.50	7.50
2	0.00	4.00		3.50					7.50	7.50
3	0.00			7.50					7.50	7.50
4	0.00			7.50					7.50	7.50
5	SAT								0.00	0.00
6	SUN								0.00	0.00
7	0.00	7.50							7.50	7.50
8	0.00	7.50							7.50	7.50
9	7.50								0.00	7.50
10	7.50								0.00	7.50
11	7.50								0.00	7.50
12	SAT								0.00	0.00
13	SUN								0.00	0.00
14	7.50								0.00	7.50
15	0.00		7.50						7.50	7.50
16	7.50								0.00	7.50
17	7.50								0.00	7.50
18	4.50	3.00							3.00	7.50
19	SAT								0.00	0.00
20	SUN								0.00	0.00
21						7.50			7.50	7.50
22	7.50								0.00	7.50
23	0.00	7.50							7.50	7.50
24	7.50								0.00	7.50
25	7.50								0.00	7.50
26	SAT								0.00	0.00
27	SUN								0.00	0.00
28	7.50								0.00	7.50
29	7.50								0.00	7.50
30	7.50								0.00	7.50
31	0.00		7.50						7.50	7.50
Total	94.50	29.50	15.00	18.50	0.00	15.00	0.00	0.00	78.00	172.50

I certify that the time reported above is correct to the best of my knowledge:

Employee Signature : Carla Johnson

Supervisor Signature: [signature] Date: 2/5/02

*ALL COMP TIME MUST BE USED WITHIN 90 DAYS

State Accident Fund
Monthly Time Sheet

Feb-02

Employee: CARLA JOHNSON

Exempt/Non-Exempt

Department : PHS

SSN - [redacted]

Date	Actual Hours Worked	Annual Leave	Sick Leave	Other Paid Leave	Leave Without Pay	Holiday	Comp Time Taken	Comp Time Earned	Total Leave Hours	Grand Total Hours
1	7.50								0.00	7.50
2	sat								0.00	0.00
3	sun								0.00	0.00
4	4.00	3.50							3.50	7.50
5	7.50								0.00	7.50
6	7.50								0.00	7.50
7	7.50								0.00	7.50
8	7.50								0.00	7.50
9	sat								0.00	0.00
10	sun								0.00	0.00
11	7.50								0.00	7.50
12	7.50								0.00	7.50
13	7.50								0.00	7.50
14	7.50								0.00	7.50
15	7.50								0.00	7.50
16	sat								0.00	0.00
17	sun								0.00	0.00
18	0.00					7.50			7.50	7.50
19	4.00	3.50							3.50	7.50
20	7.50								0.00	7.50
21	0.00	7.50							7.50	7.50
22	5.50	2.00							2.00	7.50
23	sat								0.00	0.00
24	sun								0.00	0.00
25	7.50								0.00	7.50
26	7.50								0.00	7.50
27	7.50								0.00	7.50
28	4.00	3.50							3.50	7.50
									0.00	0.00
									0.00	0.00
									0.00	0.00
Total	122.50	20.00	0.00	0.00	0.00	7.50	0.00	0.00	27.50	150.00

I certify that the time reported above is correct to the best of my knowledge:

Employee Signature : Carla Johnson

Supervisor Signature: [signature] Date: 3-1-01

*ALL COMP TIME MUST BE USED WITHIN 90 DAYS

State Accident Fund
Monthly Time Sheet

Mar-02

Employee: CARLA JOHNSON

Exempt/Non-Exempt

Department : PHS

SSN - [redacted]

Date	Actual Hours Worked	Annual Leave	Sick Leave	Other Paid Leave	Leave Without Pay	Holiday	Comp Time Taken	Comp Time Earned	Total Leave Hours	Grand Total Hours
1	5.50	2.00							2.00	7.50
2	sat								0.00	0.00
3	sun								0.00	0.00
4	7.50								0.00	7.50
5	7.50								0.00	7.50
6	7.50								0.00	7.50
7	7.50								0.00	7.50
8	7.50								0.00	7.50
9	sat								0.00	7.50
10	sun								0.00	0.00
11	7.50								0.00	0.00
12	0.00		7.50						0.00	7.50
13	0.00		7.50						7.50	7.50
14	7.50								7.50	7.50
15	7.50								0.00	7.50
16	sat								0.00	7.50
17	sun								0.00	0.00
18	3.00	4.50							0.00	0.00
19	6.00	1.50							4.50	7.50
20	5.00	2.50							1.50	7.50
21	7.50								2.50	7.50
22	7.50								0.00	7.50
23	sat								0.00	7.50
24	sun								0.00	0.00
25	7.50								0.00	0.00
26	7.50								0.00	7.50
27	7.50								0.00	7.50
28	4.50	3.00							0.00	7.50
29	7.50								3.00	7.50
30	sat								0.00	7.50
31	sun								0.00	0.00
Total	129.00	13.50	15.00	0.00	0.00	0.00	0.00	0.00	28.50	157.50

I certify that the time reported above is correct to the best of my knowledge:

Employee Signature : Carla Johnson

Supervisor Signature: [signature] Date: 4-2-02

*ALL COMP TIME MUST BE USED WITHIN 90 DAYS

State Accident Fund
Monthly Time Sheet

Apr-02

Employee: CARLA JOHNSON

Department: PHS

Exempt/Non-Exempt

SSN - [redacted]

Date	Actual Hours Worked	Annual Leave	Sick Leave	Other Paid Leave	Leave Without Pay	Holiday	Comp Time Taken	Comp Time Earned	Total Leave Hours	Grand Total Hours
1	0.00	7.50							7.50	7.50
2	7.50								0.00	7.50
3	7.50								0.00	7.50
4	7.50								0.00	7.50
5	7.50								0.00	7.50
6	SAT								0.00	0.00
7	SUN								0.00	0.00
8	0.00		7.50						7.50	7.50
9	7.50								0.00	7.50
10	7.50								0.00	7.50
11	6.50	1.00							1.00	7.50
12	5.00	2.50							2.50	7.50
13	SAT								0.00	0.00
14	SUN								0.00	0.00
15	7.50								0.00	7.50
16	7.50								0.00	7.50
17	7.50								0.00	7.50
18	0.00	7.5							0.00	0.00
19	7.50								0.00	7.50
20	SAT								0.00	0.00
21	SUN								0.00	0.00
22	7.50								0.00	7.50
23	7.50								0.00	7.50
24	7.50								0.00	7.50
25	7.50								0.00	7.50
26	7.50								0.00	7.50
27	SAT								0.00	0.00
28	SUN								0.00	0.00
29	7.50								0.00	7.50
30	7.50								0.00	7.50
									0.00	0.00
Total	139.00	~~11.00~~ 18.5	7.50	0.00	0.00	0.00	0.00	0.00	~~18.50~~ 26	147.50

I certify that the time reported above is correct to the best of my knowledge:

Employee Signature: Carla Johnson

Supervisor Signature: [signature] Date: 4-3-02

*ALL COMP TIME MUST BE USED WITHIN 90 DAYS

State Accident Fund
Monthly Time Sheet

May-02

Employee: CARLA JOHNSON

Exempt/Non [redacted]

Department : PHS

SSN - [redacted]

Date	Actual Hours Worked	Annual Leave	Sick Leave	Other Paid Leave	Leave Without Pay	Holiday	Comp Time Taken	Comp Time Earned	Total Leave Hours	[redacted]
1	0.00		7.50						7.50	[redacted]
2	0.00	7.50							7.50	[redacted]
3	0.00	7.50							7.50	[redacted]
4	SAT								0.00	[redacted]
5	SUN								0.00	[redacted]
6	7.50								0.00	[redacted]
7	7.50								0.00	[redacted]
8	7.50								0.00	[redacted]
9	7.50								0.00	[redacted]
10	0.00					7.5			0.00	[redacted]
11	SAT								0.00	[redacted]
12	SUN								0.00	[redacted]
13	7.50								0.00	[redacted]
14	7.50								0.00	[redacted]
15	7.50								0.00	[redacted]
16	7.50								0.00	[redacted]
17	7.50								0.00	[redacted]
18	SAT								0.00	[redacted]
19	SUN								0.00	[redacted]
20	7.50								0.00	[redacted]
21	7.50								0.00	[redacted]
22	7.50								0.00	[redacted]
23	7.50								0.00	[redacted]
24	7.50								0.00	[redacted]
25	SAT								0.00	[redacted]
26	SUN								0.00	[redacted]
27	0.00					7.50			7.50	[redacted]
28	7.50								0.00	[redacted]
29	7.50								0.00	[redacted]
30	7.50								0.00	[redacted]
31	7.50								0.00	[redacted]
Total	135.00	15.00	7.50	0.00	0.00	~~7.50~~ 15	0.00	0.00	~~30.00~~ 37.5	[redacted]

I certify that the time reported above is correct to the best of my knowledge:

Employee Signature: [signature]

Supervisor Signature: _____ Date: _____

*ALL COMP TIME MUST BE USED WITHIN 90 DAYS

State Accident Fund
Monthly Time Sheet

Jun-02

Employee: CARLA JOHNSON

Department : PHS

Exempt/Non-Exempt

SSN - [redacted]

Date	Actual Hours Worked	Annual Leave	Sick Leave	Other Paid Leave	Leave Without Pay	Holiday	Comp Time Taken	Comp Time Earned	Total Leave Hours	Grand Total Hours
1	SAT									
2	SUN								0.00	0.00
3	0.00		7.50						0.00	0.00
4	5.00	2.50							7.50	7.50
5	6.00	1.50							2.50	7.50
6	7.50								1.50	7.50
7	5.00	2.50							0.00	7.50
8	SAT								2.50	7.50
9	SUN								0.00	0.00
10	4.00	3.50							0.00	0.00
11	7.50								3.50	7.50
12	7.50								0.00	7.50
13	7.50								0.00	7.50
14	0.00	7.50							0.00	7.50
15	SAT								7.50	7.50
16	SUN								0.00	0.00
17	7.50								0.00	0.00
18	0.00	7.50							0.00	7.50
19	7.50								7.50	7.50
20	7.50								0.00	7.50
21	7.50								0.00	7.50
22	SAT								0.00	7.50
23	SUN								0.00	0.00
24	7.50								0.00	0.00
25	7.50								0.00	7.50
26	0.00	7.50							0.00	7.50
27	7.50								7.50	7.50
28	7.50								0.00	7.50
29	SAT								0.00	7.50
30	SUN								0.00	0.00
									0.00	0.00
Total	110.00	32.50	7.50	0.00	0.00	0.00	0.00	0.00	40.00	150.00

I certify that the time reported above is correct to the best of my knowledge:

Employee Signature : Carla Johnson

Supervisor Signature: [illegible]

Date: [illegible]

*ALL COMP TIME MUST BE USED WITHIN 90 DAYS

State Accident Fund
Monthly Time Sheet

Jul-02

Employee: CARLA JOHNSON

Department : PHS

Exempt/Non Exempt

SSN - [redacted]

Date	Actual Hours Worked	Annual Leave	Sick Leave	Other Paid Leave	Leave Without Pay	Holiday	Comp Time Taken	Comp Time Earned	Total Leave Hours	Grand Total Hours
1	0.00	7.50							7.50	7.50
2	7.50								0.00	7.50
3	7.50								0.00	7.50
4	0.00					7.50			7.50	7.50
5	7.50								0.00	7.50
6	sat								0.00	0.00
7	sun								0.00	0.00
8	7.50								0.00	7.50
9	4.00	3.50							3.50	7.50
10	7.50								0.00	7.50
11	7.50								0.00	7.50
12	5.50	2.00							2.00	7.50
13	sat								0.00	0.00
14	sun								0.00	0.00
15	7.50								0.00	7.50
16	7.50								0.00	7.50
17	7.50								0.00	7.50
18	7.50								0.00	7.50
19	7.50								0.00	7.50
20	sat								0.00	0.00
21	sun								0.00	0.00
22	0.00		7.50						7.50	7.50
23	7.50								0.00	7.50
24	3.50		4.00						4.00	7.50
25	0.00		7.50						7.50	7.50
26	0.00		7.50						7.50	7.50
27	sat								0.00	0.00
28	sun								0.00	0.00
29	7.50								0.00	7.50
30	7.50								0.00	7.50
31	7.50								0.00	7.50
Total	125.50	13.00	26.50	0.00	0.00	7.50	0.00	0.00	47.00	172.50

I certify that the time reported above is correct to the best of my knowledge:

Employee Signature: Carla Johnson

Supervisor Signature: [signature] Date: 8/2/02

*ALL COMP TIME MUS - 161 - ED WITHIN 90 DAYS

State Accident Fund
Monthly Time Sheet

Aug-02

Employee: CARLA JOHNSON Exempt/Non-Exe[redacted]

Department : PHS SSN - [redacted]

Date	Actual Hours Worked	Annual Leave	Sick Leave	Other Paid Leave	Leave Without Pay	Holiday	Comp Time Taken	Comp Time Earned	Total Leave Hours	G[redacted]
1	7.50								0.00	[redacted]
2	7.50								0.00	[redacted]
3	SAT								0.00	[redacted]
4	SUN								0.00	[redacted]
5	7.50								0.00	[redacted]
6	7.50								0.00	[redacted]
7	7.50								0.00	[redacted]
8	7.50								0.00	[redacted]
9	4.00	3.50							3.50	[redacted]
10	SAT								0.00	[redacted]
11	SUN								0.00	[redacted]
12	0.00	7.50							7.50	[redacted]
13	0.00	0.60			6.90				7.50	[redacted]
14	0.00				7.50				7.50	[redacted]
15	0.00				7.50				7.50	[redacted]
16	0.00				7.50				7.50	[redacted]
17	SAT								0.00	[redacted]
18	SUN								0.00	[redacted]
19	7.50								0.00	[redacted]
20	7.50								0.00	[redacted]
21	7.50								0.00	[redacted]
22	7.50								0.00	[redacted]
23	7.50								0.00	[redacted]
24	SAT								0.00	[redacted]
25	SUN								0.00	[redacted]
26	7.50								0.00	[redacted]
27	7.50								0.00	[redacted]
28	7.50								0.00	[redacted]
29	7.50								0.00	[redacted]
30	7.50								0.00	[redacted]
31	SAT								0.00	[redacted]
Total	124.00	11.60	0.00	0.00	29.40	0.00	0.00	0.00	41.00	[redacted]

I certify that the time reported above is correct to the best of my knowledge:

Employee Signature : Carla Johnson 9-6-02

Supervisor Signature: [signature] Date: 9-6-[illegible]

*ALL COMP TIME MUST BE USED WITHIN 90 DAYS

State Accident Fund
Monthly Time Sheet

Sep-02

Employee: CARLA JOHNSON

Exempt/Non-Exempt

Department: PHS

SSN - [redacted]

Date	Actual Hours Worked	Annual Leave	Sick Leave	Other Paid Leave	Leave Without Pay	Holiday	Comp Time Taken	Comp Time Earned	Total Leave Hours	Grand Total Hours
1	sun								0.00	0.00
2	0.00					7.50			7.50	7.50
3	0.00		7.50						7.50	7.50
4	0.00	5.625	1.875						7.50	7.50
5	0.00	7.50							7.50	7.50
6	7.50								0.00	7.50
7	sat								0.00	0.00
8	sun								0.00	0.00
9	7.50								0.00	7.50
10	7.50								0.00	7.50
11	7.50								0.00	7.50
12	7.50								0.00	7.50
13	7.50								0.00	7.50
14	sat								0.00	0.00
15	sun								0.00	0.00
16	7.50								0.00	7.50
17	7.50								0.00	7.50
18	7.50								0.00	7.50
19	7.50								0.00	7.50
20	7.50								0.00	7.50
21	sat								0.00	0.00
22	sun								0.00	0.00
23	0.00		7.50						7.50	7.50
24	0.00	5.625	1.875						7.50	7.50
25	0.00	7.50							7.50	7.50
26	7.50								0.00	7.50
27	5.00	2.50							2.50	7.50
28	sat								0.00	0.00
29	sun								0.00	0.00
30	0.00	4.062			3.438				7.50	7.50
									0.00	0.00
Total	95.00	32.81	18.75	0.00	3.438	7.50	0.00	0.00	62.50	157.50

I certify that the time reported above is correct to the best of my knowledge:

Employee Signature: Carla Johnson

Supervisor Signature: [illegible] Date: 10/5/02

*ALL COMP TIME MUST BE USED WITHIN 90 DAYS

State Accident Fund
Monthly Time Sheet

Oct-02

Employee: CARLA JOHNSON

Department : PHS

Exempt/Non-Exempt

SSN - [redacted]

Date	Actual Hours Worked	Annual Leave	Sick Leave	Other Paid Leave	Leave Without Pay	Holiday	Comp Time Taken	Comp Time Earned	Total Leave Hours	Grand Total Hours
1	0.00				7.50				7.50	7.50
2	0.00				7.50				7.50	7.50
3	0.00				7.50				7.50	7.50
4	0.00				7.50				7.50	7.50
5	SAT								0.00	[illegible]
6	SUN								0.00	[illegible]
7	6.00				1.50				1.50	[illegible]
8	5.00				2.50				2.50	[illegible]
9	7.50								0.00	[illegible]
10	0.00				7.50				7.50	[illegible]
11	0.00				7.50				7.50	[illegible]
12	SAT								0.00	[illegible]
13	SUN								0.00	[illegible]
14	7.50								0.00	[illegible]
15	7.50								0.00	[illegible]
16	0.00				7.50				7.50	[illegible]
17	4.00				3.50				3.50	[illegible]
18	7.50								0.00	[illegible]
19	SAT								0.00	[illegible]
20	SUN								0.00	[illegible]
21	0.00				7.50				7.50	[illegible]
22	6.00				1.50				1.50	[illegible]
23	5.00				2.50				2.50	[illegible]
24	7.50								0.00	[illegible]
25	5.50				2.00				2.00	[illegible]
26	SAT								0.00	[illegible]
27	SUN								0.00	[illegible]
28	7.50								0.00	[illegible]
29	7.50								0.00	[illegible]
30	0.00				7.50				7.50	[illegible]
31	0.00				7.50				7.50	[illegible]
Total	84.00	0.00	0.00	0.00	88.50	0.00	0.00	0.00	88.50	172.5

I certify that the time reported above is correct to the best of my knowledge:

Employee Signature : Carla Johnson

Supervisor Signature: [signature] Date: 11-5-02

*ALL COMP TIME MUST BE USED WITHIN 90 DAYS

State Accident Fund
Monthly Time Sheet

November 2002

Employee: **Carla Johnson**

Exempt

Department :

SSN - [redacted]

Date	Actual Hours Worked	Annual Leave	Sick Leave	Other Paid Leave	Leave Without Pay	Holiday	Comp Time Taken	Earned Hours	Total Leave	Total Hrs
1			7.5						7.5	7.5
2	sat								0	0
3	sun								0	0
4	2.5	3.125	1.875						5	7.5
5		7.5							7.5	7.5
6		5.875			1.72				7.595	[redacted]
7					7.5				7.5	[redacted]
8					7.5				7.5	[redacted]
9	sat								0	0
10	sun								0	0
11					7.5				7.5	[redacted]
12					7.5				7.5	[redacted]
13	5				2.5				2.5	[redacted]
14					7.5				7.5	[redacted]
15					7.5				7.5	[redacted]
16	sat								0	0
17	sun								0	0
18	3.25				4.25				4.25	[redacted]
19	7.5								0	[redacted]
20					7.5				7.5	[redacted]
21					7.5				7.5	[redacted]
22					7.5				7.5	[redacted]
23	sat								0	0
24	sun								0	0
25					7.5				7.5	[redacted]
26					7.5				7.5	[redacted]
27					7.5				7.5	[redacted]
28					7.5				7.5	[redacted]
29					7.5				7.5	[redacted]
30	sat								0	0
31									0	0
										0
Total	18.25	16.500	9.375	0	113.47	0	0	0	139.35	157

I certify that the time reported above is correct to the best of my knowledge:

Employee Signature : FOR [illegible]

Supervisor Signature: [illegible] Date: 11-25-02

*ALL COMP TIME MUST BE USED WITHIN 90 DAYS

State Accident Fund
Monthly Time Sheet

December 2002

Employee: Carla Johnson

Department : PS

Exempt

SSN - [redacted]

Date	Actual Hours Worked	Annual Leave	Sick Leave	Other Paid Leave	Leave Without Pay	Holiday	Comp Time Taken	Comp Time Earned	Total Leave Hours	Grand Total Hours
1	sun								0	0
2					7.5				7.5	7.5
3					7.5				7.5	7.5
4					7.5				7.5	7.5
5					7.5				7.5	7.5
6					7.5				7.5	7.5
7	sat								0	0
8	sun								0	0
9	4				3.5				3.5	7.5
10	5				2.5				2.5	7.5
11	7.5								0	7.5
12	7.5								0	7.5
13	7.5								0	7.5
14	sat								0	0
15	sun								0	0
16	7.5								0	7.5
17	7.5								0	7.5
18	7.5								0	7.5
19	7.5								0	7.5
20	7.5								0	7.5
21	sat								0	0
22	sun								0	0
23	7.5					7.5			7.5	7.5
24						7.5			7.5	7.5
25						7.5			7.5	7.5
26			7.5						7.5	7.5
27	sat								7.5	7.5
28	sun								0	0
29		5.625	1.875						0	0
30		7.5							7.5	7.5
31									7.5	7.5
Total	76.5	13.125	9.375	0	43.5	22.5	0	0	88.5	165

I certify that the time reported above is correct to the best of my knowledge:

Employee Signature : Carla Johnson

Supervisor Signature: [signature]

Date: 12/31/02

*ALL COMP TIME MUST BE USED WITHIN 90 DAYS

State Accident Fund
Monthly Time Sheet
January 2003

Employee: **Carla Johnson** Exempt

Department : Policyholder Services SSN - [redacted]

Date	Actual Hours Worked	Annual Leave	Sick Leave	Other Paid Leave	Leave Without Pay	Holiday	Comp Time Taken	Comp Time Earned	Total Leave Hours	Grand Total Hours
1						7.5			7.5	15
2		3.281			4.219				7.5	15
3					7.5				7.5	15
4	Sat								0	[illegible]
5	Sun								0	[illegible]
6					7.5				7.5	[illegible]
7					7.5				7.5	[illegible]
8					7.5				7.5	[illegible]
9					7.5				7.5	[illegible]
10					7.5				7.5	[illegible]
11	Sat								0	[illegible]
12	Sun								0	[illegible]
13					7.5				7.5	[illegible]
14					7.5				7.5	[illegible]
15					7.5				7.5	[illegible]
16					7.5				7.5	[illegible]
17									0	[illegible]
18	Sat								0	[illegible]
19	Sun								0	[illegible]
20					7.5				7.5	[illegible]
21					7.5				7.5	[illegible]
22					7.5				7.5	[illegible]
23					7.5				7.5	[illegible]
24					7.5				7.5	[illegible]
25	Sat								0	[illegible]
26	Sun								0	[illegible]
27					7.5				7.5	[illegible]
28					7.5				7.5	[illegible]
29					7.5				7.5	[illegible]
30					7.5				7.5	[illegible]
31					7.5				7.5	[illegible]
Total	0	3.281	0	0	154.219	7.5	0	0	165	165

I certify that the time reported above is correct to the best of my knowledge:

Employee Signature : Employee Not Available

Supervisor Signature: Rosalie Gamble Date: 1/31/03

*ALL COMP TIME MUST BE USED WITHIN 90 DAYS

State Accident Fund
Monthly Time Sheet

February 2003

Employee: Carla Johnson

Exempt

Department : PS

SSN - [redacted]

Date	Actual Hours Worked	Annual Leave	Sick Leave	Other Paid Leave	Leave Without Pay	Holiday	Comp Time Taken	Comp Time Earned	Total Leave Hours	Grand Total Hours
1	SAT								0	[redacted]
2	SUN								0	[redacted]
3					7.5				7.5	[redacted]
4					7.5				7.5	[redacted]
5					7.5				7.5	[redacted]
6					7.5				7.5	[redacted]
7					7.5				7.5	[redacted]
8	SAT								0	[redacted]
9	SUN								0	[redacted]
10	7.5								0	[redacted]
11	7.5								0	[redacted]
12	5.75				1.75				1.75	[redacted]
13	7.5								0	[redacted]
14	7.5								0	[redacted]
15	SAT								0	[redacted]
16	SUN								0	[redacted]
17						7.5			7.5	[redacted]
18	7.5								0	[redacted]
19	7.5								0	[redacted]
20	7.5								0	[redacted]
21	7.5								0	[redacted]
22	SAT								0	[redacted]
23	SUN								0	[redacted]
24	7.5								0	[redacted]
25	6.5		1						1	[redacted]
26			7.5						7.5	[redacted]
27	6.5	0.125	0.875						1	[redacted]
28	7.5								0	[redacted]
29	SAT								0	[redacted]
30	SUN								0	[redacted]
31									0	[redacted]
Total	93.75	0.125	9.375	0	39.25	7.5	0	0	56.25	150

I certify that the time reported above is correct to the best of my knowledge:

Employee Signature : Carla Johnson 3-4-03

Supervisor Signature: [signature] Date: 3/4/03

*ALL COMP TIME MUST BE USED WITHIN 90 DAYS

State Accident Fund
Monthly Time Sheet

Mar-03

Employee: CARLA JOHNSON

Exempt/Non-E[redacted]

Department : PHS

SSN - [redacted]

Date	Actual Hours Worked	Annual Leave	Sick Leave	Other Paid Leave	Leave Without Pay	Holiday	Comp Time Taken	Comp Time Earned	Total Leave Hours	[redacted]
1	sat								0.00	[redacted]
2	sun								0.00	[redacted]
3	7.50								0.00	[redacted]
4	7.50								0.00	[redacted]
5	7.50								0.00	[redacted]
6	7.50								0.00	[redacted]
7	5.00	2.5							0.00	[redacted]
8	sat								0.00	[redacted]
9	sun								0.00	[redacted]
10	7.50								0.00	[redacted]
11	0.00	7.50							7.50	[redacted]
12	4.00	3.50							3.50	[redacted]
13	7.50								0.00	[redacted]
14	7.50								0.00	[redacted]
15	sat								0.00	[redacted]
16	sun								0.00	[redacted]
17	7.50								0.00	[redacted]
18	0.00	7.50							7.50	[redacted]
19	0.00	7.50							7.50	[redacted]
20	0.00	4.188	3.312						7.50	[redacted]
21	0.00		6.063		1.437				7.50	[redacted]
22	sat								0.00	[redacted]
23	sun								0.00	[redacted]
24	7.50								0.00	[redacted]
25	7.50								0.00	[redacted]
26	7.50								0.00	[redacted]
27	7.50				2.00				2.00	[redacted]
28	7.50								0.00	[redacted]
29	sat								0.00	[redacted]
30	sun								0.00	[redacted]
31	0.00				7.50				7.50	[redacted]
Total	106.50	30.19	9.38	0.00	10.94	0.00	0.00	0.00	50.50	15[redacted]

I certify that the time reported above is correct to the best of my knowledge:

Employee Signature : Carla Johnson 4-1-03

Supervisor Signature: [signature] Date: 4/2/03

*ALL COMP TIME MUST BE USED WITHIN 90 DAYS

State Accident Fund
Monthly Time Sheet

August 2004

Employee: **Carla Johnson** Exempt

Department : NPT SSN - [redacted]

Date	Actual Hours Worked	Annual Leave	Sick Leave	Other Paid Leave	Leave Without Pay	Holiday	Comp Time Taken	Comp Time Earned	Total Leave Hours	Grand Total *Hours
1	sun								0	0
2	7.5								0	7.5
3			7.5						7.5	7.5
4	7.5								0	7.5
5		5.625	1.875						7.5	7.5
6		7.5							7.5	7.5
7	sat								0	0
8	sun								0	0
9		4.844			2.656				7.5	7.5
10	7.5								0	7.5
11					7.5				7.5	7.5
12	3.5				4.0				4	7.5
13					7.5				7.5	7.5
14	sat								0	0
15	sun								0	0
16					7.5				7.5	7.5
17	4.5				3.0				3	7.5
18					7.5				7.5	7.5
19					7.5				7.5	7.5
20					7.5				7.5	7.5
21	sat								0	0
22	sun								0	0
23					7.5				7.5	7.5
24	7.5								0	7.5
25					7.5				7.5	7.5
26					7.5				7.5	7.5
27					7.5				7.5	7.5
28	sat								0	0
29	sun								0	0
30					7.5				7.5	7.5
31					7.5				7.5	7.5
										0
Total	38	17.969	9.375	0	99.656	0	0	0	127	165

I certify that the time reported above is correct to the best of my knowledge:

Employee Signature : Carla Johnson

Supervisor Signature: [signature] Date: 9/20

*ALL COMP TIME MUST BE USED WITHIN 90 DAYS

State Accident Fund
Monthly Time Sheet
September 2004

Employee: **Carla Johnson** Exempt

Department : NPT SSN - [redacted]

Date	Actual Hours Worked	Annual Leave	Sick Leave	Other Paid Leave	Leave Without Pay	Holiday	Comp Time Taken	Comp Time Earned	Total Leave Hours	Grand Total Hours
1									0	0
2					7.5				7.5	7.5
3					7.5				7.5	7.5
4	Sat								0	0
5	Sun								0	0
6					7.5				7.5	7.5
7					7.5				7.5	7.5
8	7.5								0	7.5
9	7.5								0	7.5
10					7.5				7.5	7.5
11	Sat								0	0
12	Sun								0	0
13					7.5				7.5	7.5
14					7.5				7.5	7.5
15					7.5				7.5	7.5
16					7.5				7.5	7.5
17					7.5				7.5	7.5
18	Sat								0	0
19	Sun								0	0
20					7.5				7.5	7.5
21					7.5				7.5	7.5
22					7.5				7.5	7.5
23					7.5				7.5	7.5
24					7.5				7.5	7.5
25	Sat								0	0
26	Sun								0	0
27					7.5				7.5	7.5
28					7.5				7.5	7.5
29					7.5				7.5	7.5
30					7.5				7.5	7.5
31									0	0
										0
Total	15	0	0	0	142.5	0	0	0	142.5	157.5

I certify that the time reported above is correct to the best of my knowledge:

Employee Signature : Employee Not Available

Supervisor Signature: [signature] Date: 9-30-06

*ALL COMP TIME MUST BE USED WITHIN 90 DAYS

State Accident Fund
Monthly Time Sheet
October 2004

Employee: **Carla Johnson**

Department : NPT

Exempt

SSN - [redacted]

Date	Actual Hours Worked	Annual Leave	Sick Leave	Other Paid Leave	Leave Without Pay	Holiday	Comp Time Taken	Comp Time Earned	Total Leave Hours	Gross Total Hours
1										
2	SAT				7.5				7.5	[redacted]
3	SUN								0	[redacted]
4									0	[redacted]
5					7.5				7.5	[redacted]
6					7.5				7.5	[redacted]
7					7.5				7.5	[redacted]
8					7.5				7.5	[redacted]
9	SAT				7.5				7.5	[redacted]
10	SUN								0	[redacted]
11									0	[redacted]
12					7.5				7.5	[redacted]
13					7.5				7.5	[redacted]
14					7.5				7.5	[redacted]
15					7.5				7.5	[redacted]
16	SAT				7.5				7.5	[redacted]
17	SUN								0	[redacted]
18									0	[redacted]
19					7.5				7.5	[redacted]
20					7.5				7.5	[redacted]
21					7.5				7.5	[redacted]
22					7.5				7.5	[redacted]
23	SAT				7.5				7.5	[redacted]
24	SUN								0	[redacted]
25									0	[redacted]
26					7.5				7.5	7.5
27					7.5				7.5	7.5
28					7.5				7.5	7.5
29					7.5				7.5	7.5
30	SAT								0	0
31	SUN								0	0
Total	0	0	0	0	157.5	0	0	0	157.5	157.5

I certify that the time reported above is correct to the best of my knowledge:

Employee Signature : Employee Not Available

Supervisor Signature: [signature]

Date: 10-25-04

*ALL COMP TIME MUST BE USED WITHIN 90 DAYS

State Accident Fund
Monthly Time Sheet

November 2004

Employee: Carla Johnson

Exempt

Department : NPT

SSN - [redacted]

Date	Actual Hours Worked	Annual Leave	Sick Leave	Other Paid Leave	Leave Without Pay	Holiday	Comp Time Taken	Comp Time Earned	Total Leave Hours	Grand Total Hours
1					7.5				7.5	[redacted]
2					7.5				7.5	[redacted]
3					7.5				7.5	[redacted]
4					7.5				7.5	[redacted]
5					7.5				7.5	[redacted]
6	Sat								0	[redacted]
7	Sun								0	[redacted]
8					7.5				7.5	[redacted]
9					7.5				7.5	[redacted]
10					7.5				7.5	[redacted]
11					7.5				7.5	[redacted]
12					7.5				7.5	[redacted]
13	Sat								0	[redacted]
14	Sun								0	[redacted]
15									0	[redacted]
16									0	[redacted]
17									0	[redacted]
18									0	[redacted]
19									0	[redacted]
20	Sat								0	[redacted]
21	Sun								0	[redacted]
22									0	[redacted]
23									0	[redacted]
24									0	[redacted]
25									0	[redacted]
26									0	[redacted]
27	Sat								0	[redacted]
28	Sun								0	[redacted]
29									0	[redacted]
30									0	[redacted]
31									0	[redacted]
Total	0	0	0	0	75	0	0	0	75	75

I certify that the time reported above is correct to the best of my knowledge:

Employee Signature : Employee Not Available

Supervisor Signature: [signature] Date: 11/16/04

*ALL COMP TIME MUST BE USED WITHIN 90 DAYS

State Accident Fund
Monthly Time Sheet

January 2002

Employee: Shawn Holman

Exemp Y

Department: PHS

SSN - [redacted]

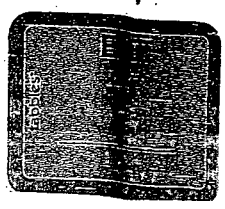
Date	Actual Hours Worked	Annual Leave	Sick Leave	Other Paid Leave	Leave Without Pay	Holiday	Comp Time Taken	Comp Time Earned	Total Leave Hours	Grand Total Hours
1						7.5			7.5	7.5
2	3.5			4					4	7.5
3				7.5					7.5	7.5
4				7.5					7.5	7.5
5	Sat								0	0
6	Sun								0	0
7	7.5								0	7.5
8	5.5	2							2	7.5
9	7.5								0	7.5
10	7.5								0	7.5
11	6.0	1.5							1.5	7.5
12	Sat								0	0
13	Sun								0	0
14	7.5								0	7.5
15			7.5						7.5	7.5
16	7.5								0	7.5
17	7.5								0	7.5
18	7.5								0	7.5
19	Sat								0	0
20	Sun								0	0
21						7.5			7.5	7.5
22	7.5								0	7.5
23	7.5								0	7.5
24	7.5								0	7.5
25	7.5								0	0
26	Sat								0	0
27	Sun								0	7.5
28	7.5								2	7.5
29	5.5	2							0	7.5
30	7.5								0	7.5
31	7.5									
Total	119.5	5.5	7.5	19	0	15	0	0	47	172.5

I certify that the time reported above is correct to the best of my knowledge.

Employee Signature: [signature]

Supervisor Signature: [signature] Date: 2/5/02

*ALL COMP TIME MUST BE USED WITHIN 90 DAYS



State Accident Fund
Monthly Time Sheet

February 2002

Employee: Shawn Holman

Exempt

Department: PHS

SSN - [redacted]

Date	Actual Hours Worked	Annual Leave	Sick Leave	Other Paid Leave	Leave Without Pay	Holiday	Comp Time Taken	Comp Time Earned	Total Leave Hours	Grand Total Hours
1	7.5								0	7.5
2	sat								0	0
3	sun								0	0
4	0		7.5						7.5	7.5
5	7.5								0	7.5
6	7.5								0	7.5
7	7.5								0	7.5
8	7.5								0	7.5
9	sat								0	0
10	sun								0	0
11	7.5								0	7.5
12	7.5								0	7.5
13	7.5								0	7.5
14	7.5								0	7.5
15	6.5	1							1	7.5
16	sat								0	0
17	sun								0	0
18						7.5			7.5	7.5
19	7.5								0	7.5
20	6.5	1							1	7.5
21				7.5					7.5	7.5
22				7.5					7.5	7.5
23	sat								0	0
24	sun								0	0
25	7.5								0	7.5
26	7.5								0	7.5
27	7.5								0	7.5
28	7.5								0	7.5
29									0	0
30	sat								0	0
31									0	0
										0
Total	118	2	7.5	15	0	7.5	0	0	32	150

I certify that the time reported above is correct to the best of my knowledge:

Employee Signature: [signature]

Supervisor Signature: [signature] Date: 3/4/02

*ALL COMP TIME MUST BE USED WITHIN 90 DAYS

State Accident Fund
Monthly Time Sheet

March 2002

Employee: Shawn Holman

Department: PHS

Exempt

SSN - [redacted]

Date	Actual Hours Worked	Annual Leave	Sick Leave	Other Paid Leave	Leave Without Pay	Holiday	Comp Time Taken	Earned Hours	Total Leave	Total Hours
1	5.5	2							2	7.5
2	sat								0	0
3	sun								0	0
4	7.5								0	7.5
5	6.5		1						1	7.5
6	7.5								0	7.5
7	7.5								0	7.5
8	7.5								0	7.5
9	sat								0	7.5
10	sun								0	7.5
11	7.5								0	7.5
12	7.5								0	7.5
13	7.5								0	7.5
14	7.5								0	7.5
15	6	1.5							1.5	7.5
16	sat								0	7.5
17	sun								0	7.5
18	7.5								0	7.5
19	7.5								0	7.5
20	5.5		2						2	7.5
21	7.5								0	7.5
22	7.5								0	7.5
23	sat								0	7.5
24	sun								0	7.5
25	7.5								0	7.5
26	7.5								0	7.5
27	7.5								0	7.5
28	7.5								7.5	7.5
29		7.5							0	7.5
30	sat								0	7.5
31	sun									
Total	143.5	11	3	0	0	0	0	0	14	150

I certify that the time reported above is correct to the best of my knowledge:

Employee Signature: [signature]

Supervisor Signature: [signature] Date: 4/1/02

*ALL COMP TIME MUST BE USED WITHIN 90 DAYS

State Accident Fund
Monthly Time Sheet

April 2002

Employee: Shawn Holman

Exempt

Department : Policyholder Services

SSN - [redacted]

Date	Actual Hours Worked	Annual Leave	Sick Leave	Other Paid Leave	Leave Without Pay	Holiday	Comp Time Taken	Comp Time Earned	Total Leave Hours	Grand Total Hours
1		7.5							7.5	7.5
2	7.5								0	7.5
3	7.5								0	7.5
4	7.5								0	7.5
5	7.5								0	7.5
6	Sat								0	0
7	Sun								0	0
8	4		3.5						3.5	7.5
9	7.5								0	7.5
10	7.5								0	7.5
11	7.5								0	7.5
12	7.5								0	7.5
13	Sat								0	0
14	Sun								0	0
15	7.5								0	7.5
16	7.5								0	7.5
17	7.5								0	7.5
18	7.5								0	7.5
19	7.5								0	7.5
20	Sat								0	0
21	Sun								0	0
22	7.5								0	7.5
23	7.5								0	7.5
24	7.5								0	7.5
25	7.5								0	7.5
26			7.5						7.5	7.5
27	Sat								0	0
28	Sun								0	0
29	7.5								0	7.5
30	7.5								0	7.5
31									0	0
										0
Total	146.5	7.5	11	0	0	0	0	0	18.5	165

I certify that the time reported above is correct to the best of my knowledge:

Employee Signature: [signature]

Supervisor Signature: [signature] Date: 5/3/02

*ALL COMP TIME MUST BE USED WITHIN 90 DAYS

State Accident Fund
Monthly Time Sheet
May 2002

Employee: Shawn Holman

Exempt

Department : PHS

SSN - [redacted]

Date	Actual Hours Worked	Annual Leave	Sick Leave	Other Paid Leave	Leave Without Pay	Holiday	Comp Time Taken	Comp Time Earned	Total Leave Hours	Grand Total Hours
1	7.5								0	7.5
2	3		4.5						4.5	7.5
3	7.5								0	7.5
4	Sat								0	0
5	Sun								0	0
6				7.5					7.5	7.5
7				7.5					7.5	7.5
8				7.5					7.5	7.5
9				7.5					7.5	7.5
10						7.5			7.5	7.5
11	Sat								0	0
12	Sun								0	0
13				7.5					7.5	7.5
14	7.5								0	7.5
15	7.5								0	7.5
16	7.5								0	7.5
17	7.5								0	0
18	Sat								0	0
19	Sun								0	0
20	7.5								0	7.5
21	7.5								0	7.5
22	7.5								0	7.5
23	5.5	2							2	7.5
24		7.5							7.5	7.5
25	Sat								0	0
26	Sun								0	0
27						7.5			7.5	7.5
28		7.5							7.5	7.5
29		7.5							7.5	7.5
30		7.5							7.5	7.5
31									7.5	7.5
Total	76	39.5	4.5	37.5	0	15	0	0	96.5	175

I certify that the time reported above is correct to the best of my knowledge:

Employee Signature: [signature]

Supervisor Signature: [signature] Date: 6/3/02

*ALL COMP TIME MUST BE USED WITHIN 90 DAYS

State Accident Fund
Monthly Time Sheet

June 2002

Employee: Shawn Holmar

Exempt

Department :

SSN - [redacted]

Date	Actual Hours Worked	Annual Leave	Sick Leave	Other Paid Leave	Leave Without Pay	Holiday	Comp Time Taken	Comp Time Earned	Total Leave Hours	Grand Total Hours
1	SAT								0	0
2	SUN								0	0
3	7.5								0	7.5
4	7.5								0	7.5
5	7.5								0	7.5
6	7.5								0	7.5
7	7.5								0	7.5
8	SAT								0	0
9	SUN								0	0
10	7.5								0	7.5
11	7.5								0	7.5
12	5.5		2						0	7.5
13	7.5								0	7.5
14	~~35.5~~	4							0	7.5
15	SAT								0	0
16	SUN								0	0
17	7.5								0	7.5
18	3.5		4						4	7.5
19			7.5						7.5	7.5
20			7.5						7.5	7.5
21	7.5								0	7.5
22	SAT								0	0
23	SUN								0	0
24	7.5								0	7.5
25	7.5								0	7.5
26	7.5								0	7.5
27	7.5								0	7.5
28	7.5								0	7.5
29	SAT								0	0
30	SUN								0	0
31									0	0
Total	~~151~~ 125	~~0~~ 4	~~19~~ 21	0	0	0	0	0	~~19~~ 25	150

I certify that the time reported above is correct to the best of my knowledge:

Employee Signature: [signature]

Supervisor Signature: [signature] Date: 7/1/02

*ALL COMP TIME MUST BE USED WITHIN 90 DAYS

State Accident Fund
Monthly Time Sheet

Employee: Shawn Holman

July 2002
Exempt

Department :

SSN - [redacted]

Date	Actual Hours Worked	Annual Leave	Sick Leave	Other Paid Leave	Leave Without Pay	Holiday	Comp Time Taken	Comp Time Earned	Total Leave Hours	Grand Total Hours
1	7.5								0	7.5
2	7.5								0	7.5
3	5.5	2							2	7.5
4						7.5			7.5	7.5
5		7.5							7.5	7.5
6	Sat								0	
7	Sun								0	
8	7.5								0	7.5
9	7.5								0	7.5
10	5	2.5							2.5	7.5
11	7.5								0	7.5
12	7.5								0	7.5
13	Sat								0	
14	Sun								0	
15	7.5								0	7.5
16	7.5								0	7.5
17	7.5								0	7.5
18	7.5								0	7.5
19	7.5								0	7.5
20	Sat								0	
21	Sun								0	
22	5.5		2						2	7.5
23	7.5								0	7.5
24	5	2.5							2.5	7.5
25	7.5								0	7.5
26	7.5								0	7.5
27	Sat								0	
28	Sun								0	
29	7.5								0	7.5
30	7.5								0	7.5
31			7.5						7.5	7.5
Total	141	14.5	9.5	0	0	7.5	0	0	31.5	172.5

I certify that the time reported above is correct to the best of my knowledge:

Employee Signature: [signature]

Supervisor Signature: [signature] Date: 8/2/02

*ALL COMP TIME MUST BE USED WITHIN 90 DAYS

State Accident Fund
Monthly Time Sheet
August 2002

Employee: Shawn Holman

Exempt

Department: PHS

SSN - [redacted]

Date	Actual Hours Worked	Annual Leave	Sick Leave	Other Paid Leave	Leave Without Pay	Holiday	Comp Time Taken	Comp Time Earned	Total Leave Hours	Grand Total Hours
1	7.5								0	7.5
2	7.5								0	7.5
3	Sat								0	
4	Sun								0	
5	4	3.5							7.5	
6	7.5								0	
7	7.5								0	
8	7.5								0	
9	7.5								0	
10	Sat								0	
11	Sun								0	
12	5.5		2						2	
13	7.5								0	
14	7.5								0	
15	7.5								0	
16	7.5								0	
17	Sat								0	
18	Sun								0	
19	7.5								0	
20	7.5								0	
21	7.5								0	
22	7.5								0	
23	4.5		3						3	
24	Sat								0	
25	Sun								0	
26	7.5								0	
27	7.5								0	
28	7.5								0	
29	7.5								0	
30	7.5								0	
31	Sat								0	
									0	
Total	156.5	3.5	5	0	0	0	0	0	8.5	165

I certify that the time reported above is correct to the best of my knowledge:

Employee Signature: [signature]

Supervisor Signature: [signature] Date: 9/3/02

*ALL COMP TIME MUST BE USED WITHIN 90 DAYS

State Accident Fund
Monthly Time Sheet

September 2002

Employee: Shawn Holman

Department : PHS

Exempt

SSN - [redacted]

Date	Actual Hours Worked	Annual Leave	Sick Leave	Other Paid Leave	Leave Without Pay	Holiday	Comp Time Taken	Earned Hours	Total Leave	Grand Total Hours
1	sun								0	0
2						7.5			7.5	7.5
3	7.5								0	7.5
4	7.5								0	7.5
5	7.5								0	7.5
6	7.5								0	7.5
7	sat								0	7.5
8	sun								0	0
9			7.5						0	0
10	7.5								7.5	7.5
11	7.5								0	7.5
12	7.5								0	7.5
13	6.5		1						0	7.5
14	sat								1	7.5
15	sun								0	0
16	7.5								0	0
17	7.5								0	7.5
18	7.5								0	7.5
19	7.5								0	7.5
20	7.5								0	7.5
21	sat								0	7.5
22	sun								0	0
23	7.5								0	0
24	7.5								0	7.5
25	6.5		1						0	7.5
26	7.5								1	7.5
27	7.5								0	7.5
28	sat								0	7.5
29	sun								0	0
30	7.5								0	0
31									0	7.5
									0	0
Total	140.5	0	9.5	0	0	7.5	0	0	17	157.5

I certify that the time reported above is correct to the best of my knowledge:

Employee Signature: [signature]

Supervisor Signature: [signature] Date: 10/1/02

*ALL COMP TIME MUST BE USED WITHIN 90 DAYS

State Accident Fund
Monthly Time Sheet

Employee: Shawn Holman

October 2002

Department: PHS

Exempt

SSN - [redacted]1

Date	Actual Hours Worked	Annual Leave	Sick Leave	Other Paid Leave	Leave Without Pay	Holiday	Comp Time Taken	Earned Hours	Total Leave	[illegible]
1	7.5								0	
2	7.5								0	
3	7.5								0	
4	7.5								0	
5	Sat								0	
6	Sun								0	
7	7.5								0	
8	7.5								0	
9	7.5								0	
10	7.5								0	
11	7.5								0	
12	Sat								0	
13	Sun								0	
14	7.5								0	
15	7.5								0	
16	7.5								0	
17	3.5		4						0	
18	7.5								4	
19	Sat								0	
20	Sun								0	
21	0	7.5							0	
22	7.5								7.5	
23	7.5								0	
24	6	1.5							0	
25	7.5								1.5	7
26	Sat								0	7
27	Sun								0	
28	7.5								0	
29	7.5								0	7
30	6.5	1							0	7
31	4.5	3							1	7
									3	7
Total	155.5	13	4	0	0	0	0	0	17	172.5

I certify that the time reported above is correct to the best of my knowledge:

Employee Signature: [signature]

Supervisor Signature: [signature] Date: 11/4/02

*ALL COMP TIME MUST BE USED WITHIN 90 DAYS

State Accident Fund
Monthly Time Sheet

November 2002

Employee: Shawn Holman

Department : PHS

Exempt

SSN - [redacted]

Date	Actual Hours Worked	Annual Leave	Sick Leave	Other Paid Leave	Leave Without Pay	Holiday	Comp Time Taken	Comp Time Earned	Total Leave Hours	Grand Total Hours
1	7.5								0	7.5
2	sat								0	0
3	sun								0	0
4		7.5							7.5	7.5
5	7.5								0	7.5
6	7.5								0	7.5
7	7.5								0	7.5
8	3.5	4							4	7.5
9	sat								0	0
10	sun								0	0
11						7.5			7.5	7.5
12	7.5								0	7.5
13	7.5 (1.5)	1.5							0	7.5
14	7.5								0	7.5
15	7.5								0	7.5
16	sat								0	0
17	sun								0	0
18	7.5								0	7.5
19	7.5								0	7.5
20	7.5								0	7.5
21	7.5								0	7.5
22	7.5								0	0
23	sat								0	0
24	sun								0	0
25	7.5								0	7.5
26	3		4.5						4.5	7.5
27	4		3.5						3.5	7.5
28						7.5			7.5	7.5
29						7.5			7.5	7.5
30	sat								0	0
31									0	0
Total	115.5	11.5	8	0	0	22.5	0	0	42	157.5

I certify that the time reported above is correct to the best of my knowledge:

Employee Signature: [signature]

Supervisor Signature: [signature] Date: 11/27/02

*ALL COMP TIME MUST BE USED WITHIN 90 DAYS

State Accident Fund
Monthly Time Sheet

December 2002

Employee: Shawn Holman

Department : PHS

Exempt

SSN - [redacted]

Date	Actual Hours Worked	Annual Leave	Sick Leave	Other Paid Leave	Leave Without Pay	Holiday	Comp Time Taken	Earned	Total Leave Hours	Grand Total Hours
1	sun									
2		7.5							0	0
3	7.5								7.5	7.5
4	2.5	5							0	7.5
5	6	1.5							5	7.5
6	7.5								1.5	7.5
7	sat								0	7.5
8	sun								0	0
9	7.5								0	0
10	7.5								0	7.5
11	7.5								0	7.5
12	7.5								0	7.5
13	7.5								0	7.5
14	sat								0	7.5
15	sun								0	0
16	5.5	2							0	0
17	3.5	4							2	7.5
18	7.5								4	7.5
19	5.75	1.75							0	7.5
20	7.5								1.75	7.5
21	sat								0	7.5
22	sun								0	0
23	7.5								0	0
24						7.5			0	7.5
25						7.5			7.5	7.5
26						7.5			7.5	7.5
27	7.5								7.5	7.5
28	sat								0	7.5
29	sun								0	0
30	3.5	4								0
31		7.5								7.5
									7.5	7.5
Total	109.25	33.25	0	0	0	22.5				

I certify that the time reported above is correct to the [illegible] my knowledge

Employee Signature: [illegible]

Supervisor Signature: [illegible] Date: [illegible]

*ALL COMP TIME MUST BE USED WITHIN 90 DAYS

STATE OF SOUTH CAROLINA
EMPLOYEE PERFORMANCE MANAGEMENT SYSTEM

Name: Al Menie Social Security No.

Agency: State Accident Fund

Department: Policyholder Services

Position/Classification: AD12/0001/047453

Date Assigned to Current Position: 5/21/93

Performance Review From: 10/2/02 To: 10/2/03

PLANNING STAGE ACKNOWLEDGMENT

Rating Officer [signature] Date 10/10/03

Reviewed by [signature] Date 10/10/03

Employee Date
(Signature of employee indicates the Planning Stage and Position Description were reviewed with the employee.)

EVALUATION STAGE ACKNOWLEDGMENT

Rating Officer [signature] Date 10/10/03

Reviewed by [signature] Date 10/10/03

Reviewing Officer Comments Al is diligent & highly customer focused. [illegible]

Employee Date
(My signature indicates that I was given the opportunity to discuss the official performance review with my supervisor - not that I necessarily agree.)

Employee Comments

JOB DUTIES	Performance Level
1. Job Duty: Issues and records policy transaction changes accurately within five business days. Success Criteria: Ensures that premium quotes, new business, endorsements, cancellations, Correspondence and renewals are processed within five business days in accordance with WCC and NCCI guidelines.	E 30%
2. Job Duty: Screen and process premium transactions within 180 business days. Success Criteria: Premium estimates, audit adjustments, revisions, experience modifications, workers' compensation classifications, and premium discounts are accurately computed and processed within 180 days and/or in accordance with the National Council on Compensation Insurance guidelines.	E 30%
3. Job Duty: Conducts policyholder involuntary on-site audits within 180 days of policy expiration and/or as needed. Success Criteria: Screen and/or conduct on-site audits of financial reports required in the premium calculation process. Reports such as W-3, W-2, 941, magnetic media. Ledger, A/R, and loss history reports within 90 days.	E 20%
4. Job Duty: Provide consultation, training seminars, and presentations on premium calculations, in-house and on-site as needed. Success Criteria: Generic and customized training is provided to policyholders based on collective and individual requirements as needed. Training may be seminars, on-demand training, proposals, and Modmaster reporting system.	M 10%

M
10%

5. Job Duty: Partner with functional teams to decrease policyholder losses caused by workplace injuries.

Success Criteria: Attend weekly team meetings to discuss policyholder issues to include loss prevention, and claim costs.

OBJECTIVES (Optional)	Performance Level
1. Objective:	
	____
Success Criteria:	

ACTUAL PERFORMANCE

PERFORMANCE CHARACTERISTICS	Acceptable/ Unacceptable
1. Characteristic: Planning and organizing.	__A__
Definition: Establishes a course of action for meeting agency objectives and plans; develops schedules for activities and projects.	
2. Characteristic: Judgment.	__A__
Definition: Makes realistic and rational decisions; seeks advice and input of team members, employers, and other appropriate sources.	
3. Characteristic: Dependability.	__A__
Definition: Can be relied upon to fulfill State Accident Fund – Policyholder Services goals and objectives.	

SUMMARY AND IMPROVEMENT PLAN

Identify the employee's major accomplishments, areas needing improvement, and steps to improve present and future performance.

Al is to be commended for the personal initiative he took during late 2002 and early 2003, a time when he voluntarily took on extra duties while we were short two premium auditors, to make sure that all policy transactions were completed on a timely basis. During this same time he continued to make every effort to delight all customers needing assistance.

APPRAISAL RESULTS

_____Substantially Exceeds __X___Exceeds _____Meets _____Below

30% x 3 = 90%
30% x 3 = 90%
20% x 3 = 60%
10% x 2 = 20%
10% x 2 = 20%
100x = 280

x = 2.80 = Exceeds

RECEIVED FEB 0 8 2009

HNB

HOWSER, NEWMAN
& BESLEY, LLC

Attorneys and Counselors at Law

R. Davis Howser
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William G. Besley
Benjamin D. McCoy ^
Kelley Shull Cannon
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Jennifer E. Thomas
Albert Richard Pierce, Jr. *
James P. Sullivan
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Toll Free (877) 216-6970

January 20, 2012

The Honorable G. Bryan Lyndon
S. C. WORKERS' COMPENSATION COMMISSION
Post Office Box 1715
Columbia, South Carolina 29202-1715

RE: ***Menie v. State Accident Fund***
WCC No.: 0307461
Claim No.: 2003-2991
Our File No.: 160-167

Dear Commissioner Lyndon:

Enclosed is the Pre-Hearing Brief of the State Accident Fund in the above case which is scheduled to be heard before you on January 30, 2012, in Columbia, South Carolina, at 11:00 a.m. We are also submitting herewith the Notice of Witnesses and Medical Reports under the Administrative Procedures Act and will be submitting the medical reports at the time of the hearing.

By copy of this letter, I am serving the Claimant's attorney with a copy of this Pre-Hearing Brief and a copy of the Notice of Witnesses and Medical Reports. With kind regards, I am

Yours very truly,

Andrew E. Haselden

AEH/sld

Enclosure(s)

cc: Preston F. McDaniel, Esq.

South Carolina Workers' Compensation Commission
1612 Marion St.
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5739
www.wcc.sc.gov

PRE-HEARING BRIEF

WCC File No: 0307461

Claimant's Name: Alvin Menie
Address:
City: State: Zip:
Home Phone: Work Phone: ( ) -
Preparer's Name: Andrew E. Haselden / Howser, Newman & Besley, LLC

Employer's Name: State Accident Fund
Address: P.O. Box 102100
City: Columbia State: SC Zip: 29221
Carrier: State Accident Fund
Preparer's Phone #: (877) 216-6970

A claim for workers' compensation benefits is made based on the following grounds:

■ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: $516.77 2. AWW: $775.11 **Date of Injury:** 3/3/03 *(ALLEGED)*
3. Type of injury and body part(s): Alleged heart condition caused by on the job stress
4. Facts in controversy: (1) Whether the Claimant sustained compensable stress related heart attack within the course and scope of his employment with the Defendant/Employer; (2) whether Claimant is entitled to any benefits under the Act
5. Legal issues involved: See number 4 above; applicability of the doctrine of laches
6. Unusual aspects: ***SEE ATTACHED ADDENDUM***
7. Witnesses (designate if expert):* (1) Ross Gamble; (2) Kirk Adair; (3) Theresa Simmons; (4) Gerald Murphy; (5) other representatives of the Defendants; (6) Claimant; and (7) any witnesses identified or called by the Claimant
8. Exhibits: ***SEE ATTACHED ADDENDUM***
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance): See APA submissions
10. Name, address, and specialty, if any, of the treating physician: Not applicable
11. Impairment rating(s); body part(s); physician and date of opinion: Not applicable
12. I am amending my Form 50/51 in the following manner: Defendants assert the doctrine of laches as a complete defense to this claim

I verify the contents of this form are accurate and true to the best of my knowledge.

Signature:

Email: ahaselden@hnblaw.com

Date of hearing: January 30, 2012

Time needed for hearing: ***2 HOURS***

On behalf of ☐ Claimant ■ Employer

File this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports.
* Commissioners reserve the right to admit expert witnesses at hearings.

ADDENDUM TO FORM 58 / PRE-HEARING BRIEF

6. Unusual Aspects	A. In the event that Claimant submits the deposition of Dr. C.W. Hendricks (July 6, 2011), Defendants request that their objections made during the deposition be heard prior to the hearing in this matter or in some manner prior to a decision in this case being rendered. The objections appear on the following pages of the deposition: • 36; • 38; • 40; • 41; • 42; • 43 (twice); • 44; • 45 (twice); and • 46 (three times). B. Per the "Affidavit of Counsel" submitted as an Exhibit in this matter, Claimant owes the Defendants $216.38 in copying charges.
8. Exhibits	A. Affidavit of Counsel B. Article / *CardioSmart: Atrial Fibrillation* C. Personal Locator Forms for Claimant (1/1/02-3/31-03) D. Monthly Timesheets for Carla Johnson (1/1/03-3/31/03) E. Monthly Timesheets for Carla Johnson (1/1/02-8/31/04) F. Request for Leave Forms (2/28/02-9/3/04)

BEFORE THE

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

WCC FILE NO.: 0307461

Alvin Menie, *Employee/ Claimant,* vs. **State Accident Fund,** *Employer/Insured/ Defendant.*	**NOTICE OF WITNESSES AND WRITTEN MEDICAL REPORTS TO BE INTRODUCED AS DIRECT EVIDENCE ON BEHALF OF THE DEFENDANT**

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND PRESTON F. MCDANIEL, ESQUIRE, ATTORNEY FOR THE CLAIMANT:

YOU ARE HEREBY NOTIFIED THAT THE DEFENDANTS, pursuant to the provisions of the South Carolina Workers' Compensation Act and South Carolina Code Section 1-23-330 (1976, as amended), herewith submits the following medical reports as direct evidence on behalf of the Defendants above-named, to wit:

NAME OF PHYSICIAN	DATE OF REPORTS	PAGE NUMBERS
Lexington Medical Center	3/3/03-3/7/03	1-4
Columbia Heart Clinic, P.A.	3/21/03-2/3/11	5-19
Michael R. Zile, M.D.	8/11/11	20
Dorn VA Hospital	11/19/09-9/17/11	150- 173

EXIHIBITS

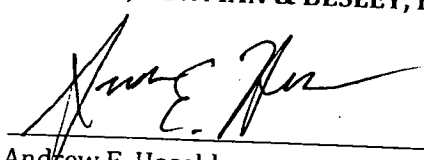
A. Affidavit of Counsel	8/10/11	21-33
B. Article / *CardioSmart: Atrial Fibrillation*		34-41
C. Personal Locator Forms for Claimant	1/1/02-3/31-03	42-56
D. Monthly Timesheets for Carla Johnson	1/1/03-3/31/03	57-59
E. Monthly Timesheets for Claimant	1/1/02-8/31/04	60-91
F. Request for Leave Forms	2/28/02-9/3/04	92-149

YOU ARE FURTHER NOTIFIED that the originals of the documents referred to herein, or photocopies received from said physicians/others, are being herewith forwarded to the South Carolina Workers' Compensation Commission for insertion in the file of the South Carolina Workers' Compensation Commission and inclusion into evidence on behalf of the Employer/Defendant.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the Employer/Defendant:

- **Ross Gamble**
- **Kirk Adair**
- **Theresa Simmons**
- **Gerald Murphy**
- **Other representatives of the Defendants**
- **Claimant**
- **Any witnesses identified or called by the Claimant**

HOWSER, NEWMAN & BESLEY, L.L.C.



Andrew E. Haselden
1110 Queensborough Street, Suite C
Mt. Pleasant, South Carolina 29464
(843) 216-6940 – telephone
(843) 216-6942 - facsimile

January 20, 2012

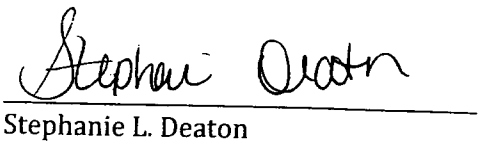
CERTIFICATE OF SERVICE

I, Stephanie L. Deaton, the undersigned, an employee of Howser, Newman & Besley L.L.C., attorneys for the Employer/Carrier, do hereby certify that I have this date served the foregoing

Pre-Hearing Brief and Notice of Witnesses and Written Medical Reports

to be Introduced as Direct Evidence on Behalf of the Defendants by causing it to be placed in the U.S. Postal system, postage prepaid, addressed to the attorney(s) as indicated below:

Preston F. McDaniel, Esq.
MCDANIEL LAW FIRM
1315 Elmwood Ave.
Columbia, South Carolina 29201



Stephanie L. Deaton

January 20, 2012

LEXINGTON
MEDICAL CENTER
2720 Sunset Boulevard
West Columbia, South Carolina 29169
803-791-2000

EMERGENCY DEPARTMENT NOTE

PATIENT: MENIE, ALVIN L
LOCATION: H3P1 311
ADM. #:
M.R. #:
ADMITTED: March 04, 2003
D: 03/03/2003
DISCHARGED:
T: 03/04/2003 9:35 AM /lms
PHYSICIAN: V SCOTT CARROLL, MD
SSN:

CHIEF COMPLAINT: "I feel dizzy."

HISTORY OF THE PRESENT ILLNESS: The patient is a 59-year-old who presents to the Emergency Department with acute onset of dizziness tonight which he describes the room as spinning. He has had associated diaphoresis profusely. He has also been vomiting. Denies any headache, tinnitus, visual changes, chest pain, shortness of breath, or any symptoms consistent with angina other than his diaphoresis and vomiting. He has had no headache.

PAST MEDICAL HISTORY: He has been diagnosed with vertigo in the past and has actually taken ( ) in the past for this. He also has a history of cellulitis and he has obstructive sleep apnea for which he is on CPAP.

ALLERGIES: None known.

PHYSICAL EXAM: VITAL SIGNS: Temperature 97, pulse 103 and irregular, blood pressure 145/94. Oxygen saturation 99%. Respirations 18. GENERAL: Very pale White male, his shirt is wet from diaphoresis. HEENT: Pupils equal, round, and reactive to light. Serous effusions bilaterally. Oropharynx clear. NECK: Supple. NEUROLOGIC: Positive Hall-Pike and in fact began having dry heaves after the Hall-Pike test. LUNGS: Clear. CARDIOVASCULAR: Irregularly irregular rhythm. No appreciable murmur or rub was noted. ABDOMEN: Soft, nontender. EXTREMITIES: Warm. Can move all extremities without difficulty. SKIN: Moist to touch.

MEDICAL DECISION MAKING: A 59-year-old who presents with vertiginous symptoms however, he also has an irregularly irregular pulse with no history of atrial fibrillation.

DIAGNOSTIC STUDIES: EKG reveals atrial fibrillation without obvious signs of ischemia. Cardiac enzymes negative. CT scan of the brain negative. Chest x-ray no congestive failure. CBC normal WBCs 11,000 and he does have a left shift. CMET shows a CO2 that is low at 20 with anion gap 16.

EMERGENCY DEPARTMENT COURSE: TREATMENT: Given 500 cc bolus of saline and Phenergan 25 mg IV. Also placed him on 5 mcg of nitroglycerin.

DIAGNOSIS(ES):
1. New onset atrial fibrillation.
2. Vertiginous symptoms most likely vertigo benign positional possibly anginal equivalent.

DISPOSITION: Due to his diaphoresis and vomiting and his new onset atrial fibrillation I have consulted with cardiology, Dr. Alexander was here in the Emergency Department and saw the patient and is admitting him to PCU for further evaluation. The patient is currently stable and is feeling improved after his Phenergan and IV fluids.

9398770; Mar-20-03 18:14; Page 8/13

LEXINGTON
MEDICAL CENTER
2720 Sunset Boulevard
West Columbia, South Carolina 29169
803-791-2000

R58256

HISTORY & PHYSICAL

PATIENT: MENIE, ALVIN L	LOCATION: H3P1
ADM. #: H00011860152	M.R. #:
ADMITTED: March 04, 2003	D: 03/03/2003
DISCHARGED:	T: 03/04/2003 10:26 AM /tsg
PHYSICIAN: M DONALD ALEXANDER, MD	SSN:

HISTORY OF THE PRESENT ILLNESS: This patient is a 59-year-old gentleman with a longstanding history of sleep apnea using CPAP. He has also had a history of chronic lower extremity venous insufficiency with a history of cellulitis. He otherwise has been in fairly good health according to he and his family.

The patient had an acute onset of vertigo this evening associated with significant nausea, diaphoresis and vomiting. He was extremely weak. Due to these problems he was brought to the emergency department at Lexington where he was noted to be in atrial fibrillation. The patient has no prior known history of cardiac problems. No history of arrhythmia. He has had no similar episodes to his present illness.

He has not had any chest pain consistent with angina and he has not had any overt symptoms of congestive heart failure. Due to the new onset atrial fibrillation a cardiology consultation was kindly requested. The patient did undergo a noncontrasted CT of the head, which by report is normal.

REVIEW OF SYSTEMS: The patient does have a history of allergies and has had some congestion in his ears last week for which he took some ear drops. He has not had any fever, chills, or sore throat. He denies any blurred vision or lateralizing neurological signs. He denies any dysphagia. He has not had any particular chest pain or shortness of breath, but he does have chronic sleep apnea. He is obese. He denies any abdominal pain or history of peptic ulcer disease. He does admit to chronic lower extremity edema and a history of cellulitis in his left lower extremity.

CURRENT HOME MEDICATIONS: Allegra and Antivert.

ALLERGIES: None known.

PHYSICAL EXAMINATION:
VITAL SIGNS: Blood pressure 130/90, pulse 90/irregular.
GENERALLY: Obese, pleasant in no acute distress; however, when he moves his head he becomes profoundly nauseated.
NECK: Preserved carotid upstroke without bruits. No neck vein distention. No thyromegaly.
LUNGS: Clear to percussion and auscultation.
CARDIOVASCULAR: Irregular rhythm without detectable murmur. No gallop.
ABDOMEN: Morbidly obese without definite mass, organomegaly or tenderness. Bowel sounds are normal and no abdominal bruits. Femoral pulses are 1+ and lower extremity pulses are diminished.
LOWER EXTREMITIES: Revealed chronic brawny changes with 2+ lower extremity edema at the ankles.

LEXINGTON
MEDICAL CENTER
2720 Sunset Boulevard
West Columbia, South Carolina 29169
803-791-2000

R 58256

DISCHARGE SUMMARY

PATIENT: MENIE, ALVIN L	LOCATION: DISCHARGED
ADM. #: H00011860152	M.R. #:
ADMITTED: March 04, 2003	D: 03/07/2003
DISCHARGED: March 07, 2003	T: 03/07/2003 5:49 PM /alb
PHYSICIAN: CHARLES W HENDRICKS, MD	SSN:
DICTATED BY: JULIE MASSEY, ACNP	

DISCHARGE DIAGNOSIS(ES):

1. New onset atrial fibrillation.
2. Hypertension.
3. Obesity.
4. Dizziness.

PROCEDURE(S) PERFORMED:

1. Echocardiogram.
   a) Left atrial enlargement at 5 cm.
   b) Slight ventricular dilatation with normal systolic performance and EF 64%.
   c) Incidental tricuspid insufficiency with modest pulmonary hypertension.

HOSPITAL COURSE: This is a 59-year-old white male who was admitted on 03/03/03 with dizziness and new onset atrial fibrillation with rapid ventricular rate. He was admitted to the PCU for cardiac monitoring, where his cardiac enzymes were negative. He was put on Lovenox. CT of the brain was negative with the exception of some benign calcification in the basal ganglia bilaterally. Free T4 and TSH were within normal limits. He was started on amiodarone 200 mg p.o. b.i.d., and Vasotec 5 mg p.o. q.d. for hypertension. On 03/06/03, which was the expected date of discharge, he had converted back into atrial fibrillation. We increased his amiodarone and started him on Coumadin. This morning he is back in sinus rhythm, ambulating independently, having no problems, and his blood pressure is improved. Will plan to send him home today on his current medications, have him get his PT checked on Monday morning in our office, and then follow up with Dr. Hendricks in the next 2 weeks. We will complete Coumadin teaching today before he leaves as well.

DISCHARGE PHYSICAL EXAMINATION:

GENERAL: Awake, alert and oriented, ambulating independently without problems.
VITAL SIGNS: Temperature 97.4, heart rate 70/regular, respirations 20/even and unlabored, BP 120/70.
CARDIOVASCULAR: S1 and S2 without murmur, rub, gallop or click. Peripheral pulses are palpable. There is no JVD, peripheral edema, carotid bruits or femoral bruits.
LUNGS: Clear bilaterally.
ABDOMEN: Soft, nontender, obese. No palpable masses. Bowel sounds are present x4.

DIAGNOSTIC STUDIES: PT 14.3, INR 1.12, PTT 31.5. Free T4 0.9, TSH 0.57. CBC within normal limits. CMET within normal limits. Cardiac enzymes negative.

PATIENT: MENIE, ALVIN L	LOCATION: DISCHARGED
ADM. #: H00011860152	M.R. #:

DISCHARGE MEDICATIONS:

1. Amiodarone 400 mg p.o. b.i.d. for the next 2 days and then decrease to 200 mg p.o. b.i.d.
2. Coumadin 5 mg p.o. q.h.s. and as directed by our clinic.
3. Vasotec 5 mg p.o. q.d.
4. Baby aspirin 1 p.o. q.d.

DISPOSITION: Will discharge him home today. He will have his Coumadin level checked in our clinic on Monday morning. I have contacted the Coumadin Clinic so they are aware of him. He will follow up with Dr. Hendricks in our office in the next week and a half to 2 weeks with an EKG and certainly sooner if need be. He will have Coumadin teaching completed, which I have already started. He knows to be careful with bleeding precautions. If he has problems with dizziness in the future on the amiodarone and in sinus rhythm, we may investigate an ENT consult as an outpatient.

CHARLES W HENDRICKS, MD

cc: TERRY L NAGEL, DO

Name Alvin [illegible] Chart No. _____

1'-LFP

Date	Weight	BP	Pulse	Temp
3-21-03	310			
4-10-03	310	158/90	74	
7-2-03	304			
10-27-03	266			
2-18-04	280			
8/18/04	291			
12/15/04	322			
1-18-05	336			
8/26/05	304			
6-1-06	311			
7/11/06	326	119		
3-15-07	325			
8-29-07	319.9		105	
9-26-07	325			
11-27-07	329			
6-2-08	332	150/82		
7-8-08	325	142/82		
8-19-08	NS			
9-4-08	318	140/80		
10-3-08	312	130/80		
10/30/08	318	104/66		
12-1-08	328	140/80		
4-8-09	333	118/74		
2-10-10	337	130/70		
4-22-10	345	130/70		
8/20/10	329	132/80		
9-7-10	327	140/68		

CCC-11

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COLUMBIA HEART CLINIC, P.A.

PATIENT: Alvin L. Menie
DOB: AGE: 59 SEX: M ACCOUNT:
SSN:

3/21/2003 C W. HENDRICKS MD

OFFICE NOTE

HISTORY: The patient returns today doing well from the cardiovascular point of view. He has really had no more vertigo-type symptoms which were associated with atrial fibrillation. He has had no other problems by way of chest pain, syndrome, shortness of breath or other complaint. He has been getting along quite well, but has developed a rash with target lesions in the right triceps area and in the left lower quadrant of his abdomen. He has had no diffuse rash and has not changed any of his medications. He is seen at this time doing well from a cardiovascular point of view having recently been hospitalized at Lexington Medical Center for atrial fibrillation which responded to amiodarone therapy.

CURRENT MEDICATIONS: Amiodarone 200 p.o. b.i.d., Vasotec 5 mg daily, Coumadin as directed and one baby aspirin daily.

REVIEW OF SYSTEMS: He has had no GI, GU, ENT or other blood loss. He has had no syncope, no palpitations and has had no other major problems from the standpoint of his cardiovascular situation.

He has had no fevers, night sweats or chills but has had itching in the aforementioned focal target rash.

PHYSICAL EXAMINATION: VITAL SIGNS: Blood pressure 140/80. NECK: No jugular venous distention. Carotids are brisk without bruit or thrill. LUNGS: Clear to A&P. CARDIAC: Precordium is quiet to palpation; S1 and S2 is normal with a flow murmur at the apex without click, rub, gallop or diastolic sound. ABDOMEN: Free of masses, organomegaly or bruit. Femoral pulses are full without bruit. EXTREMITIES: Free of edema with good distal pulses.

LABORATORY DATA: EKG is within normal limits with a normal sinus rhythm.

DIAGNOSTIC IMPRESSION:
1. Atrial fibrillation - stable on Coumadin and amiodarone.
2. Hypertension - reasonably well controlled.
3. Allergic reaction - likely Vasotec though not a diffuse rash.
4. Vertigo - probably related to #1 above.

RECOMMENDATIONS: He is advised to stop his Vasotec and will need to be seen back in 2-3 weeks or p.r.n. and to call if symptoms do not improve. Over-the-counter hydrocortisone cream % can be applied to the two focal areas of abnormality and he will be rechecked if this does not improve. Otherwise, he is to continue on the amiodarone and Coumadin and the latter may be stopped if no additional dysrhythmia occurs. He is to call if problems arise in the interim.

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COLUMBIA HEART CLINIC, P.A.

PATIENT: Alvin L. Menie
DOB: AGE: 59 SEX: M ACCOUNT:
SSN:

3/21/2003 C W. HENDRICKS MD

OFFICE NOTE

C. W. Hendricks, MD

CWH:skm

D: 03/21/03
T: 03/26/03
92893

7

COLUMBIA HEART CLINIC, P.A.

PATIENT: Alvin L. Menie
DOB: AGE: 59 SEX: M ACCOUNT:
SSN:

4/10/2003 C W. HENDRICKS MD
OFFICE NOTE
DICTATED BY: JULIE E. MASSEY, RN, ACNP

PROBLEM LIST:
1. Cardiac.
   a) New onset atrial fibrillation 3/04/03 - now in sinus rhythm on amiodarone and Coumadin.
   b) Echocardiogram 3/03 with left atrial enlargement at 5 cm with slight left ventricular dilatation and normal systolic performance with an ejection fraction of 64% with incidental tricuspid insufficiency and modest pulmonary hypertension.
2. Hypertension - medications adjusted today.
3. ALLERGY TO VASOTEC - causes rash.

CLINICAL SUMMARY: The patient comes in today for a three week follow-up. He was last seen on 3/21/03 for hospital follow-up and had developed a rash thought related to Vasotec. The Vasotec was stopped and his rash has almost completely disappeared. Blood pressure however is back up in the 150s over 90s range so I did add some HCTZ today as it is probable that his developed high blood pressure was the cause of his new onset atrial fib. By EKG today, he is currently in sinus rhythm. He is on amiodarone 200 mg q.d. as well as Coumadin and we are going to have a pro time checked today. All in all he has been getting along quite well. He tried to instigate an exercise regime for weight loss but with the weather being so bad lately he has not been able to get out quite as much.

CURRENT MEDICATIONS: Amiodarone 200 mg q.d., Coumadin as directed and a baby aspirin q.d. I did add HCTZ 25 mg q.d. today.

PHYSICAL EXAM: GENERAL: He is awake alert and oriented. VITAL SIGNS: Blood pressure is 150/90. Pulse is 74 and regular. Weight is 310 lbs. CARDIAC: S1, S2 without murmur, gallop, rub or click. Peripheral pulses are palpable. There is no JVD, peripheral edema, carotid bruits or femoral bruits. LUNGS: Lung sounds are clear bilaterally. ABDOMEN: Soft, nontender, nondistended with no palpable masses and bowel sounds are present x4.

ASSESSMENT AND PLAN: Overall stable cardiovascular status with atrial fibrillation that has resolved. We will continue his current dose of amiodarone and Coumadin and get his pro time checked today. His blood pressure is on the high side since his Vasotec needed to be stopped so I have added HCTZ 25 mg p.o. q.d. today. We are going to plan to see the patient back in three months and sooner if need be.

C W. HENDRICKS MD

CWH:phh

8

COLUMBIA HEART CLINIC, P.A.

PATIENT: Alvin L. Menie
DOB: AGE: 59 SEX: M ACCOUNT:
SSN:

4/10/2003 C W. HENDRICKS MD
OFFICE NOTE

cc: Lexington Family Practice

D: 4-10-03
T: 4-16-03
95785

9

COLUMBIA HEART CLINIC, P.A.

PATIENT: Alvin L. Menie
DOB: AGE: 60 SEX: M ACCOUNT:
SSN:

7/02/2003 C W. HENDRICKS MD

OFFICE NOTE

HISTORY: The patient returns today doing fairly well. He has had no palpitations, syncope, angina or unusual shortness of breath. All things considered, he is having no important cardiovascular symptoms in the face of atrial fibrillation on amiodarone and Coumadin. He had his Vasotec stopped because of a major allergic reaction and is seen today in routine follow-up.

CURRENT MEDICATIONS: HCTZ 125 mg daily, Coumadin 5 mg as directed, amiodarone 200 daily, Bextra 20 daily and saw palmetto.

REVIEW OF SYSTEMS: No fever, night sweats, chills, weight loss, edema, orthopnea, paroxysmal nocturnal dyspnea, GI, GU, ENT or other bleeding. No palpitations. The rest of the review is negative.

PHYSICAL EXAMINATION: VITAL SIGNS: Blood pressure 160/80. NECK: No jugular venous distention. Carotids are brisk without bruit or thrill. LUNGS: Clear to A&P. CARDIAC: Precordium is quiet to palpation. S1 and S2 is normal. There is a flow murmur at the apex without click, rub, gallop or diastolic sound. ABDOMEN: Protuberant but free of masses, organomegaly or bruit. Femoral pulses are full. EXTREMITIES: Free of edema with good distal pulses.

LABORATORY DATA: EKG shows normal sinus rhythm with normal complexes and intervals.

IMPRESSION:
1. Atrial fibrillation - controlled:
   a) Coumadin and amiodarone.
2. Hypertension - suboptimal.
3. Obesity.

RECOMMENDATIONS: At this point, Toprol-XL 25 mg to increase to 50 if needed will be added for blood pressure control and he checks his pressure fairly often and he will report the results pending review of his blood pressures at home. He is to continue follow-up with Dr. Brearley and here in three months.

C. W. Hendricks, MD

CWH:skm

cc: Dr. Nagel, Lexington Family Practice → D. Stone (old chart and LV)

D: 07/02/03
T: 07/03/03
08673

10

COLUMBIA HEART CLINIC, P.A.

PATIENT: Alvin L. Menie
DOB: AGE: 60 SEX: M ACCOUNT: SSN:

10/27/2003 C W. HENDRICKS MD

OFFICE NOTE

HISTORY: The patient returns today doing quite well. He has really had no important chest pain or dyspnea, no syncope or palpitations though he does get significant orthostasis after being placed on Cozaar as he was intolerant of Norvasc and Toprol. He may have also had true allergic reactions to the latter drugs mentioned above. He has been on the Atkin's diet and has lost from 304 to 266 and in this time frame his blood pressures have been dramatically better. He is seen today in routine follow-up on amiodarone and Coumadin.

MEDICATIONS: HCTZ 25 mg q.d., Coumadin 5 mg as directed, amiodarone 200 mg q.d., Bextra 20 mg q.d. as well as saw palmetto and now Cozaar of an uncertain dose.

REVIEW OF SYSTEMS: He has had no GI, GU, ENT or other bleeding. No fevers, night sweats or chills but has lost weight on an intention basis. He has had no myalgias, arthralgias, nausea, vomiting or diarrhea and the rest of the review is negative.

PHYSICAL EXAM: VITAL SIGNS: Blood pressure was 132/82 seated and standing. GENERAL: He is awake alert oriented and in no distress. Eyes are free of icterus and he has purple stria on the skin of his abdomen. NECK: No jugular venous distention. Carotids are brisk without bruit or thrill. LUNGS: Clear to A&P. CARDIAC: Precordium is quiet to palpation. S1 and S2 were normal with a flow murmur at the apex with a perfectly regular rhythm. There was no gallop or rub. ABDOMEN: Free of masses, organomegaly or bruit. Femoral pulses full. EXTREMITIES: Free of edema but brawny induration of both pretibial regions. Distal pulses are normal.

IMPRESSION:

1. Atrial fibrillation - controlled in clinical sinus rhythm.
   a) Coumadin and amiodarone.
2. Hypertension - better controlled.
3. Obesity - significant weight loss on Atkin's diet with improvement in blood pressure as well.

RECOMMENDATIONS: At this point he will be seen back in three months or p.r.n. on same medications and at that time will discuss the possibility of stopping his Coumadin although I believe amiodarone will need to be maintained. If he has any recurrence of dysrhythmia however, he will need to stay on both drugs.

C W. HENDRICKS MD

CWH:phh

cc: Dr Stone - Old Chapin Road, Lexington

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COLUMBIA HEART CLINIC, P.A.

PATIENT: Alvin L. Menie
DOB: AGE: 60 SEX: M ACCOUNT:
SSN:

10/27/2003 C W. HENDRICKS MD
OFFICE NOTE

D: 10-27-03
T: 10-28-03
15265

12

COLUMBIA HEART CLINIC, P.A.

PATIENT: Alvin L. Menie
DOB: AGE: 60 SEX: M ACCOUNT:
SSN:

2/18/2004 C W. HENDRICKS MD

OFFICE NOTE

HISTORY: The patient returns today doing quite well. He says that he is under a lot of additional stress at work as one of his coworkers has had major surgery and he has had to help out with this, but in independent of this he has had no particular palpitations and certainly no syncope, shortness of breath, chest pain, pressure, heaviness, tightness or fullness without and with effort. Generally speaking he has been getting along quite well from the cardiovascular point of view on his current medical regimen.

CURRENT MEDICATIONS: Cozaar 25 mg daily, HCTZ 25 daily, Coumadin 5 daily except for 1-1/2 on Wednesday and amiodarone 200 b.i.d.

REVIEW OF SYSTEMS: He has had no GI, GU, ENT or other bleeding. No fevers, night sweats or chills. Occasional edema if he stands for long periods of time but no myalgias, arthralgias and has gained some weight back after losing a considerable amount on the Atkins diet. The rest of the review is negative.

PHYSICAL EXAMINATION: VITAL SIGNS: Blood pressure 160/80 - most home blood pressures have been satisfactory, however. GENERAL: Awake, cooperative, oriented and in no apparently distress. HEENT: Eyes are free of icterus; EOMI. NECK: No jugular venous distention. Carotids are brisk without bruit or thrill. LUNGS: Clear to A&P. CARDIAC: Precordium is quiet to palpitation. S1 and S2 normal. There is a flow murmur at the apex without click, rub, gallop or diastolic sound. ABDOMEN: Free of masses, organomegaly or bruit. Femoral pulses are full without bruits. EXTREMITIES: Trace to 1+ edema.

LABORATORY: EKG shows a normal sinus rhythm with essentially normal complexes and intervals.

DIAGNOSTIC IMPRESSION:

1. Atrial fibrillation - no recurrence in one year.
   a) Chronic amiodarone and Coumadin.
2. Hypertension - generally well controlled.
3. Obesity - some weight reduction and now recurrence.

RECOMMENDATIONS: At this point, he will be seen back in 6 months with a stress Cardiolite which has not been done to this point. He is at risk for his hypertension and prior fibrillation and on the basis of this he will have further recommendations pending results of his stress Cardiolite. At the same time, I have advised him to stop his Coumadin but to let me known if current palpitations recur as he may well need to have Coumadin reinstituted. With his larger body mass, I believe that he should remain on a b.i.d. amiodarone dose.

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COLUMBIA HEART CLINIC, P.A.

PATIENT: Alvin L. Menie
DOB: AGE: 60 SEX: M ACCOUNT:
SSN:

2/18/2004 C W. HENDRICKS MD

OFFICE NOTE

C. W. Hendricks, MD

CWH:skm

D. Carter
c living well Card Ctr. Lx

D: 2/18/04
T: 2/23/04
32221

14

COLUMBIA HEART, P.A.

PATIENT: ALVIN L MENIE
DOB:
DOS: 09/07/2010

AGE: 67Y SEX: M

CHART ID:
MRN:
SSN:

OFFICE NOTE

HISTORY: The patient returns doing okay. Basically, he has had no syncope or palpitations, but a Holter showing fairly significant pauses while on relatively low dose propranolol which I have advised him to stop. Most of the discussion was carried out regarding Agent Orange exposure and arrhythmia issues as well as ischemic heart disease issues and these I have pursued by way of "Google" and though the VA recommendations are not completely listed, these are deferred to "other sources" for pursuit. I have advised him, however, that the ischemic was not documented by me in terms of a recent stress study prompted by chest pain, which has been a atypical primarily at rest - and relatively low grade. The atrial fibrillation part of his problem is clearly related to Agent Orange as far as I could discern, but at the same time, he seems to think that the VA Administrator for Lexington County has more information and certainly I will defer this.

CURRENT MEDICATIONS: Unchanged from the note of August 20, 2010, except the history above.

REVIEW OF SYSTEMS: Unchanged from the note of August 20, 2010, except for the history above. All other systems negative.

PHYSICAL EXAM: VITAL SIGNS: Blood pressure is 140/68. EYES: Conjunctivae and lids normal. ENT: Dentition/gums/mucosa normal. Normocephalic. No neck vein distention. Normal carotid upstroke and amplitude, symmetric without bruits. The thyroid is nonpalpable. LUNGS: Clear to auscultation. Respirations are unlabored. CARDIAC: The PMI is nondisplaced, no lifts/thrills. S1 and S2 normal. There were no murmurs, rubs or gallops. ABDOMEN: Nontender. Bowel sounds are normoactive. There were no palpable masses or hepatosplenomegaly. No abdominal aortic bruit or abnormal pulsation. EXTREMITIES: Femoral and pedal pulses are 2+ and symmetric with normal amplitude. There is no edema, cyanosis or clubbing. No venous varicosities and no ischemic changes. SKIN: No lesions identified. NEUROLOGIC: No motor or sensory deficits are detected. The patient is oriented to time, place and person with normal affect/mood. MUSCULOSKELETAL: Normal muscular strength and tone are noted.

IMPRESSION:

1. Atrial fibrillation with occult sick sinus syndrome - aggravated by propranolol.
   a. Nocturnal 3 second pauses without symptoms.
2. Negative screening for coronary disease with recent chest pain syndrome.
   a. To be pursued further with recurrent symptoms.
3. Sleep apnea.
4. Adult onset diabetes mellitus.
5. Complex medical regimen.

RECOMMENDATIONS: At this point, I will see him back in one month with a Holter one week prior to his visit after he stops the propranolol. The propranolol apparently was given because of benign tremor and it is not anticipated that stopping this will cause any significant issues though certainly he is cautioned about worsening pain or other problems which will be addressed should this occur.

D:09/08/2010 07:12:08
T:09/13/2010 16:46:02
462184

15

COLUMBIA HEART, P.A.

PATIENT: ALVIN L MENIE
DOB:
DOS: 10/07/2010

AGE: 67Y SEX: M

CHART ID:
MRN:
SSN:

OFFICE NOTE

HISTORY OF PRESENT ILLNESS: Patient returns today doing pretty well. He continues to have some chest discomfort that is not effort-related, somewhat atypical, but bothersome overall from the original prescription which could be cardiac ischemic. That said, he had a negative stress nuclear study and certainly no typical anginal symptoms in the face of a multi-positive risk factor profile for coronary disease.

He is seen today in conjunction with a repeat Holter monitor off beta blockers and he had no pauses - frequent 2.5 to 3-second pauses beta blockers previously - but he has heart rates frequently in the 160 range now, consistent with sick sinus syndrome. Moreover, his beta blocker therapy - partly for rate control and partly for tremor - was important to him in terms of being able to write and function, which is no longer a situation that is working for him. That said, he has had no major change in symptoms but overall new data suggesting a more aggressive approach should be undertaken overall.

CURRENT MEDICATIONS: As listed.

REVIEW OF SYSTEMS: As per the history above. CONSTITUTIONAL: No fevers, chills, weight loss. EYES: No visual disturbances. ENT: Negative. CARDIOVASCULAR: See History of Present Illness. RESPIRATORY: No cough, wheeze, otherwise see HPI. GASTROINTESTINAL: Negative. No dyspepsia, constipation. No other GI review of systems. GENITOURINARY: No difficulty voiding, no history of renal abnormalities or genital complaints. MUSCULOSKELETAL: Negative. INTEGUMENTARY: No lesions. NEUROLOGICAL: No motor or sensory deficits, cranial nerves intact. The patient is alert and oriented. PSYCHIATRIC: Appropriate mental status. ENDOCRINE: Negative except as mentioned under past medical history. HEMATOLOGIC/LYMPHATIC: Negative. No anemia, no lymphadenopathy, no blood dyscrasias. ALLERGIC/IMMUNOLOGIC: Negative. All other systems negative.

PHYSICAL EXAMINATION: VITAL SIGNS: Blood pressure is 140/70. EYES: Conjunctivae and lids normal. ENT: Dentition/gums/mucosa normal, normocephalic. No neck vein distention. Normal carotid upstroke and amplitude, symmetric without bruits. The thyroid is nonpalpable. LUNGS: Clear to auscultation. Respirations are nonlabored. CARDIOVASCULAR: Rhythm is irregular-irregular. ABDOMEN: Nontender. Bowel sounds are normoactive. There were no palpable masses or hepatosplenomegaly. No abdominal aortic bruit or abnormal pulsation. EXTREMITIES: Femoral and pedal pulses are 2+ and symmetric with normal amplitude. There is no edema, cyanosis or clubbing. No venous varicosities and no ischemic changes. SKIN: No lesions identified. NEUROLOGICAL EXAM: No motor or sensory deficits are detected. The patient is oriented to time, place and person with normal affect/mood. MUSCULOSKELETAL: Normal muscular strength and tone is noted.

LABORATORY DATA: Holter as discussed.

IMPRESSION:

1. Sick sinus syndrome - classic tachybrady.
    a. 3-second pauses alternating with rates of 160 off beta blockers.

D:10/07/2010 12:20:37
T:10/12/2010 11:06:27
470628

16

2. Chronic tremor and neurologic mild dysfunction - optimized by beta blockers, now withheld and return of symptoms.
3. Ongoing recurrent chest pain in a multi-positive risk factor profile.
4. Sleep apnea.
5. Adult onset diabetes mellitus.
6. Chronic complex medical therapy.

RECOMMENDATIONS: At this point, he is very likely going to need a pacemaker in order to be able to safely take beta blockers. Prior to any of this, however, I am setting him up for a cardiac catheterization with coronary angiography with possible PCI with the procedure, indications, and risks (death, stroke, myocardial infarction, arterial, and urgent bypass surgery for failed intervention) and risk/benefit ratio being outlined. He is to stop his Coumadin 5 days ahead of time and start on a baby aspirin with this and to take no metformin the night before or day of the procedure. He is willing to proceed.

C W HENDRICKS MD FACC
CWH/ss
cc: DEE CARTER MD (faxed)
VA HOSPITAL DORN (faxed)
RICHLAND CATH LAB (faxed)
This document has been finalized by C W HENDRICKS MD FACC on 10/12/2010 11:06:27.

D:10/07/2010 12:20:37
T:10/12/2010 11:06:27
470628

17

COLUMBIA HEART, P.A.

PATIENT: ALVIN L MENIE
DOB:
DOS: 02/03/2011

AGE: 67Y SEX: M

CHART ID:
MRN:
SSN:

OFFICE NOTE

HISTORY: The patient returns today doing very well. He has really has had no important chest pain or shortness of breath. No limitation on his activity and no syncope or near syncope in the face of an occult sick sinus syndrome with bradycardia that is relieved by discontinuing some of his negative chronotropic medicines. That said, he is pretty much at ad lib activity with no important problems and all this on the backdrop of a surprisingly normal cath.

CURRENT MEDICATIONS: As listed.

GENERAL REVIEW OF SYSTEMS: CONSTITUTIONAL: No fevers, chills, weight loss. EYES: No visual disturbances. EARS, NOSE, MOUTH AND THROAT: Negative. CARDIOVASCULAR: See History of Present Illness. RESPIRATORY: No cough, sneeze; otherwise, see HPI. GASTROINTESTINAL: Negative. No dyspepsia, constipation. No other GI review of systems. GENITOURINARY: No difficulty voiding, no history of renal abnormalities or genital complaints. MUSCULOSKELETAL: Negative. INTEGUMENTARY: No lesions. NEUROLOGICAL: No motor or sensory deficits. Cranial nerves intact. The patient is alert and oriented. PSYCHIATRIC: Appropriate mental status. ENDOCRINE: Negative except as mentioned under past medical history. HEMATOLOGIC/LYMPHATIC: Negative. No anemia, no lymphadenopathy, no blood dyscrasias. ALLERGIC/IMMUNOLOGIC: Negative. All other systems are negative.

PHYSICAL EXAMINATION: VITAL SIGNS: Blood pressure 110/70. EYES: Conjunctivae and lids normal. ENT: Dentition/gums/mucosa normal. Normocephalic. No neck vein distention. Normal carotid upstroke and amplitude, symmetric without bruits. The thyroid is nonpalpable. LUNGS: Clear to auscultation. Respirations are unlabored. CARDIAC: The PMI is nondisplaced, no lifts or thrills. S1 and S2 normal. There were no murmurs, rubs or gallops. ABDOMEN: Nontender. Bowel sounds are normoactive. There were no palpable masses or hepatosplenomegaly. No abdominal aortic bruit or abnormal pulsation. EXTREMITIES: Femoral and pedal pulses are 2+ and symmetric with normal amplitude. There is no edema, cyanosis or clubbing. No venous varicosities and no ischemic changes. SKIN: No lesions identified. NEUROLOGIC: No motor or sensory deficits are detected. The patient is oriented to time, place and person with normal affect/mood. MUSCULOSKELETAL: Normal muscular strength and tone is noted.

LABORATORY DATA: None today.

IMPRESSION:

1. Sick sinus syndrome - atrial fibrillation with intermittent 3 second pauses - pauses resolved with medicine changes.
2. Obstructive sleep apnea.
3. Chronic atrial fibrillation.
4. Adult also diabetes mellitus.
5. Hypertension.
6. Hyperlipidemia.
7. Complex medical regimen.

D:02/03/2011 11:26:12
T:02/08/2011 14:20:13
499260

18

RECOMMENDATIONS: At this point, he will be seen back in 6 months or p.r.n. with no change in strategies and of course he can be seen at any time if problems develop or concern heightens.

C W HENDRICKS MD FACC
CWH/dcl
cc: DEE CARTER MD (Faxed)
This document has been finalized by C W HENDRICKS MD FACC on 02/08/2011 14:20:13.

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COLUMBIA HEART, P.A.

PATIENT: ALVIN L MENIE
DOB:
DOS: 08/05/2011
AGE: 68Y SEX: M
CHART ID:
MRN:
SSN:

OFFICE NOTE

HISTORY: The patient returns doing okay. He has had no major cardiovascular symptoms, but says he has fallen twice - not syncope - and blames part of this on the use of Clonazepam. This apparently has made him drowsy at times and he is taking it once a day and has been placed on phentermine for weight loss, and is being followed for this by Dr. Carter. He has been "reading up" on his symptoms and has come to the conclusion that he may have Parkinson's disease and apparently has filed a claim for this and is seeing a neurologist. This is on the backdrop of the of chronic atrial fibrillation with occult sick sinus syndrome that at this point is asymptomatic.

CURRENT MEDICATIONS: As listed.

GENERAL REVIEW OF SYSTEMS: CONSTITUTIONAL: No fevers, chills, weight loss. EYES: No visual disturbances. EARS, NOSE, MOUTH AND THROAT: Negative. CARDIOVASCULAR: See History of Present Illness. RESPIRATORY: No cough, sneeze; otherwise, see HPI. GASTROINTESTINAL: Negative. No dyspepsia, constipation. No other GI review of systems. GENITOURINARY: No difficulty voiding, no history of renal abnormalities or genital complaints. MUSCULOSKELETAL: Negative. INTEGUMENTARY: No lesions. NEUROLOGICAL: No motor or sensory deficits. Cranial nerves intact. The patient is alert and oriented. PSYCHIATRIC: Appropriate mental status. ENDOCRINE: Negative except as mentioned under past medical history. HEMATOLOGIC/LYMPHATIC: Negative. No anemia, no lymphadenopathy, no blood dyscrasias. ALLERGIC/IMMUNOLOGIC: Negative. All other systems are negative.

PHYSICAL EXAMINATION: VITAL SIGNS: Blood pressure 120/70. EYES: Conjunctivae and lids normal. ENT: Dentition/gums/mucosa normal. Normocephalic. No neck vein distention. Normal carotid upstroke and amplitude, symmetric without bruits. The thyroid is nonpalpable. LUNGS: Clear to auscultation. Respirations are unlabored. CARDIAC: The PMI is nondisplaced, no lifts or thrills. S1 and S2 normal. There were no murmurs, rubs or gallops. ABDOMEN: Nontender. Bowel sounds are normoactive. There were no palpable masses or hepatosplenomegaly. No abdominal aortic bruit or abnormal pulsation. EXTREMITIES: Femoral and pedal pulses are 2+ and symmetric with normal amplitude. There is no edema, cyanosis or clubbing. No venous varicosities and no ischemic changes. SKIN: No lesions identified. NEUROLOGIC: No motor or sensory deficits are detected. The patient is oriented to time, place and person with normal affect/mood. MUSCULOSKELETAL: Normal muscular strength and tone is noted.

LABORATORY DATA: EKG shows atrial flutter with generally controlled ventricular response with one Ashman's beat.

IMPRESSION:

1. Chronic atrial fibrillation - occult sick sinus syndrome with chronic Coumadin therapy.
   a. No indication for pacemaker just now.
2. Sleep apnea.
3. Adult onset diabetes mellitus.
4. Hypertension.
5. Hyperlipidemia.

D:08/06/2011 05:59:46
T:08/09/2011 00:14:37
548726

19A

PATIENT: ALVIN L MENIE

CHART ID:
ACCOUNT:

6. Falling spells of uncertain significance - neuro evaluation pending.

RECOMMENDATIONS: At this point he will be seen back in 6 months or p.r.n. with no additional cardiovascular studies. There is no evidence of coronary disease, normal left ventricular performance overall, and most of his issues currently are being addressed by Dr. Carter.

C W HENDRICKS MD FACC
CWH/kh
cc: VA HOSPITAL DORN (faxed)
DEE CARTER MD (faxed)
This document has been finalized by C W HENDRICKS MD FACC on 08/09/2011 00:14:37.

D:08/06/2011 05:59:46
T:08/09/2011 00:14:37
548726

19B

August 11, 2011

Andrew E. Haselden
Howser, Newman & Besley, LLC
1110 Queensborough Boulevard
Suite C
Mt. Pleasant, SC 29464

Re: Alvin Menie v State Accident Fund et al

Dear Mr. Haselden:

I have reviewed the following documents regarding Alvin Menie:

1. Deposition of Charles W. Hendricks, M.D.
2. Office visit 2/03/2011 – Dr. Hendricks
3. Office visit 10/07/2010 – Dr. Hendricks
4. Office visit 2/18/2004 – Dr. Hendricks
5. Office visit 2/21/2003 – Dr. Hendricks
6. Hospitalization – Lexington Medical Center 3/04/2003
7. *CardioSmart*: atrial fibrillation article
8. Communication between Preston McDaniel and Dr. Hendricks 11/01/2010
9. JNC7 full report

I was asked to address the causality for the development of atrial fibrillation in Alvin L. Menie beginning March 4, 2003. I believe to a reasonable degree of medical certainty that this patient's atrial fibrillation was caused by pre-existing and underlying cardiovascular disease processes including but not limited to morbid obesity, sleep apnea, hypertension, sick sinus node syndrome, and diabetes. I do not believe that stress, anxiety or physical work load related to his job contributed to the development of atrial fibrillation. Therefore, I believe that it is more probable than not that the cause of his atrial fibrillation was pre-existing cardiovascular and cardiovascular related diseases and not changes in his work environment which resulted in him developing a clinical syndrome of atrial fibrillation.

I hope this addresses the questions that you asked of me. If there are further details or other questions please do not hesitate to contact me.

Sincerely,

Michael R. Zile, M.D.
Charles Ezra Daniel Professor of Medicine
Medical University of South Carolina

EXHIBIT "A"

ORIGINAL

STATE OF SOUTH CAROLINA

BEFORE THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

WCC FILE NO.: 0307461

Alvin L. Menie, *Claimant,*	)	
vs.	)	**AFFIDAVIT OF COUNSEL**
State Accident Fund, *Employer, Carrier, Defendant.*	)	

Personally appeared before me, Andrew E. Haselden, who on oath states and deposes:

1. He is counsel for the Defendants in this matter.

2. Claimant served the Defendants with a subpoena dated March 11, 2011, a copy of which is attached as hereto. (*Exhibit 1*)

3. In order to comply with the subpoena, the undersigned met with representatives of the State Accident Fund at their offices on April 11, 2011, to review documents to be produced.

4. While at the State Accident Fund, the undersigned made a telephone call to counsel for the Claimant to discuss production of the documents responsive to the subpoena.

5. Claimant's attorney was not there and the undersigned was directed to his assistant.

6. The undersigned asked Claimant's attorney's assistant how they wanted to handle production of the documents, specifically whether they wanted to come review

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them, have them copied by an outside copying service (i.e., Ikon, etc.) or *whether they wanted the State Accident Fund to copy the documents in house.*

7. The undersigned was directed to have the State Accident Fund copy the documents in house.

8. The undersigned did so and the State Accident Fund copied the documents and forwarded them to counsel for the Claimant along with a bill for copying charges (which was based on Section 42-15-95 of the Act). (*Exhibit 2*)

9. On April 19, 2011, counsel for the Claimant sent the attached letter via e-mail in which, ***contrary to the direct instructions from his office to the undersigned***, he states that he refuses to pay the copying charges. (*Exhibit 3*)

10. To date, the copying charges remain unpaid.

Further the Affiant sayeth not.

Andrew E. Haselden

SWORN to before me this 10th day of August, 2011

Stephanie Deaton (L.S.)
Notary Public for the State of South Carolina

My Commission Expires: 4-11-2019

EXHIBIT "1"

McDANIEL LAW FIRM
ATTORNEYS AND COUNSELORS AT LAW
1315 ELMWOOD AVENUE
COLUMBIA, SOUTH CAROLINA 29201

Proudly representing injured workers
for over 25 years.

Preston F. McDaniel
OF COUNSEL:
Daniel E. Peagler, P.C.
Michael Johnson, P.C.

Telephone (803) 771-7211

Facsimile (803) 252-0709

March 11, 2011

Andrew E. Haselden, Esquire
Howser, Newman & Besley
1110 Queensborough Blvd.
Suite C
Charleston, SC 29464

Re: Alvin L. Menie v. State Accident Fund
WCC File No: 0307461

Dear Andy:

Enclosed herewith and served upon you is our **Subpoena Duces Tecum** requesting information on Mr. Al Menie. Please note that this information needs to be in our office by April 15, 2011.

Should you have any questions, kindly advise.

Sincerely yours,

Preston F. McDaniel

PFM\kic
Enclosure

24

South Carolina Workers' Compensation Commission
1612 Marion St.
P.O. BOX 1715
Columbia, SC 29202-1715
803-737-5675

WCC File #: 0307461
Carrier File #:
Carrier Code #:
Employer FEIN #:

Claimant's Name: Alvin L. Menie SSN: Employer's Name: State Accident Fund
Address: Address: Post Office Box 102100
City: State: Zip: City: Columbia State: SC Zip: 29221
Home Phone: ( ) - Work Phone: ( ) - Insurance Carrier: Self-Insured
Preparer's Name: Preston F. McDaniel Law Firm: McDaniel Law Firm Preparer's Phone #: (803) 771 - 7211

SUBPOENA

To: State Accident Fund c/o Andrew E. Haselden, Esquire, Howser, Newman & Besley, 1110 Queensborough Blvd., Suite C, Charleston, SC 29464

☐ **YOU ARE COMMANDED** to appear before the above-named Commission at the place, date and time specified below to testify in the above case.

PLACE OF TESTIMONY: ROOM:

DATE AND TIME:

☐ **YOU ARE COMMANDED** to appear at the place, date and time specified below to testify at the taking of a deposition in the above case.

PLACE OF DEPOSITION: DATE AND TIME:

☑ **YOU ARE COMMANDED** to produce and permit inspection and copying of the following documents or objects in your possession, custody or control at the place, date and time specified below.

LIST OF DOCUMENTS: **SEE ATTACHMENT**

PLACE: **McDaniel Law Firm, 1315 Elmwood Ave., Columbia, SC 29201** DATE AND TIME: **April 15, 2011 at 11:00 o'clock am**

☐ **YOU ARE COMMANDED** to permit inspection of the following premises at the date and time specified below.

PREMISES: DATE AND TIME:

THIS SUBPOENA SHALL REMAIN IN EFFECT UNTIL YOU ARE GRANTED PERMISSION TO DEPART BY THE COMMISSIONER OR AN OFFICER ACTING ON BEHALF OF THE COMMISSIONER. QUESTIONS CONCERNING THIS SUBPOENA SHOULD BE ADDRESSED TO THE FOLLOWING ISSUING OFFICER.

ISSUING OFFICER'S SIGNATURE AND TITLE (803) 771 - 7211 PHONE NUMBER March 11, 2011 DATE

Serve this form according to R.67-212B. Refer to R.67-212 and R.67-214 for additional information. Procedural questions may be addressed to the Judicial Department at 803-737-5765.

ATTACHMENT TO SUBPOENA

Alvin L. Menie v. State Accident Fund

W.C.C. File No. 0307461

Please provide any and all documentation regarding Alvin L. Menie, SSN: , to include his complete personnel file from 6-30-02 until retirement from the State Accident Fund and his initial application for employment and any awards or personnel actions involving Mr. Menie, and any workers' compensation files, claims or any and all documents related to any claims that have been filed, any investigative notes and other items related to the workers' compensation claim no. 0307461 and/or any other workers' compensation claim maintained on Mr. Menie by the State Accident Fund. This is also to specifically include any and all supervisors' notes, all records related to and anything contained or any file maintained involving documentation in reference to Mr. Menie of any type concerning any subject from June 30, 2002 through December 31, 2004.

Preston F. McDaniel, Esquire
Attorney for the Claimant

March 11, 2011

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CERTIFICATE OF SERVICE BY MAIL

WCC File No. 0307461

I hereby certify that I have on this day served the following in the matter of **Alvin L. Menie v. State Accident Fund** with a copy of the **Subpoena Duces Tecum** by depositing the same in the United States Mail, with adequate postage thereon, addressed as follows:

Andrew E. Haselden, Esquire
Howser, Newman & Besley
1110 Queensborough Blvd.
Suite C
Charleston, SC 29464

I also hereby certify that a regular communication by mail exists.

Kimberley I. Cashdollar

SWORN TO BEFORE ME this
17th day of March, 2011.

(L.S.)
Notary Public for South Carolina
My Commission Expires: 10/28/18

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EXHIBIT "2"

SOUTH CAROLINA
STATE ACCIDENT FUND

HARRY B. GREGORY, JR., Director

INVOICE

To: Preston F. McDaniel, Esquire

Re: Alvin L. Menie

SAF File No: 2003-2991

Date: April 14, 2011

Pursuant to subpoena:

Search and Retrieval Fee	$ 15.00
Pages 1-35 @ .65 each	22.75
Pages 36-337 @ .50 each	168.50
Postage	10.13
Total Due	$216.38

Payable upon receipt. Please include SAF# 2003-2991 on check.

Post Office Box 102100 Columbia, South Carolina 29221-5000 (803) 896-5800 FAX (803) 896-5828
www.myscgov.com/saf

Received Time Aug. 10. 2011 1:25PM No. 1952

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EXHIBIT "3"

Andy Haselden

From: Preston McDaniel [mcdaniellaw@hotmail.com]
Sent: Tuesday, April 19, 2011 11:01 AM
To: egoodwin@saf.sc.gov
Cc: Andy Haselden
Subject: [Suspect Junk Mail] Al Menie v. State Accident Fund
Attachments: Goodwin.pdf

Importance: Low

Please find attached letter from Preston McDaniel

McDANIEL LAW FIRM
ATTORNEYS AND COUNSELORS AT LAW
1315 ELMWOOD AVENUE
COLUMBIA, SOUTH CAROLINA 29201

Proudly representing injured workers
for over 25 years.

Preston F. McDaniel
OF COUNSEL:
Michael Johnson, P.C.

Telephone (803) 771-7211

Facsimile (803) 252-0709

April 18, 2011

SENT VIA ELECTRONIC DELIVERY
AND REGULAR U.S. MAIL
Ellen H. Goodwin, Attorney-At-Law
State Accident Fund
Post Office Box 102100
Columbia, SC 29221-5000

RE: Alvin L. Menie v. State Accident Fund
WCC File No.: 0307461

Dear Ellen:

In reference to the Subpoena Duces Tecum that I served on the State Accident Fund, pursuant to the Circuit Rules, that subpoena is for the production of the original documents so that we could review and make copies of the one we wanted. If the State Accident Fund chooses to provide copies of all the records instead of producing the originals of the files requested, that is their choice but I will not pay a copying fee. The choice to make copies instead of producing originals is on behalf of the party called to produce those documents which I will accept in this case subject to my right to review originals if needed. I just wanted to make sure that was clear.

Next, I am willing to pay for copies of CD/DVD(s) in reference to the recorded statements or will be glad to provide blank CD/DVD for those to be copied onto.

I look forward to receiving the information requested and seeing you at the hearing. Again, I really hope that you will look at this file and I would love to resolve it short of hearing in everyone's best interest. I think that this claim is a pretty straight-forward case and Al did a wonderful job for the State

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Accident Fund for many, many years and it was due to his efforts in time of trouble in this regard that resulted in this situation with his heart. In any event, I look forward to seeing you in the future on this case. Ellen also I would appreciate it if you could let me know who is handling this file so I can quit cc'ing Andy if he is not going to handle it.

Sincerely yours,

Preston F. McDaniel

Preston F. McDaniel

PFM/gh
cc: Andrew E. Haselden, Esquire

P.S. to Andy: Andy, I hope you handle it or handle it with Ellen. Haven't seen you in a long time but just trying to save postage if you aren't. Ha! -Preston

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EXHIBIT "B"

Atrial Fibrillation

WHAT IS IT?

Atrial fibrillation (AF) is the most common heart rhythm disorder seen by doctors. It's a big public health issue in terms of not only the sheer number of patients affected, but also by the fact that managing these specific arrhythmias (which is the medical name for heart rhythm problems) is expensive.

Also Known As: A Fib, AF, Atrial Fib, auricular fibrillation, supraventricular arrhythmia, supraventricular tachyarrhythmia

KEY FACTS

In the United States, more than 2.2 million people have atrial fibrillation (AF) including 9% of people over the age of 80.
About 15% to 20% of all strokes result from atrial fibrillation.
AF can arise from temporary (acute) causes such as alcohol consumption, heart attack, surgery, lung disease, or a metabolic disorder (such as an overactive thyroid gland).
AF can also be related to long-term (chronic) conditions such as high blood pressure, diabetes, or heart failure.
Obesity is an important risk factor for the development of AF and weight loss may decrease the risk associated with AF.
AF can be occasional (paroxysmal, which self terminates) or ongoing (persistent). If it does not respond to an electric current that is used to reset the heart's rhythm back to its regular pattern (called cardioversion), it can progress to permanent AF.
The most common signs of AF are heart palpitations, chest pain, and shortness of breath. AF can also be silent.
There are two approaches to treatment: heart rate control or heart rhythm control, with therapies ideally achieving both goals.. When medication is ineffective, AF treatments can include cardioversion, ablation therapy (that targets specific cells that are causing the AF), and open-heart or minimally-invasive surgery that also targets a specific area of the heart that is causing the problem.
Heart-healthy lifestyles can help prevent AF or make you better able to live with it.

BACKGROUND

The heart has an electrical system that controls both the speed and rhythm of each heartbeat. This electrical system is controlled by the autonomic nervous system, which also handles critical functions such as breathing and digestion — all those functions that need to happen automatically rather than under our conscious control.

When your heart beats, an electrical signal starts at the top of the heart in a group of cells called the sinus (or sinoatrial) node. This node, your heart's natural pacemaker, is located in the right atrium, which is the upper right chamber of the heart. There are two atria (the right and left) and these function primarily as priming pumps for the two ventricles, the main squeezing chambers and workhorses of the heart.

The electrical signal from the sinus node travels through the right and left atrium to the atrioventricular (AV) node, a sort of relay station, where the electrical signal pauses before it spreads to the right and left ventricles. As the signal travels from the sinus node toward the AV node, it causes the atria to contract and pump blood into the ventricles, ensuring optimal filling of these chambers.

When the electrical signal then spreads from the AV node to the ventricles, it causes those chambers to squeeze, pushing blood out of the heart and into the body. This rhythmic, coordinated sequence of events ensures efficient heart function. A normal heart repeats this sequence automatically and without stopping, beating on average 60 to 100 times per minute. And when the electrical system is functioning normally, we say the patient is in "normal sinus rhythm".

An arrhythmia occurs when the heart's electrical system malfunctions causing a failure in the synchronization that's required for the heart to work properly. In the specific arrhythmia known as atrial fibrillation, electrical signals no longer start in the sinus node, but rather fire rapidly and haphazardly throughout the heart's upper chambers. These disorganized electrical impulses cause the atria to contract quickly and irregularly, resulting in rapid quivering of the upper chambers, which is medically known as fibrillation (hence, the name atrial fibrillation). These chaotic and rapid electrical signals also bombard the AV node, usually causing heart rate to rise. As a result, the organized flow of blood within the heart becomes disrupted and heart rhythm becomes very irregular. It can also become quite fast, occasionally reaching heart rates as high as 160 beats per minute at rest.

ADVERTISEMENT

Up to one-third of patients with atrial fibrillation have asymptomatic or "silent" AF, which is more common in the elderly. Other people with AF experience symptoms such as palpitations, fainting, chest pain, or even heart failure.

If the heart's atria are not contracting properly, blood can pool in the heart's upper chambers. Such pooled blood can lead to the formation of blood clots within the atria, which in turn can cause strokes if the clots are carried into the blood stream and lodge in the arteries of the brain.

AF is a major risk factor for stroke (increasing stroke risk about 5-fold) with the absolute level of risk somewhat dependent on the number of additional risk factors for stroke in a given individual. Just like there can be silent AF, strokes can be "silent" too, but even these asymptomatic strokes may have significant ramifications. For example, elderly people with silent strokes have greater than double the risk of dementia and a steeper decline in global cognitive function compared to age-matched individuals without evidence of such strokes.

One particular high-risk variable: transient ischemic attacks (TIAs). These are "warning strokes" that produce stroke-like symptoms but no lasting damage. A person who's had one or more TIAs is almost 10 times more likely to have a stroke than someone of the same age and sex who hasn't. Therefore a history of TIA and AF is a combination that suggests a strong need for preventive therapy and stroke risk reduction.

Patterns of AF

Doctors tend to label AF by its pattern of occurrence. Episodes that last 7 days or less (often less than 24 hours) are called "paroxysmal AF" and they usually stop on their own. However, when AF lasts longer than 7 days, it is considered "persistent" and may require treatment before the episode stops. When AF lasts longer than a year it is considered "permanent". If an individual has two or more AF episodes, whether the arrhythmia stops on its own or must be stopped via therapy, the condition is considered "recurrent AF".

BY THE NUMBERS

In the United States, about 2.2 million people have AF, and nearly 5 million are affected in the European Union. This is the most common arrhythmia that doctors see in practice, and AF is the cause of about one-third of all hospitalizations related to cardiac rhythm problems. Overall, hospitalizations for AF have increased 66% in the last 20 years. This is due to various factors, including the aging of the population, a rise in chronic heart disease, and more frequent diagnosis through the use of ambulatory monitoring devices. The annual cost per patient is approximately $3,600, which may not seem like a lot, but given how many people are afflicted with AF, that comes to well over $7 billion per year in the United States and about $15.7 billion per year in the European Union.

About 15% to 20% of all strokes occur in someone with AF, which in hard numbers means that AF causes about 70,000 strokes each year just in the United States alone. Stroke risk increases with age. While AF is seen in only about 1% of the total U.S. adult population, it affects about 3.8% of those older than 60 years and 9.0% of those older than 80 years. Up to 40% of patients with heart failure also experience AF, and patients with this combination of heart problems are at particularly high risk for cardiac death.

Approximately 30% to 45% of cases of paroxysmal AF (when the AF lasts for 7 days or less) and 20% to 25% of cases of persistent AF (that lasts for more than 7 days) occur in young patients without any identifiable underlying disease. This is known as "lone AF."

CAUSES AND RISK FACTORS

Risk factors

There are several well-established risk factors for AF, with coronary artery disease and heart failure being most frequently associated with atrial fibrillation. Rheumatic heart disease, which affects the valves of the heart, and congenital heart abnormalities (inherited heart defects) also increase the chance of AF.

Cardiac risk factors such as hypertension and diabetes can also play a role in damaging the atria of the heart, leading to AF.

There are a number of acute, temporary causes of AF as well as chronic conditions which lead to this rhythm abnormality. For the most part, when the temporary condition ceases or is treated, AF usually resolves. In the presence of chronic conditions, treatment should target both the AF and the chronic problem that is contributing to the risk of AF-associated events.

Acute conditions

One acute condition associated with AF is excessive alcohol consumption. There is even a medical term for this: "holiday heart syndrome," so named because the excessive

consumption of alcohol that sometimes occurs with holiday celebrations is associated with a spike in the number of people presenting with AF.

Other acute conditions relate to medical factors such as surgery, lung disease, asthma attacks, extreme body stress due to conditions such as pneumonia, or the occurrence of a metabolic disorder, such as hyperthyroidism (overactive thyroid gland). An inflammation of the lining of the heart can also cause the atria to fibrillate, and having a heart attack increases the risk of AF.

Many of these acute conditions can cause chemical imbalances that can lead to electrical imbalances in your heart, triggering AF. Once the necessary balance is restored — for example, pneumonia resolves or alcohol is eliminated — the AF usually disappears on its own.

Chronic conditions

A number of chronic or long-term conditions also can lead to AF. For the most part, these consist of existing heart problems, such as congenital heart defects, particularly atrial septal defect, or heart valve diseases such as those related to prior rheumatic fever. These conditions tend to results in atrial enlargement, which in effect stretches out the electrical "wiring" of those chambers, making short circuits and sparks (AF) more likely. Additionally, AF may be associated with hypertrophic, dilated, or various other cardiomyopathies; these conditions also change the shape of the heart, interfering with the heart's intricate electrical system. Longstanding lung problems such as COPD (chronic obstructive lung disease), can also predispose to atrial fibrillation.

Two other common conditions that can lead to AF are obesity and sleep apnea. In a study of more than 3,400 adult patients who never had atrial fibrillation, 14% ended up being diagnosed with AF after several years of follow-up. Beyond the typical risk factors mentioned above, the incidence of AF was strongly predicted both by obstructive sleep apnea and excess weight.

It turns out that obesity can actually change the size of the heart's atria, with a graded increase in atrial size occurring as body weight increases from normal, to overweight, to obese. Weight loss has been shown to reduce atrial size, suggesting that weight reduction may decrease the risk of developing AF.

More than 25 million U.S. adults are estimated to have obstructive sleep apnea and the incidence of AF is about 5 times greater in people with apnea compared to people who do not have sleep apnea. Looking at it another way, between one third and one half of all patients with AF have sleep apnea.

Sleep apnea is a condition in which patients do not breathe normally or regularly during sleep. Instead, breathing pauses or becomes very shallow, with abnormal breathing episodes lasting a few seconds up to several minutes. These episodes can occur anywhere from 5 to 30 or more times per hour, disturbing restful sleep. This disrupted sleep can contribute to an increased risk of arrhythmias such as AF, although it is not clear whether this is due to biochemical alterations that occur when sleep is disrupted or other conditions that arise from sleep apnea.

Age and family history

AF tends to occur more frequently in older people, primarily because the older you are, the more likely you are to have heart disease or other health problems.

Although AF is often considered an electrical problem that is linked to underlying cardiac disease, that is not always the case. Approximately 30% to 45% of cases of paroxysmal AF and 20% to 25% of cases of persistent AF occur in younger patients who have no heart defects or disease (lone AF). The cause of lone AF may not be known for quite some time, if at all. When lone AF runs in a family, it is called familial AF. Your chances of developing AF are higher if your parents have or had it.

SIGNS AND SYMPTOMS

Probably the most recognizable sign of AF is heart palpitations, where your heart beats so fast that you think it is racing and/or you can feel it thumping or flopping in your chest. It may be accompanied by chest pain; lightheadedness or dizziness, especially if you are exerting yourself; weakness; or shortness of breath, including difficulty breathing when lying down. AF symptoms will vary depending on the degree of pulse irregularity and resultant heart rate, underlying functional status, how long the AF lasts, and individual patient factors.

Remember: one of the effects of AF may be formation of a blood clot in the atria. If this happens and the clot travels up to the brain, you may have a stroke. Sometimes a stroke is the first sign of underlying AF, especially if the symptoms have been light or nonexistent.

There is no set amount of time that marks an episode of AF — it may be very short and stop on its own or it may be prolonged and you find yourself in need of medical intervention. Over time, you may become more accustomed to the pattern of your AF, and what factors contribute to and relieve this arrhythmia.

TESTING AND DIAGNOSIS

First, your doctor will take a medical history from you looking for information on you and your family. The information from you will include questions that will: help your doctor understand your specific symptoms and how severe they may be; define your AF clinically (e.g., paroxysmal, persistent, or permanent); and reveal AF frequency, duration, precipitating factors, and how it terminated (if it did). If you received any treatment for the AF before seeing your doctor (if paramedics administered a drug or defibrillation therapy, for example), your doctor will want to review your response to such therapy. Finally, you will be examined to see if you have any heart disease that may be causing the AF or whether there may be a reversible condition, such as pneumonia, that triggered the AF.

Electrocardiograms and echocardiograms

You likely will have an electrocardiogram, known as an ECG or an EKG. This is a noninvasive test in which patches (called electrodes) are attached to your chest to detect and record the electrical activity of your heart. The electrical impulses travel by wires attached to the electrodes and are recorded as waves on a sheet of paper. This test allows your physician to see how fast your heart is beating and whether the rhythm is regular or irregular. A number of heart irregularities and conditions are detectable with an ECG. The tracing can even provide clues as to whether or not you have had a previous heart attack.

If you do not have AF at the time of your ECG – for instance, if you have paroxysmal AF and the episode has abated – then you may be asked to wear a portable or "ambulatory" ECG monitor. One type, a Holter monitor, records your heart's activity continuously for a 24- or 48-hour period. Other devices, called "event monitors", record only when you press a button to indicate that you are feeling symptoms. Event monitors can be worn for up to one month..

Another noninvasive test is an echocardiogram, known informally as an echo. If you have ever had or seen an ultrasound test used on pregnant women, then the technology and concept of an echo will be familiar to you. With an echo, sound waves are directed at your heart with a device called a transducer that is held on your chest. The sound waves bounce off your heart and are processed electronically to create a video of your heart as it beats.

Not only does an echo show the size and shape of your heart chambers, it also provides information on how well the chambers and valves are functioning or if there is evidence of previous heart damage. y. Clearly, echocardiography offers a great deal of insight into whether structural heart disease is present or if there are problems that could be causing or contributing to AF. The standard echo is also called a transthoracic echocardiogram (TTE), since the pictures are obtained by imaging through the chest wall, or thorax.

Another type of echo is the transesophageal echocardiogram (TEE), which uses a transducer at the end of a tube or probe inserted into the mouth and down the esophagus. This is done because the atria are deep in the chest and not always well imaged with a regular echo. The TEE is especially good at detecting possible clots in the atria. To ease the discomfort of a TEE, the patient is usually sedated and the back of the throat is numbed before the procedure.

Other tests

Your doctor also will order blood tests, primarily to measure thyroid function. Other blood tests may be ordered to evaluate kidney and liver function, mostly to see if there are any limitations with regards to the medications you might require. Additionally, you may have a chest X-ray to get a better assessment of your lungs, especially if there is any suspicion of pneumonia or other lung disease. Some physicians also may order exercise tests, especially if the AF is prolonged or considered permanent, to help determine whether your heart rate is under good control.

If necessary, you may undergo an electrophysiology study. Essentially, electrophysiology is the science of measuring the electrical potential of the body; for example, the electrical activity of the brain can be assessed by an electroencephalogram or EEG. Cardiac electrophysiology usually requires more invasive methods, such as inserting a special cardiac catheter that can record both ongoing electrical activity of the heart as well as responses to specific stimulation of the heart. Such tests help physicians look at a range of complex arrhythmias including AF, provide further insight into the potential causes of abnormal ECGs, assess your risk of developing AF or other heart rhythm problems in the future, and create a treatment plan if you do have AF. The electrophysiology study is not a routine test, and is not performed in all patients with AF. Usually this type of evaluation is

reserved for patients who have failed drug treatment and are being considered for ablation therapy (see below).

TREATMENT

Atrial fibrillation can be tough to treat. Management of AF is designed to achieve several objectives:

Prevent blood clots from forming;
Control the heart rate, concentrating on how many times per minute the heart beats (rate control);
Restore the heart to a normal rhythm (rhythm control); this helps the heart's chambers work together more efficiently, which also can improve rate control;
Treat underlying conditions that may be causing or worsening the AF, such as overactive thyroid function, other metabolic imbalances or various cardiac diseases.

There are different strategies to treat AF, and the goal may be to achieve some or all of the above objectives. Which approach is best for you will depend on various factors, including whether you are currently being treated for other heart or medical problems. Sometimes you will need a combination of treatments to effectively treat your AF.

Prevention of blood clots

The two most common drugs used to prevent blood clot formation (and thus reduce the risk of stroke) are warfarin and aspirin. Warfarin (commonly known as Coumadin) is more effective than aspirin for preventing stroke in this situation. However, warfarin has more side effects — such as potential bleeding problems — than aspirin. Aspirin is the standard treatment for patients without other risk factors for stroke who are also under 75 years of age. If you have only one moderate risk factor for stroke in addition to atrial fibrillation (such as hypertension, diabetes, or heart failure), either aspirin or warfarin may be considered to reduce stroke risk. If you have at least one high-risk factor (e.g., a previous stroke or TIA, age older than 75), you will likely receive warfarin.

Because warfarin is a powerful blood thinner, it requires intense monitoring. Such monitoring involves regular blood tests to measure INR. INR stands for international normalized ratio and this test allows doctors to determine how thin the blood is. For patients with atrial fibrillation, goal INR is usually 2.0 to 2.5. The frequency of INR measurements varies from patient to patient and is driven by how stable the INR measurements are over time.

While aspirin and warfarin can be very effective in reducing the risk of stroke (and heart attack), they are associated with a small risk of serious side effects. Most of the side effects are bleeding related. Patients at higher risk for injury (those with balance issues, patients who abuse alcohol, and those who work in professions where falls are possible, etc.) may not be able to use warfarin, even if they would otherwise qualify for this therapy..

Rate control

To slow heart rate, doctors usually rely on beta-blockers (such as metoprolol, propranolol, etc.), calcium channel blockers (verapamil, diltiazem, etc.), or digoxin. Other agents can be prescribed depending on your particular needs. Beta blockers and calcium channel blockers, although relatively safe, can lower blood pressure and slow the heart rate profoundly. That is why your doctor will carefully monitor the effects of whatever medication you are prescribed.

Rhythm control

Ideally, you want to get your heart to regain its normal rhythm, although this becomes more difficult the longer you have AF. To convert the heart to normal sinus rhythm, doctors may use cardioversion, which is defined as the conversion of one cardiac rhythm or electrical pattern to another. This can be accomplished with drug therapy or with medical procedures.

The medications used to treat AF, generally referred to as antiarrhythmics, are designed to suppress arrhythmias or pharmacologically convert an arrhythmia to a normal rhythm. The particular agent used to treat an episode of AF will depend on a number of variables, including the type of AF being treated (paroxysmal or persistent), patient age and other health issues which may be present. These drugs may be given by mouth or intravenously for faster delivery (although the latter is more likely if you have been hospitalized). If the antiarrhythmic medications produce the desired effect on an episode of AF (that is, you return to normal sinus rhythm), you may be given the same or similar medication to prevent repeat episodes of AF. In some cases, you will need to take the medicine on a regular, ongoing basis; in others, you will take it as needed.

One potential side effect of medications that are used to control heart rhythm is that they may paradoxically cause different rhythm problems ("proarrhythmic effect"). This is why

some of these medications are only administered in a hospital setting and why your doctor will carefully monitor the effects of whatever medication you are prescribed. Ongoing research is evaluating newer agents that may improve on the effectiveness or safety of the currently available antiarrhythmic drugs. It is always wise to periodically check in with your doctor to see if any new medications are available that would be beneficial in your particular case.

Alternatives to drug therapy

When medications do not work, there are alternatives. Electrical cardioversion uses a jolt of electricity to your heart either through paddles or wired patches attached to your chest. This is a controlled, usually prescheduled procedure — not the type of emergency "defibrillation" depicted in film or on TV when a character's heart has stopped. Defibrillation is done under light anesthesia in the hospital, and the patient usually goes home the day of the procedure.

Another option is catheter ablation, which targets and destroys small areas of cells in the heart thought to be the source of electrical malfunction. In this technique, a catheter is threaded into your heart and radio frequency energy in the form of radio waves is emitted to selectively cauterize the errant heart cells. This procedure usually improves heart function, exercise capacity, and quality of life.

The aim of catheter ablation is to "cure" AF, although that word may be misleading. Most studies which have looked at the outcome of ablation have followed patients for only 5- to 10-years. It's unknown whether these "cured" patients may once again develop AF.

Not all patients undergoing ablation have their arrhythmia completely eliminated by the procedure. Nevertheless, many such patients sill experience greatly improved heart rate control. The result of ablation may be that drug therapy that failed to control heart rate in the past may be effective once again. Between those patients experiencing an effective "cure" and those who see great improvement following ablation, the overall success rate of this procedure is about 70% to 80%. One important point: if ablation does not provide rhythm control, medications for that problem may remain necessary, as may the need for antithrombotic therapy to prevent blood clot formation. In some cases, implantation of a pacemaker will be recommended.

By the way, these ablation procedures may be repeated in some patients. As many as one-third of all patients end up getting a second procedure, which often proves effective for a year or more.

Another rhythm-control strategy is the Maze procedure, which often requires open heart surgery, because the clinician must make precise, small cuts (or possibly catheter burns) in specific places on the atria. The goal is to create a pattern of scar tissue — which does not conduct electricity — that effectively "walls off" the errantly firing heart tissue, preventing the AF from spreading to the rest of the heart. The procedure's name comes from the pattern of incisions made in the atria - which look like a child's maze. Usually, the Maze procedure is only performed when open heart surgery is required for other reasons.

Rate versus rhythm control

The best-case scenario occurs when a treatment provides both effective rate and rhythm control. However, when treatment is not effective or it loses effectiveness over time, there has been a great deal of argument as to which approach is better: rhythm control or rate control. One common approach is to initially target rhythm control with the thought that restoration of normal sinus rhythm will lower the risk of stroke; reduce symptoms; improve exercise tolerance, quality of life, and even survival; and perhaps permit discontinuation of long-term warfarin therapy. Unfortunately, AF is not always responsive to antiarrhythmic therapy. Moreover, these drugs have been known to have serious side effects. That's why it makes sense to opt for rate-control strategies in some patients, especially given that rate -control drugs are usually much less toxic than antiarrhythmic therapy.

Some researchers have compared the two strategies to see if either presents a survival advantage over the other. In the Atrial Fibrillation Follow-up Investigation of Rhythm Management (AFFIRM) trial involving 4,060 patients with advanced heart disease, there was no significant difference in terms of mortality rates between patients assigned to rate-control therapy and those receiving rhythm-control therapy. However, the rhythm-control group was hospitalized more often and experienced more adverse drug effects than those undergoing rate-control therapy.

A more recent study, the Atrial Fibrillation with Congestive Heart Failure (AF-CHF) study, involved an even sicker population of patients. Again, rhythm-control was no better than rate control in preventing deaths from cardiovascular causes. Because of the greater spectrum of side effects seen with rhythm control, the investigators concluded that rate control should be the first approach in similar patients with advanced heart failure.

As far as which approach is best for you needs to be determined in the context of your overall health situation. Your personal physician is in the best position to advise you in regards to these considerations.

Overall, the presence of AF does not preclude an active life. The disorder is usually controllable with treatment and many people with atrial fibrillation do very well. However, AF tends to become a chronic condition and may come back even with initially successful treatment.

POSSIBLE COMPLICATIONS

As previously noted, there is an increased risk of stroke in people with AF and the risk is even greater in the presence of other types of heart disease. Persistent and especially permanent AF also leaves individuals susceptible to other cardiac diseases, especially heart failure, and an overall increased risk of dying. In fact, the death rate of patients with AF is about double that of people with normal sinus rhythm.

Because AF results in less efficient heart pumping, this rhythm can also affect quality of life, making it more difficult to handle even routine physical activities. In some patients, the AF is completely asymptomatic, having no effect on general sense of well being or activity levels.

LIVING WITH ATRIAL FIBRILLATION

Always take antiarrhythmic drugs exactly as directed. These drugs work best when they are at constant levels in the blood. To help keep levels constant, take your medicine as directed; do not miss any doses and never take larger or more frequent doses. Don't stop taking antiarrhythmic drugs without checking first with your physician, because stopping some of these drugs suddenly could lead to serious side effects. If taking medicine at night interferes with sleep, or if it is difficult to remember to take your medicine during the day, check with a health care professional for suggestions.

When you visit your doctor or an emergency room (whether for an AF-related problem or not), bring a detailed list of all your prescription drugs with you. Having a complete picture of all your medications is critical in any health care setting, but it is especially important if you are taking antiarrhythmics. Also, keep all medical appointments; don't assume that because you're feeling better it is not necessary to visit your doctor. Precise updates on your condition are required to make sure that the treatment strategy is right (and safe) for you. Keeping regular doctor's appointments is particularly critical if you are taking anticoagulants or blood-thinning medications. If you experience medication side effects or symptoms of AF, be sure to share that with your doctor.

Besides making sure you follow all directions related to your prescription medications, beware of over-the-counter medicines – those that do not require a prescription – including nutritional supplements and cold and allergy medicines. Some of these widely available drugs may contain stimulants or have other properties that can trigger arrhythmias and/or interact with your prescription medications in ways that can lessen their effectiveness or make the prescription drug much more powerful, increasing the likelihood of a serious side effect or other adverse event.

Limiting alcohol consumption is important, too, especially if alcohol triggers your AF. Reducing intake of caffeinated beverages may also be recommended since caffeine has stimulating properties that could be harmful in people with AF.

PREVENTION

Left untreated, AF causes the atrial chambers to weaken and stretch out. This makes it even harder for the atria to contract properly, which leads to even more blood pooling in the atria, and a greater risk of stroke and heart failure. Treating AF correctly is the best way to reduce stroke risk.

If you are at risk of developing AF (based on family history, for example) you can help prevent AF. This requires action that can prevent or control the major risk factors for AF, such as coronary artery disease, hypertension, excess weight and diabetes. By avoiding these risk factors, you can significantly reduce your chances of experiencing AF during your lifetime.

This requires adopting a heart-healthy lifestyle, which means weight loss if you are overweight, changing to a heart-healthy diet, becoming more physically active, and making sure that hypertension or other conditions that can lead to heart disease are treated and well managed.

GUIDELINES AND OTHER RESOURCES

Fuster V, Ryden LE, Cannom DS, et al. **ACC/AHA/ESC 2006 guidelines for the management of patients with atrial fibrillation: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines and the**

European Society of Cardiology Committee for Practice Guidelines (Writing Committee to Revise the 2001 Guidelines for the Management of Patients With Atrial Fibrillation). J Am Coll Cardiol 2006;48:e149-e246.

Institute for Clinical Systems Improvement. Diagnosis and Treatment of Obstructive Sleep Apnea in Adults; Sixth Edition. June 2008.

http://www.icsi.org/sleep_apnea/sleep_apnea__diagnosis_and_treatment_of_obstructive_.html

National Heart, Lung and Blood Institute: http://www.nhlbi.nih.gov/health/dci/Diseases/af/af_what.html

Mayo Clinic: http://www.mayoclinic.com/health/atrial-fibrillation/DS00291

Merck Manuals: http://www.merck.com/mmpe/sec07/ch075/ch075e.html#sec07-ch075-ch075e-1123

The American Academy of Sleep Medicine http://www.sleepeducation.com/

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American Heart Association. *2009 Heart and Stroke Statistical Update.* Dallas, Tex: American Heart Association; 2009.

Wang TJ, Parise H, Levy D, et al. Obesity and the risk of new-onset atrial fibrillation. JAMA 2004;292:2471-7.

Gami AS, Hodge DO, Herges RM, et al. Obstructive sleep apnea, obesity, and the risk of incident atrial fibrillation. J Am Coll Cardiol 2007;49:565-71.

Wyse DG, Waldo AL, DiMarco JP, et al.; Atrial Fibrillation Follow-Up Investigation of Rhythm Management (AFFIRM) Investigators. A comparison of rate control and rhythm control in patients with atrial fibrillation. *N Engl J Med* 2002;347:1825-33.

Roy D, Talajic M, Nattel S, et al. Rhythm control versus rate control for atrial fibrillation and heart failure. *N Engl J Med* 2008;358:2667-77.

Hohnloser SH, Crijns HJ, van Eickels M, et al.; ATHENA Investigators. Effect of dronedarone on cardiovascular events in atrial fibrillation. N Engl J Med 2009;360:668-78.

Jais P, Cauchemez B, Macle L, et al. Catheter ablation versus antiarrhythmic drugs for atrial fibrillation. The A4 Study. *Circulation* 2008;118:2498-505.

Please note that the content on CardioSmart attempts to define practices that meet the needs of most patients in most circumstances. However, everyone is unique, and the extent to which the information applies specifically to you should be a key point of discussion between you and your cardiologist or health care provider. The ultimate judgment regarding your care must be made by you and your healthcare provider together, in light of circumstances specific to you as a patient.

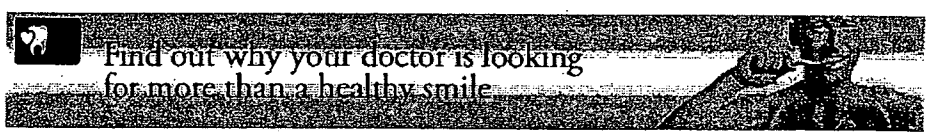

EXHIBIT "C"

Personnel Locator Report

Alvin Menie | **01 Dec 05**

Date	Time Arrived	Start Lunch	End Lunch	Time Left	Status Description
01 Jan 02					Annual Leave
02 Jan 02	08:37			13:32	Off Duty
07 Jan 02	08:37			17:43	Off Duty
08 Jan 02	08:40			17:48	Off Duty
09 Jan 02	08:32			16:47	Off Duty
10 Jan 02	08:36			17:47	Off Duty
11 Jan 02	08:34	12:12	12:41	17:14	Off Duty
14 Jan 02	08:38	12:07	13:17	17:18	Off Duty
15 Jan 02	08:38			16:36	Off Duty
16 Jan 02	08:30	12:17		17:17	Off Duty
17 Jan 02	08:33	13:02	13:42	17:17	Off Duty
18 Jan 02	08:42			17:47	Official Business
21 Jan 02					Official Business
22 Jan 02					Official Business
23 Jan 02	08:50			18:46	Off Duty
24 Jan 02	08:30			16:06	Official Business
25 Jan 02	08:27			17:08	Off Duty
28 Jan 02	08:37	12:00	12:27	17:01	Off Duty
29 Jan 02	08:40	12:01	13:07	17:06	Off Duty
30 Jan 02	08:44			14:07	Official Business
31 Jan 02	08:38			17:28	Off Duty

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Personnel Locator Report

Alvin Menie **01 Dec 05**

Date	Time Arrived	Start Lunch	End Lunch	Time Left	Status Description
01 Feb 02	08:25	11:51	13:00	17:04	Off Duty
04 Feb 02	08:43	12:15	13:09	18:02	Off Duty
05 Feb 02	08:45			17:01	Off Duty
06 Feb 02	08:52			17:18	Off Duty
07 Feb 02	08:29	11:52	14:39	17:13	Off Duty
08 Feb 02	08:35	12:22	13:32	17:14	Off Duty
11 Feb 02	08:37			16:25	Off Duty
12 Feb 02	08:33			17:33	Off Duty
13 Feb 02	08:33	13:21	14:02	16:35	Off Duty
14 Feb 02	08:48	12:03	13:37	16:49	Off Duty
15 Feb 02	08:34	12:02	13:54	17:02	Off Duty
19 Feb 02	08:27			17:02	Off Duty
20 Feb 02	08:35			17:00	Off Duty
21 Feb 02	08:34				On Duty
22 Feb 02	08:42	12:23	13:12	17:12	Off Duty
25 Feb 02	08:42			16:55	Off Duty
26 Feb 02	09:21				On Duty
27 Feb 02	11:09	11:59	12:42		On Duty
28 Feb 02	09:04			17:00	Off Duty

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Personnel Locator Report

Alvin Menie | **01 Dec 05**

Date	Time Arrived	Start Lunch	End Lunch	Time Left	Status Description
01 Mar 02	08:33	12:00	12:53	17:05	Off Duty
04 Mar 02	08:50	12:03	12:39	17:13	Off Duty
05 Mar 02	08:35			17:14	Off Duty
06 Mar 02	08:33			16:42	Off Duty
07 Mar 02	10:32			16:46	Off Duty
08 Mar 02	09:16			16:49	Off Duty
11 Mar 02	08:06			08:07	Official Business
12 Mar 02	08:36	12:07	13:17	17:11	Off Duty
13 Mar 02	09:06	12:01	13:27	17:05	Off Duty
14 Mar 02	08:45	12:14	13:02	17:13	Off Duty
15 Mar 02	08:43	12:03	13:02	16:08	Off Duty
18 Mar 02	08:40			17:16	Off Duty
19 Mar 02	08:34			17:01	Off Duty
20 Mar 02	08:39			17:06	Off Duty
21 Mar 02	08:35			16:32	Off Duty
22 Mar 02	08:45			17:01	Off Duty
25 Mar 02	08:55				On Duty
26 Mar 02	14:58			17:02	Off Duty
27 Mar 02	08:37			17:37	Off Duty
28 Mar 02	08:33	12:04	12:32	17:12	Off Duty
29 Mar 02					Annual Leave

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Personnel Locator Report

Alvin Menie | **01 Dec 05**

Date	Time Arrived	Start Lunch	End Lunch	Time Left	Status Description
01 Apr 02	09:07	12:07	12:37	17:04	Off Duty
02 Apr 02	08:34	12:42	13:10	17:01	Off Duty
03 Apr 02	08:32	12:11	12:37	17:30	Off Duty
04 Apr 02	13:44			17:02	Off Duty
05 Apr 02	08:38	12:52	13:24	17:11	Off Duty
08 Apr 02	08:52			10:49	Official Business
09 Apr 02	08:35	12:14	12:44	17:15	Off Duty
10 Apr 02	13:27			16:56	Off Duty
11 Apr 02	08:49	10:56	12:02	17:03	Off Duty
12 Apr 02	08:37	12:59	14:47	16:50	Off Duty
15 Apr 02					Sick Leave
16 Apr 02	10:34			17:02	Off Duty
17 Apr 02	08:42			17:02	Off Duty
18 Apr 02				09:30	Annual Leave
19 Apr 02					Annual Leave
22 Apr 02	08:33	13:08	13:37	17:20	Off Duty
23 Apr 02	09:27			17:03	Off Duty
24 Apr 02	08:58	12:01	12:29	17:04	Off Duty
25 Apr 02	08:27	12:31	13:22	17:24	Sick Leave
26 Apr 02	09:30	12:01	12:28	17:14	Off Duty
29 Apr 02	08:30	12:05	12:35	17:06	Off Duty
30 Apr 02	08:29	13:07	13:44	14:31	Off Duty

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Personnel Locator Report

Alvin Menie **01 Dec 05**

Date	Time Arrived	Start Lunch	End Lunch	Time Left	Status Description
01 May 02	08:46	12:09	13:00	17:11	Off Duty
02 May 02	08:36	12:10	12:56	17:01	Off Duty
03 May 02	08:58	12:01	13:08	15:34	Off Duty
06 May 02	08:41	13:31	14:34	17:12	Off Duty
07 May 02	08:36	12:23	12:50	16:30	Off Duty
08 May 02	08:37			17:45	Off Duty
09 May 02					Sick Leave
10 May 02					Sick Leave
13 May 02				10:24	Sick Leave
14 May 02					Sick Leave
15 May 02					Sick Leave
16 May 02					Sick Leave
17 May 02					Sick Leave
20 May 02					Sick Leave
21 May 02					Sick Leave
22 May 02					Sick Leave
23 May 02	08:28	12:04	13:06	17:05	Off Duty
24 May 02	09:35	12:13	12:42	17:08	Off Duty
28 May 02	08:35	13:17	13:41	17:05	Off Duty
29 May 02	09:45	12:43	13:17	17:02	Off Duty
30 May 02	08:32	12:38	13:08	17:14	Off Duty
31 May 02	08:32	12:36	15:31	17:08	Off Duty

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Personnel Locator Report

Alvin Menie **01 Dec 05**

Date	Time Arrived	Start Lunch	End Lunch	Time Left	Status Description
03 Jun 02	08:39	12:34	13:11	17:21	Off Duty
04 Jun 02	08:36	12:50	13:20	17:16	Off Duty
05 Jun 02	08:40	09:57	12:34	13:31	Sick Leave
06 Jun 02				09:24	Sick Leave
07 Jun 02				10:00	Sick Leave
10 Jun 02	09:00	12:53	14:00	17:19	Off Duty
11 Jun 02	08:31	12:23	12:57	17:31	Off Duty
12 Jun 02	08:36	12:07	13:10	17:31	Off Duty
13 Jun 02	08:26	12:14	12:52	17:13	Off Duty
14 Jun 02	08:34			15:30	Off Duty
17 Jun 02	08:33	12:11	12:43	17:08	Off Duty
18 Jun 02	08:21	12:31	12:55	17:09	Off Duty
19 Jun 02	08:30	12:23	13:45	13:59	Sick Leave
20 Jun 02	08:10	12:17	12:49	16:30	Off Duty
21 Jun 02	08:26	12:14	13:00	18:02	Off Duty
24 Jun 02	08:27	12:16	12:45	17:13	Off Duty
25 Jun 02	08:28	12:27	13:02	17:02	Off Duty
26 Jun 02	08:31	11:48	12:57	17:16	Off Duty
27 Jun 02	08:32	13:35	14:05	17:31	Off Duty
28 Jun 02	08:28	12:04	13:37	17:07	Off Duty

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Personnel Locator Report

Alvin Menie | **01 Dec 05**

Date	Time Arrived	Start Lunch	End Lunch	Time Left	Status Description
01 Jul 02	11:00	12:10	12:39	17:31	Off Duty
02 Jul 02	08:49	12:29	13:06	17:40	Off Duty
03 Jul 02	08:32	12:19	12:52	17:08	Annual Leave
04 Jul 02					Annual Leave
05 Jul 02					Annual Leave
08 Jul 02	08:52	12:14	12:46	17:33	Off Duty
09 Jul 02	08:29	12:03	12:38	17:08	Sick Leave
10 Jul 02					Sick Leave
11 Jul 02	08:23			17:01	Off Duty
12 Jul 02	08:32	11:14	12:13	17:03	Off Duty
15 Jul 02	08:31	12:49	13:47	17:18	Off Duty
16 Jul 02	08:33	12:34	13:02	17:38	Off Duty
17 Jul 02	08:39	12:05	13:02	18:04	Annual Leave
18 Jul 02	11:45	12:51	13:13	19:56	Off Duty
19 Jul 02	08:29			17:08	Off Duty
22 Jul 02	08:30	13:01	13:21	17:08	Off Duty
23 Jul 02	08:37	12:31	12:59	17:29	Off Duty
24 Jul 02	08:03	12:03	13:06	17:04	Off Duty
25 Jul 02	08:36	13:17	13:43	17:15	Off Duty
26 Jul 02	08:48	12:15	13:27	17:18	Off Duty
29 Jul 02	08:35	12:25	13:27	17:16	Off Duty
30 Jul 02	08:28	11:31	12:35	17:29	Off Duty
31 Jul 02	08:28			17:03	Off Duty

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Personnel Locator Report

Alvin Menie | **01 Dec 05**

Date	Time Arrived	Start Lunch	End Lunch	Time Left	Status Description
01 Aug 02					Sick Leave
02 Aug 02	08:34	12:17	13:13	17:14	Off Duty
05 Aug 02	08:37	12:05	12:34	17:01	Off Duty
06 Aug 02	08:40	11:35	12:34	19:12	Off Duty
07 Aug 02	08:39	12:02	13:08	17:33	Off Duty
08 Aug 02	08:32	12:11	13:29	17:27	Off Duty
09 Aug 02	08:21	12:34	13:10	17:05	Off Duty
12 Aug 02	08:35	12:11	13:10	17:24	Off Duty
13 Aug 02	08:29	12:41	12:59	17:18	Off Duty
14 Aug 02	08:32	12:41	13:16	14:16	Annual Leave
15 Aug 02	08:39	13:46	14:12	17:04	Off Duty
16 Aug 02	08:53	12:19	12:54	16:00	Off Duty
19 Aug 02	10:00	11:58	13:07	16:36	Off Duty
20 Aug 02	08:38			17:16	Off Duty
21 Aug 02	08:32			17:03	Off Duty
22 Aug 02	08:52	12:16	13:10	18:12	Annual Leave
23 Aug 02					Annual Leave
26 Aug 02	12:21			14:01	Official Business
27 Aug 02	08:38	13:23	14:15	17:35	Off Duty
28 Aug 02	08:38			17:11	Off Duty
29 Aug 02	08:30	13:51	14:49	16:51	Off Duty
30 Aug 02	08:45			12:08	Annual Leave

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Personnel Locator Report

Alvin Menie | **01 Dec 05**

Date	Time Arrived	Start Lunch	End Lunch	Time Left	Status Description
02 Sep 02					Annual Leave
03 Sep 02	08:37	12:12	13:06	17:10	Off Duty
04 Sep 02	08:34	12:18	13:03	17:06	Off Duty
05 Sep 02	08:58	14:39	15:03	17:22	Off Duty
06 Sep 02					Annual Leave
09 Sep 02				10:57	Annual Leave
10 Sep 02				09:04	Annual Leave
11 Sep 02					Annual Leave
12 Sep 02					Annual Leave
13 Sep 02	08:35	12:26	13:06	17:03	Off Duty
16 Sep 02	08:35	12:25	13:17	17:11	Off Duty
17 Sep 02	08:37			13:39	Official Business
18 Sep 02					Sick Leave
19 Sep 02	08:35	12:26	13:30	17:15	Off Duty
20 Sep 02	08:26	12:13	13:11	17:05	Off Duty
23 Sep 02					Sick Leave
24 Sep 02					Sick Leave
25 Sep 02	08:29	12:02	12:54	17:07	Off Duty
26 Sep 02	08:32	12:26	12:58	17:03	Off Duty
27 Sep 02	09:45	12:14	12:44	17:28	Off Duty
30 Sep 02				09:50	Annual Leave

50

Personnel Locator Report

Alvin Menie | **01 Dec 05**

Date	Time Arrived	Start Lunch	End Lunch	Time Left	Status Description
01 Oct 02					Annual Leave
02 Oct 02					Annual Leave
03 Oct 02	08:54	13:14	13:46	17:15	Off Duty
04 Oct 02	08:33	12:59	13:30	17:07	Off Duty
07 Oct 02	08:36	13:42	14:07	17:10	Off Duty
08 Oct 02	08:34	12:04	13:27	17:22	Off Duty
09 Oct 02	08:37	13:10	14:43	18:32	Off Duty
10 Oct 02	08:44	13:33	14:31	14:51	Official Business
11 Oct 02	08:15	12:35	13:36	17:11	Off Duty
14 Oct 02	08:36	12:56	13:29	17:25	Off Duty
15 Oct 02	08:47	12:09	13:05	17:02	Off Duty
16 Oct 02	08:32	12:00	12:59	17:04	Off Duty
17 Oct 02	08:33	15:43	15:46	17:03	Off Duty
18 Oct 02	08:28	12:11	12:31	16:09	Off Duty
21 Oct 02	08:50	12:16	12:43	17:07	Off Duty
22 Oct 02	08:32	11:57	12:35	17:14	Off Duty
23 Oct 02	08:35	11:51	13:08	17:20	Off Duty
24 Oct 02	08:39	12:04	13:05	16:55	Off Duty
25 Oct 02	08:36	12:07	12:35	17:14	Off Duty
28 Oct 02	08:39	12:02	12:37	17:14	Off Duty
29 Oct 02	08:31	12:08	13:00	16:46	Off Duty
30 Oct 02	08:28	11:39	12:54	17:19	Off Duty
31 Oct 02	08:32	11:53	12:57	16:35	Off Duty

51

Personnel Locator Report

Alvin Menie **01 Dec 05**

Date	Time Arrived	Start Lunch	End Lunch	Time Left	Status Description
01 Nov 02	08:34	11:21	16:07	16:51	Off Duty
04 Nov 02	10:31	11:31	15:58	17:38	Off Duty
05 Nov 02	13:05			16:25	Off Duty
06 Nov 02	08:48	12:12	12:47	16:32	Off Duty
07 Nov 02	08:26	11:14	12:57	17:02	Off Duty
08 Nov 02	08:31	13:16	13:46	17:05	Off Duty
12 Nov 02	08:33	12:15	13:21	17:42	Off Duty
13 Nov 02	08:43	12:41	13:14	17:28	Off Duty
14 Nov 02	08:41	12:49	13:38	17:17	Off Duty
15 Nov 02	08:39	11:25	12:25	17:01	Off Duty
18 Nov 02	08:32	12:30	12:58	17:20	Off Duty
19 Nov 02	08:24			17:00	Off Duty
20 Nov 02	11:05				On Duty
21 Nov 02	08:31	10:50	12:51	17:10	Off Duty
22 Nov 02	08:33	13:12	13:44	17:02	Off Duty
25 Nov 02	08:35	12:53	14:16	17:56	Off Duty
26 Nov 02	08:33	12:05	12:35	17:02	Off Duty
27 Nov 02	08:36	12:27	14:04	17:01	Off Duty

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Personnel Locator Report

Alvin Menie **01 Dec 05**

Date	Time Arrived	Start Lunch	End Lunch	Time Left	Status Description
02 Dec 02	08:39	12:34	13:02	16:57	Off Duty
03 Dec 02	08:37	12:08	12:30	17:02	Off Duty
04 Dec 02	08:36	12:05	12:24	13:02	Off Duty
05 Dec 02	10:37	15:11	15:41	17:02	Off Duty
06 Dec 02	09:03	12:23	13:19	14:37	Official Business
09 Dec 02	08:30	12:30	13:48	16:04	Official Business
10 Dec 02					Official Business
11 Dec 02	08:35	12:18	13:10	17:14	Off Duty
12 Dec 02	08:34	13:33	14:03	15:09	Off Duty
13 Dec 02	08:44	12:21	12:48	16:29	Off Duty
16 Dec 02	09:27	11:45	13:02	16:31	Off Duty
17 Dec 02	08:37			17:09	Off Duty
18 Dec 02	08:34	16:41	17:21	17:21	Off Duty
19 Dec 02	08:29	12:30	13:38	17:29	Off Duty
20 Dec 02	08:26	12:27	13:38	17:33	Off Duty
23 Dec 02	08:33	13:35	14:02	17:00	Off Duty
27 Dec 02	09:13	13:15	14:14	17:41	Off Duty
30 Dec 02	08:51	12:11	12:35	18:29	Off Duty
31 Dec 02	08:08	12:08	12:42	17:07	Off Duty

53

Personnel Locator Report

Alvin Menie | **01 Dec 05**

Date	Time Arrived	Start Lunch	End Lunch	Time Left	Status Description
02 Jan 03	08:32	12:02	12:56	17:16	Off Duty
03 Jan 03	08:33	12:22	13:24	17:06	Off Duty
06 Jan 03	08:57	12:12	12:48	17:31	Off Duty
07 Jan 03	08:29	12:01	13:01	18:03	Off Duty
08 Jan 03	08:20	12:28	12:48	17:35	Off Duty
09 Jan 03	08:23	12:30	13:03	17:34	Off Duty
10 Jan 03	08:35	10:48	11:48	17:18	Off Duty
13 Jan 03	08:30	12:09	12:34	17:36	Off Duty
14 Jan 03	08:29	12:33	12:59	17:18	Off Duty
15 Jan 03	08:41	13:40	13:55	16:26	Off Duty
16 Jan 03	08:26	12:10	12:27	17:15	Off Duty
17 Jan 03	08:37	12:20	12:46	17:43	Off Duty
21 Jan 03	08:18	12:41	13:22	17:31	Off Duty
22 Jan 03	08:09	12:17	13:13	16:13	Off Duty
24 Jan 03	10:11	13:28	14:02	18:03	Off Duty
27 Jan 03	08:42	12:35	13:09	17:27	Off Duty
28 Jan 03	08:37	12:32	12:58	17:26	Off Duty
29 Jan 03	08:35	12:45	13:11	17:28	Off Duty
30 Jan 03	08:26	12:29	13:26	16:02	Off Duty
31 Jan 03	08:35	12:02	12:59	16:31	Off Duty

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Personnel Locator Report

Alvin Menie | **01 Dec 05**

Date	Time Arrived	Start Lunch	End Lunch	Time Left	Status Description
03 Feb 03	08:33	12:44	13:41	17:01	Off Duty
04 Feb 03	08:39	15:03	15:14	17:20	Off Duty
05 Feb 03	08:31	13:26	14:43	17:05	Off Duty
06 Feb 03	08:29			17:42	Off Duty
07 Feb 03	09:16	13:25	13:48	16:32	Off Duty
10 Feb 03	08:47	12:02	13:47	16:41	Off Duty
11 Feb 03	08:28			17:28	Off Duty
12 Feb 03	08:33	13:10	13:23	17:32	Off Duty
13 Feb 03	08:28	12:31	13:25	17:34	Off Duty
14 Feb 03	08:30	12:15	13:39	17:15	Off Duty
18 Feb 03	08:36	12:08	13:04	17:13	Off Duty
19 Feb 03	08:30	12:22	12:53	17:21	Off Duty
20 Feb 03	08:34	12:11	14:23	17:40	Off Duty
21 Feb 03	09:04	12:16	13:14	17:03	Off Duty
24 Feb 03	08:31	12:50	13:13	17:14	Off Duty
25 Feb 03	08:33	12:12	12:43	16:33	Off Duty
26 Feb 03	08:35	11:17	12:33	17:12	Off Duty
27 Feb 03	08:26	13:07	14:07	17:08	Off Duty
28 Feb 03	10:36	13:29	14:43	17:09	Annual Leave

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Personnel Locator Report

Alvin Menie | **01 Dec 05**

Date	Time Arrived	Start Lunch	End Lunch	Time Left	Status Description
03 Mar 03	09:39	12:28	13:37	17:07	Off Duty
05 Mar 03					Sick Leave
06 Mar 03				12:50	Sick Leave
07 Mar 03					Sick Leave
10 Mar 03				17:18	Sick Leave
11 Mar 03				09:34	Sick Leave
12 Mar 03					Sick Leave
13 Mar 03					Sick Leave
14 Mar 03					Sick Leave
17 Mar 03	08:57	12:21	13:12		On Duty
18 Mar 03	08:41			17:42	Off Duty
19 Mar 03	08:33	12:49	13:03	16:43	Off Duty
20 Mar 03	09:06	12:27	13:00	16:27	Off Duty
21 Mar 03	08:42			18:25	Off Duty
24 Mar 03	08:35	12:01	13:04	17:00	Off Duty
25 Mar 03	08:31	11:59	12:57	17:06	Off Duty
26 Mar 03	08:13	11:49	12:17	17:25	Off Duty
27 Mar 03	08:34	11:59	13:02	17:02	Off Duty
28 Mar 03	08:28	12:17	12:28	17:39	Off Duty
31 Mar 03	08:39	12:45	13:04	17:56	Off Duty

56

EXHIBIT "D"

State Accident Fund
Monthly Time Sheet

January 2003

Employee: **Carla Johnson** Exempt

Department : Policyholder Services SSN - [redacted]

Date	Actual Hours Worked	Annual Leave	Sick Leave	Other Paid Leave	Leave Without Pay	Holiday	Comp Time Taken	Comp Time Earned	Total Leave Hours	Grand Total Hours
1						7.5			7.5	7.5
2		3.281			4.219				7.5	7.5
3					7.5				7.5	7.5
4	Sat								0	0
5	Sun								0	0
6					7.5				7.5	7.5
7					7.5				7.5	7.5
8					7.5				7.5	7.5
9					7.5				7.5	7.5
10					7.5				7.5	7.5
11	Sat								0	0
12	Sun								0	0
13					7.5				7.5	7.5
14					7.5				7.5	7.5
15					7.5				7.5	7.5
16					7.5				7.5	7.5
17									0	0
18	Sat								0	0
19	Sun								0	0
20					7.5				7.5	7.5
21					7.5				7.5	7.5
22					7.5				7.5	7.5
23					7.5				7.5	7.5
24					7.5				7.5	7.5
25	Sat								0	0
26	Sun								0	0
27					7.5				7.5	7.5
28					7.5				7.5	7.5
29					7.5				7.5	7.5
30					7.5				7.5	7.5
31					7.5				7.5	7.5
										0
Total	0	3.281	0	0	154.219	7.5	0	0	165	165

I certify that the time reported above is correct to the best of my knowledge:

Employee Signature : Employee Not Available

Supervisor Signature: Rosalie Gamble Date: 1/31/03

*ALL COMP TIME MUST BE USED WITHIN 90 DAYS

57

State Accident Fund
Monthly Time Sheet

February 2003

Employee: **Carla Johnson** Exempt

Department : PS SSN - [redacted]

Date	Actual Hours Worked	Annual Leave	Sick Leave	Other Paid Leave	Leave Without Pay	Holiday	Comp Time Taken	Comp Time Earned	Total Leave Hours	Grand Total Hours
1	SAT								0	0
2	SUN								0	0
3					7.5				7.5	7.5
4					7.5				7.5	7.5
5					7.5				7.5	7.5
6					7.5				7.5	7.5
7					7.5				7.5	7.5
8	SAT								0	0
9	SUN								0	0
10	7.5								0	7.5
11	7.5								0	7.5
12	5.75				1.75				1.75	7.5
13	7.5								0	7.5
14	7.5								0	7.5
15	SAT								0	0
16	SUN								0	0
17						7.5			7.5	7.5
18	7.5								0	7.5
19	7.5								0	7.5
20	7.5								0	7.5
21	7.5								0	7.5
22	SAT								0	0
23	SUN								0	0
24	7.5								0	7.5
25	6.5		1						1	7.5
26			7.5						7.5	7.5
27	6.5	0.125	0.875						1	7.5
28	7.5								0	7.5
29	SAT								0	0
30	SUN								0	0
31									0	0
										0
Total	93.75	0.125	9.375	0	39.25	7.5	0	0	56.25	150

I certify that the time reported above is correct to the best of my knowledge:

Employee Signature : Carla Johnson 3-4-03

Supervisor Signature: Rosalie Gumbik Date: 3/4/03

*ALL COMP TIME MUST BE USED WITHIN 90 DAYS

58

State Accident Fund
Monthly Time Sheet

Mar-03

Employee: CARLA JOHNSON Exempt/Non-Exempt

Department : PHS SSN - [redacted]

Date	Actual Hours Worked	Annual Leave	Sick Leave	Other Paid Leave	Leave Without Pay	Holiday	Comp Taken	Time Earned	Total Leave Hours	Grand Total Hours
1	sat								0.00	0.00
2	sun								0.00	0.00
3	7.50								0.00	7.50
4	7.50								0.00	7.50
5	7.50								0.00	7.50
6	7.50								0.00	7.50
7	5.00	2.5							0.00	5.00
8	sat								0.00	0.00
9	sun								0.00	0.00
10	7.50								0.00	7.50
11	0.00	7.50							7.50	7.50
12	4.00	3.50							3.50	7.50
13	7.50								0.00	7.50
14	7.50								0.00	7.50
15	sat								0.00	0.00
16	sun								0.00	0.00
17	7.50								0.00	7.50
18	0.00	7.50							7.50	7.50
19	0.00	7.50							7.50	7.50
20	0.00	4.188	3.312						7.50	7.50
21	0.00		6.063		1.437				7.50	7.50
22	sat								0.00	0.00
23	sun								0.00	0.00
24	7.50								0.00	7.50
25	7.50								0.00	7.50
26	7.50								0.00	7.50
27	7.50				2.00				2.00	9.50
28	7.50								0.00	7.50
29	sat								0.00	0.00
30	sun								0.00	0.00
31	0.00				7.50				7.50	7.50
Total	106.50	30.19	9.38	0.00	10.94	0.00	0.00	0.00	50.50	157.00

I certify that the time reported above is correct to the best of my knowledge:

Employee Signature : Carla Johnson 4-1-03

Supervisor Signature: [illegible] Date: 4/2/03

*ALL COMP TIME MUST BE USED WITHIN 90 DAYS

59

EXHIBIT "E"

State Accident Fund
Monthly Time Sheet

Jan-02

Employee: **A. L. MENIE** Exempt/Non-Exempt

Department : POLICYHOLDERS' SERVICES SSN -

Date	Actual Hours Worked	Annual Leave	Sick Leave	Other Paid Leave	Leave Without Pay	Holiday	Comp Time Taken	Comp Time Earned	Total Leave Hours	Grand Total Hours
1						7.5				7.5
2	4.5			3.5						8.0
3				7.5						7.5
4				7.5						7.5
5	SAT									
6	SUN									
7	8.75									8.75
8	8.5									8.5
9	8.0									8.0
10	8.75									8.75
11	7.5									7.5
12	SAT									
13	SUN									
14	7.5									7.5
15	7.5									7.5
16	7.5									7.5
17	7.5									7.5
18	8.5									8.5
19	SAT									
20	SUN									
21						7.5				7.5
22	7.5									7.5
23	7.5									7.5
24	12.5									12.5
25	8.0									8.0
26	SAT									
27	SUN									
28	8.0									8.0
29	7.5									7.5
30	8.0									8.0
31	8.5									8.5
Total	**152.0**			**18.5**		**15.0**			**18.5**	**185.5**

I certify that the time reported above is correct to the best of my knowledge:

Employee Signature : A L Menie 2-01-02 23 x 7.5 172.5

Supervisor Signature: Date: 2/5/02

*ALL COMP TIME MUST BE USED WITHIN 90 DAYS

60

State Accident Fund
Monthly Time Sheet

February 2002

Employee: **A.L. Menie** Exempt

Department : **PHS** SSN -

Date	Actual Hours Worked	Annual Leave	Sick Leave	Other Paid Leave	Leave Without Pay	Holiday	Comp Time Taken	Comp Time Earned	Total Leave Hours	Grand Total Hours
1	7.5								0	7.5
2	sat								0	0
3	sun								0	0
4	7.5								0	7.5
5	7.5								0	7.5
6	7.5								0	7.5
7	7.5								0	7.5
8	7.5								0	7.5
9	sat								0	0
10	sun								0	0
11	7.5								0	7.5
12	7.5								0	7.5
13	7.5								0	7.5
14	7.5								0	7.5
15	7.5								0	7.5
16	sat								0	0
17	sun								0	0
18						7.5			7.5	7.5
19	7.5								0	7.5
20	7.5								0	7.5
21	7.5								0	7.5
22	7.5								0	7.5
23	sat								0	0
24	sun								0	0
25	7.5								0	7.5
26	7.5								0	7.5
27	3.5 ~~6.0~~	1.5	2.5						1.5	7.5
28	7.5								0	7.5
Total	~~141~~ 138.5	1.5	~~0~~ 2.5	0	0	7.5	0	0	~~9.0~~ 11.5	150.0

I certify that the time reported above is correct to the best of my knowledge:

Employee Signature : A.L. Menie 2-28-02

Supervisor Signature: [illegible] Date: 3-7-02

*ALL COMP TIME MUST BE USED WITHIN 90 DAYS

61

State Accident Fund
Monthly Time Sheet

March 2002

Employee: **AL Menie** Exempt

Department : **Policyholders Services** SSN -

Date	Actual Hours Worked	Annual Leave	Sick Leave	Other Paid Leave	Leave Without Pay	Holiday	Comp Time Taken	Comp Time Earned	Total Leave Hours	Grand Total Hours
1	7.5								0	7.5
2	sat								0	0
3	sun								0	0
4	6.5	1.0							1.0	7.5
5	7.5								0	7.5
6	7.5								0	7.5
7	7.5								0	7.5
8	7.5								0	7.5
9	sat								0	0
10	sun								0	0
11	7.5								0	7.5
12	7.5								0	7.5
13	7.5								0	7.5
14	7.5								0	7.5
15	7.5								0	7.5
16	sat								0	0
17	sun								0	0
18	7.5								0	7.5
19	7.5								0	7.5
20	7.5								0	7.5
21	7.5								0	7.5
22	7.5								0	7.5
23	sat								0	0
24	sun								0	0
25	7.5								0	7.5
26	7.5								0	7.5
27	7.5								0	7.5
28	7.5								0	7.5
29		7.5							7.5	7.5
30	sat								0	0
31	sun								0	0
										0
Total	149	8.5	0	0	0	0	0	0	8.5	157.5

I certify that the time reported above is correct to the best of my knowledge:

Employee Signature : AL Menie 3-28-02

Supervisor Signature: [illegible] Date: 3-28-02

*ALL COMP TIME MUST BE USED WITHIN 90 DAYS

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State Accident Fund
Monthly Time Sheet

April 2002

Employee: Exempt

Department : Al Menie SSN -

Date	Actual Hours Worked	Annual Leave	Sick Leave	Other Paid Leave	Leave Without Pay	Holiday	Comp Time Taken	Comp Time Earned	Total Leave Hours	Grand Total Hours
1	7.5								0	7.5
2	8								0	8
3	7.75								0	7.75
4	3.75		4.25						4.25	8
5	8								0	8
6	Sat								0	0
7	Sun								0	0
8	7.5								0	7.5
9	8								0	8
10	3.5		4.5						4.5	8
11	7.5								0	7.5
12	7.5								0	7.5
13	Sat								0	0
14	Sun								0	0
15		7.5							7.5	7.5
16	6		2						2	8
17	8								0	8
18		7.5							7.5	7.5
19		6.5	1						7.5	7.5
20	Sat								0	0
21	Sun								0	0
22	8.5								0	8.5
23	7		1						1	8
24	7.5		0.5						0.5	8
25	8								0	8
26	7		1						1	8
27	Sat								0	0
28	Sun								0	0
29	8								0	8
30	8								0	8
31									0	0
										0
Total	137	21.5	14.25	0	0	0	0	0	35.75	172.75

7.5 X 22 = 165

I certify that the time reported above is correct to the best of my knowledge:

Employee Signature : Al Menie 4-30-02

Supervisor Signature: _____ Date: 4-30-02

*ALL COMP TIME MUST BE USED WITHIN 90 DAYS

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State Accident Fund
Monthly Time Sheet
May 2002

Employee: Al Menie

Exempt

Department :

SSN -

Date	Actual Hours Worked	Annual Leave	Sick Leave	Other Paid Leave	Leave Without Pay	Holiday	Comp Time Taken	Comp Time Earned	Total Leave Hours	Grand Total Hours
1	7.5								0	7.5
2	7.5								0	7.5
3	5.5	2.0							2.0	7.5
4	Sat								0	0
5	Sun								0	0
6	7.5								0	7.5
7	7.5								0	7.5
8	5.0		2.5						2.5	7.5
9			7.5						7.5	7.5
10						7.5			7.5	7.5
11	Sat								0	0
12	Sun								0	0
13			7.5						7.5	7.5
14			7.5						7.5	7.5
15			7.5						7.5	7.5
16			7.5						7.5	7.5
17			7.5						7.5	7.5
18	Sat								0	0
19	Sun								0	0
20			7.5						7.5	7.5
21			7.5						7.5	7.5
22			7.5						7.5	7.5
23	7.5								0	7.5
24	7.5								0	7.5
25	Sat								0	0
26	Sun								0	0
27						7.5			7.5	7.5
28	7.5								0	7.5
29	7.5								0	7.5
30	7.5								0	7.5
31	6.5	1.0							1.0	7.5
										0
Total	84.5	3.0	70.0	0	0	15.0	0	0	88.0	172.5

I certify that the time reported above is correct to the best of my knowledge:

Employee Signature : A L Menie 6-3-02

Supervisor Signature: [illegible] Date: 6-3-02

*ALL COMP TIME MUST BE USED WITHIN 90 DAYS

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State Accident Fund
Monthly Time Sheet

June 2002

Employee: **Al Meni** Exempt

Department : Policyholders Services SSN -

Date	Actual Hours Worked	Annual Leave	Sick Leave	Other Paid Leave	Leave Without Pay	Holiday	Comp Time Taken	Comp Time Earned	Total Leave Hours	Grand Total Hours
1	SAT								0	0
2	SUN								0	0
3	8								0	8
4	8								0	8
5	2.5	0.5	3.5						4	6.5
6			7.5						7.5	7.5
7			7.5						7.5	7.5
8	SAT								0	0
9	SUN								0	0
10	7								0	7
11	8.5								0	8.5
12	8								0	8
13	8								0	8
14	6			1.5	Note				1.5	7.5
15	SAT								0	0
16	SUN								0	0
17	8								0	8
18	8								0	8
19	5.5		3						3	8.5
20	7.5								0	7.5
21	8.5								0	8.5
22	SAT								0	0
23	SUN								0	0
24	8								0	8
25	8								0	8
26	7.5								0	7.5
27	8.5								0	8.5
28	7								0	7
29	SAT								0	0
30	SUN								0	0
31									0	0
										0
Total	132.5	0.5	21.5	1.5	0	0	0	0	23.5	156

20 x 7.5 = 150.00

I certify that the time reported above is correct to the best of my knowledge:

Employee Signature: 6-28-02

Supervisor Signature: Date: 7/1/02

*ALL COMP TIME MUST BE USED WITHIN 90 DAYS

Notes 6-1 4 gave blood to Red Cross, Dutch Square Mall

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State Accident Fund
Monthly Time Sheet

July 2002

Employee: **Al Menie** Exempt

Department : Policyholders Services SSN -

Date	Actual Hours Worked	Annual Leave	Sick Leave	Other Paid Leave	Leave Without Pay	Holiday	Comp Time Taken	Comp Time Earned	Total Leave Hours	Grand Total Hours
1	5.5	3							3	8.5
2	8.5								0	8.5
3	7.5								0	7.5
4						7.5			7.5	7.5
5		7.5							7.5	7.5
6	Sat								0	0
7	Sun								0	0
8	8								0	8
9	7.5								0	7.5
10			*7.5						0	0
11	7.5								0	7.5
12	7.5								0	7.5
13	Sat								0	0
14	Sun								0	0
15	7.5								0	7.5
16	8.5								0	8.5
17	8.5								0	8.5
18	4.5	3							3	7.5
19	7.5								0	7.5
20	Sat								0	0
21	Sun								0	0
22	8								0	8
23	8.5								0	8.5
24	8								0	8
25	8								0	8
26	7.5								0	7.5
27	Sat								0	0
28	Sun								0	0
29	7.5								0	7.5
30	8								0	8
31	7.5								0	7.5
										0
Total	151.5	13.5	7.5	0	0	7.5	0	0	28.5	180

I certify that the time reported above is correct to the best of my knowledge:

Employee Signature: A. Menie 8-2-02

Supervisor Signature: _____ Date: _____

*ALL COMP TIME MUST BE USED WITHIN 90 DAYS

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State Accident Fund
Monthly Time Sheet

August 2002

Employee: **Al Menie** Exempt

Department : Policyholders' Services SSN -

Date	Actual Hours Worked	Annual Leave	Sick Leave	Other Paid Leave	Leave Without Pay	Holiday	Comp Time Taken	Comp Time Earned	Total Leave Hours	Grand Total Hours
1			7.5						7.5	7.5
2	7.5								0	7.5
3	Sat								0	0
4	Sun								0	0
5	8								8	8
6	9.5								0	9.5
7	8								0	8
8	7.5								0	7.5
9	7.5								0	7.5
10	Sat								0	0
11	Sun								0	0
12	8								0	8
13	8								0	8
14	4.5	3							3	7.5
15	8								0	8
16	6.5	0.5							0.5	7
17	Sat								0	0
18	Sun								0	0
19	6	1.5							1.5	7.5
20	7.5								0	7.5
21	7.5								0	7.5
22	8								0	8
23		7.5							7.5	7.5
24	Sat								0	0
25	Sun								0	0
26	4.5		3						3	7.5
27	8								0	8
28	7.5								0	7.5
29	6.5		1						1	7.5
30	3.5	4							4	7.5
31	Sat								0	0
										0
Total	142	16.5	11.5	0	0	0	0	0	28	170

22X7.5=165.0

I certify that the time reported above is correct to the best of my knowledge:

Employee Signature : AR Menie 8-30-02

Supervisor Signature: _____ Date: _____

*ALL COMP TIME MUST BE USED WITHIN 90 DAYS

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State Accident Fund
Monthly Time Sheet

September 2002

Employee: **AL Menie** Exempt

Department : Policyholders' Services SSN -

Date	Actual Hours Worked	Annual Leave	Sick Leave	Other Paid Leave	Leave Without Pay	Holiday	Comp Time Taken	Comp Time Earned	Total Leave Hours	Grand Total Hours
1	sun								0	0
2						7.5			7.5	7.5
3	7.5								0	7.5
4	7.5								0	7.5
5	8								0	8
6		7.5							7.5	7.5
7	sat								0	0
8	sun								0	0
9		7.5							7.5	7.5
10		7.5							7.5	7.5
11		7.5							7.5	7.5
12		7.5							7.5	7.5
13	8								0	8
14	sat								0	0
15	sun								0	0
16	7.5								0	7.5
17	7.5								0	7.5
18		7.5							7.5	7.5
19	7.5								0	7.5
20	7.5								0	7.5
21	sat								0	0
22	sun								0	0
23				7.5					7.5	7.5
24				7.5					7.5	7.5
25	7.5								0	7.5
26	8								0	8
27	7		1						1	8
28	sat								0	0
29	sun								0	0
30				7.5					7.5	7.5
31									0	0
										0
Total	83.5	45	1	22.5	0	7.5	0	0	76	159.5

I certify that the time reported above is correct to the best of my knowledge:

Employee Signature : A. T. Menie 10-3-02

Supervisor Signature: Date: 10/3/02

*ALL COMP TIME MUST BE USED WITHIN 90 DAYS

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State Accident Fund
Monthly Time Sheet

October 2002

Employee: **Al Menie** Exempt

Department : Policyholders Services SSN -

Date	Actual Hours Worked	Annual Leave	Sick Leave	Other Paid Leave	Leave Without Pay	Holiday	Comp Time Taken	Comp Time Earned	Total Leave Hours	Grand Total Hours
1				7.5					7.5	7.5
2				7.5					7.5	7.5
3	7.5								0	7.5
4	8								0	8
5	Sat								0	0
6	Sun								0	0
7	8								0	8
8	7.5								0	7.5
9	8.5								0	8.5
10	7.5								0	7.5
11	7.5								0	7.5
12	Sat								0	0
13	Sun								0	0
14	8.5								0	8.5
15	7.5								0	7.5
16	7.5								0	7.5
17	8								0	8
18	7								0	7
19	Sat								0	0
20	Sun								0	0
21	7.5								0	7.5
22	8								0	8
23	7.5								0	7.5
24	7.5								0	7.5
25	8								0	8
26	Sat								0	0
27	Sun								0	0
28	8								0	8
29	7.5								0	7.5
30	7.5								0	7.5
31	7								0	7
										0
Total	161.5	0	0	15	0	0	0	0	15	176.5

I certify that the time reported above is correct to the best of my knowledge:

Employee Signature : 10-31-02

Supervisor Signature: Date: 1/11/02

*ALL COMP TIME MUST BE USED WITHIN 90 DAYS

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State Accident Fund
Monthly Time Sheet

November 2002

Employee: **A L. Menie** Exempt

Department : **Policyholder Services** SSN -

Date	Actual Hours Worked	Annual Leave	Sick Leave	Other Paid Leave	Leave Without Pay	Holiday	Comp Time Taken	Comp Time Earned	Total Leave Hours	Grand Total Hours
1	4	3.5							3.5	7.5
2	sat								0	0
3	sun								0	0
4	2.5	5							5	7.5
5	3.5	3							3	6.5
6	7.5								0	7.5
7	7								0	7
8	8								0	8
9	sat								0	0
10	sun								0	0
11						7.5			7.5	7.5
12	8								0	8
13	8.5								0	8.5
14	7.5								0	7.5
15	7.5								0	7.5
16	sat								0	0
17	sun								0	0
18	8.5								0	8.5
19	7.5								0	7.5
20	2.5	2	2.5						4.5	7
21	6.5								0	6.5
22	8								0	8
23	sat								0	0
24	sun								0	0
25	7.5								0	7.5
26	8								0	8
27	7								0	7
28						7.5			7.5	7.5
29						7.5			7.5	7.5
30	sat								0	0
31									0	0
										0
Total	119.5	13.5	2.5	0	0	22.5	0	0	38.5	158

I certify that the time reported above is correct to the best of my knowledge:

Employee Signature : A L Menie 12/3/02

Supervisor Signature: [signature] Date: 12/3/02

*ALL COMP TIME MUST BE USED WITHIN 90 DAYS

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State Accident Fund
Monthly Time Sheet

December 2002

Employee: **A.L. Menie** Exempt

Department : Policyholder Services SSN -

Date	Actual Hours Worked	Annual Leave	Sick Leave	Other Paid Leave	Leave Without Pay	Holiday	Comp Time Taken	Comp Time Earned	Total Leave Hours	Grand Total Hours	
1	sun								0	0	
2	8								0	8	
3	8								0	8	
4	4								0	4	35.0
5	5.5	2							2	7.5	
6	5			2.5					2.5	7.5	
7	sat								0	0	
8	sun								0	0	
9	9								0	9	
10	7.5								0	7.5	
11	7.5								0	7.5	37.5
12	6.5								0	6.5	
13	7								0	7	
14	sat								0	0	
15	sun								0	0	
16	6								0	6	
17	7.5								0	7.5	
18	8.5								0	8.5	38.0
19	8								0	8	
20	8								0	8	
21	sat								0	0	
22	sun								0	0	
23	8								0	8	
24	0					7.5			7.5	7.5	
25	0					7.5			7.5	7.5	38.0
26	0					7.5			7.5	7.5	
27	7.5								0	7.5	
28	sat								0	0	
29	sun								0	0	
30	9.5								0	9.5	17.5
31	8								0	8	
										0	
	139	2	0	2.5	0	22.5	0	0	27	166	

I certify that the time reported above is correct to the best of my knowledge:

Employee Signature : A.L. Menie 12-31-02

Supervisor Signature: [illegible] Date: 12/31/02

*ALL COMP TIME MUST BE USED WITHIN 90 DAYS

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State Accident Fund
Monthly Time Sheet

January 2003

Employee: **A.L. MENIE** Exempt

Department : POLICYHOLDER SSN -

Date	Actual Hours Worked	Annual Leave	Sick Leave	Other Paid Leave	Leave Without Pay	Holiday	Comp Time Taken	Comp Time Earned	Total Leave Hours	Grand Total Hours
1						7.5			7.5	7.5
2	7.5								0	7.5
3	7.5								0	7.5
4	Sat								0	0
5	Sun								0	0
6	8								0	8
7	8.5								0	8.5
8	8.5								0	8.5
9	8.5								0	8.5
10	7.5								0	7.5
11	Sat								0	0
12	Sun								0	0
13	8.5								0	8.5
14	8								0	8
15	7.5								0	7.5
16	7.5								0	7.5
17	8.5								0	8.5
18	Sat								0	0
19	Sun								0	0
20						7.5			7.5	7.5
21	8								0	8
22	7								0	7
23				7.5					7.5	7.5
24	7			2					2	9
25	Sat								0	0
26	Sun								0	0
27	8.5								0	8.5
28	8.5								0	8.5
29	8								0	8
30	6.5								0	6.5
31	7								0	7
										0
Total	156.5	0	0	9.5	0	15	0	0	24.5	181

I certify that the time reported above is correct to the best of my knowledge:

Employee Signature : A.L. Menie 2/3-03

Supervisor Signature: Bonnie Gamble Date: 2/3/03

*ALL COMP TIME MUST BE USED WITHIN 90 DAYS

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State Accident Fund
Monthly Time Sheet

February 2003

Employee: **A. L. Menie** Exempt

Department : Policyholders Services SSN -

Date	Actual Hours Worked	Annual Leave	Sick Leave	Other Paid Leave	Leave Without Pay	Holiday	Comp Time Taken	Comp Time Earned	Total Leave Hours	Grand Total Hours
1	SAT								0	0
2	SUN								0	0
3	7.5								0	7.5
4	8.5	1.0 RCW							0	8.5
5	7.5								0	7.5
6	8								0	8
7	7								0	7
8	SAT								0	0
9	SUN								0	0
10	7.5								0	7.5
11	8								0	8
12	8.5								0	8.5
13	8								0	8
14	7.5								0	7.5
15	SAT								0	0
16	SUN								0	0
17						7.5			7.5	7.5
18	7.5								0	7.5
19	8.5								0	8.5
20	7								0	7
21	7								0	7
22	SAT								0	0
23	SUN								0	0
24	8								0	8
25	7.5								0	7.5
26	7.5								0	7.5
27	7.5								0	7.5
28	5.5								0	5.5
29									0	0
30									0	0
31									0	0
										0
Total	144	0	0	0	0	7.5	0	0	7.5	151.5

20 x 7.5 = 150.0

I certify that the time reported above is correct to the best of my knowledge:

Employee Signature : A L Menie 2-28-03

Supervisor Signature: [signature] Date: 2/28/03

*ALL COMP TIME MUST BE USED WITHIN 90 DAYS

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State Accident Fund
Monthly Time Sheet

March 2003

Employee: **Al Meni** Exempt

Department : Policyholders Services SSN -

Date	Actual Hours Worked	Annual Leave	Sick Leave	Other Paid Leave	Leave Without Pay	Holiday	Comp Time Taken	Comp Time Earned	Total Leave Hours	Grand Total Hours
1	SAT								0	0
2	SUN								0	0
3	6.5								0	6.5
4			7.5						7.5	7.5
5			7.5						7.5	7.5
6			7.5						7.5	7.5
7			7.5						7.5	7.5
8	SAT								0	0
9	SUN								0	0
10			7.5						7.5	7.5
11			7.5						7.5	7.5
12			7.5						7.5	7.5
13			7.5						7.5	7.5
14			7.5						7.5	7.5
15	SAT								0	0
16	SUN								0	0
17	6		1						1	7
18	8								0	8
19	8								0	8
20	7								0	7
21	7		2						2	9
22	SAT								0	0
23	SUN								0	0
24	7.5								0	7.5
25	7.5								0	7.5
26	8.5								0	8.5
27	7.5								0	7.5
28	8.5								0	8.5
29	SAT								0	0
30	SUN								0	0
31	9								0	9
										0
Total	91	0	70.5	0	0	0	0	0	70.5	161.5

I certify that the time reported above is correct to the best of my knowledge:

Employee Signature : [illegible] 4-2-03

Supervisor Signature: [illegible] Date: 4/2/03

*ALL COMP TIME MUST BE USED WITHIN 90 DAYS

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State Accident Fund
Monthly Time Sheet
April 2003

Employee: **Al Menie** Exempt

Department : Policyholders Services SSN -

Date	Actual Hours Worked	Annual Leave	Sick Leave	Other Paid Leave	Leave Without Pay	Holiday	Comp Time Taken	Comp Time Earned	Total Leave Hours	Grand Total Hours
1	8.5								0	8.5
2	7								0	7
3	8.5								0	8.5
4	8								0	8
5	Sat								0	0
6	Sun								0	0
7	6.5		1						1	7.5
8	7.5								0	7.5
9	8.5								0	8.5
10	6.5		1.5						1.5	8
11	7		1						1	8
12	Sat								0	0
13	Sun								0	0
14	6		1						1	7
15	8								0	8
16	6		1						1	7
17	5								0	5
18	7								0	7
19	Sat								0	0
20	Sun								0	0
21	8								0	8
22	7.5								0	7.5
23	8								0	8
24	8.5								0	8.5
25	8								0	8
26	Sat								0	0
27	Sun								0	0
28	8.5								0	8.5
29	8								0	8
30	8								0	8
31									0	0
										0
Total	164.5	0	5.5	0	0	0	0	0	5.5	170

I certify that the time reported above is correct to the best of my knowledge:

Employee Signature : A.E. Menie 5-2-03

Supervisor Signature: Bessie Dunlap Date: 5/2/03

*ALL COMP TIME MUST BE USED WITHIN 90 DAYS

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State Accident Fund
Monthly Time Sheet

May 2003

Employee: **Al Menie** Exempt

Department : Policyholders Services SSN -

Date	Actual Hours Worked	Annual Leave	Sick Leave	Other Paid Leave	Leave Without Pay	Holiday	Comp Time Taken	Comp Time Earned	Total Leave Hours	Grand Total Hours
1	9								0	9
2	8								0	8
3	Sat								0	0
4	Sun								0	0
5	8								0	8
6	7.5								0	7.5
7	7								0	7
8	8								0	8
9						7.5			7.5	7.5
10	Sat								0	0
11	Sun								0	0
12		7.5							7.5	7.5
13		7.5							7.5	7.5
14		7.5							7.5	7.5
15		7.5							7.5	7.5
16		7.5							7.5	7.5
17	Sat								0	0
18	Sun								0	0
19	7.5								0	7.5
20	8.5								0	8.5
21	7		0.5						0.5	7.5
22	4.5		3.5						3.5	8
23	9.5								0	9.5
24	Sat								0	0
25	Sun								0	0
26						7.5			7.5	7.5
27	9.5								0	9.5
28	7.5								0	7.5
29	4.5		3.5						3.5	8
30	4.5								0	4.5
31	Sat								0	0
										0
Total	110.5	37.5	7.5	0	0	15	0	0	60	170.5

I certify that the time reported above is correct to the best of my knowledge:

Employee Signature : A L Menie 6-2-03

Supervisor Signature: Frank L. Gamble Date: 6/2/03

*ALL COMP TIME MUST BE USED WITHIN 90 DAYS 22 X 7.5 = 165.0

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State Accident Fund
Monthly Time Sheet

June 2003

Employee: **Al Menie** Exempt

Department : Policyholder Services SSN -

Date	Actual Hours Worked	Annual Leave	Sick Leave	Other Paid Leave	Leave Without Pay	Holiday	Comp Time Taken	Comp Time Earned	Total Leave Hours	Grand Total Hours	
1	sun								0	0	
2	8								0	8	
3	0								0	0	
4	8.5								0	8.5	
5	7.5								0	7.5	
6			*7.5						0	0	7.5
7	sat								0	0	
8	sun								0	0	
9			*7.5						0	0	7.5
10	5.5		2						2	7.5	
11	3		*5						0	3	8
12	7.5								0	7.5	
13	8								0	8	
14	sat								0	0	
15	sun								0	0	
16	9								0	9	
17	6		3						3	9	
18	12								0	12	
19	6.5								0	6.5	
20	8.5								0	8.5	
21	sat								0	0	
22	sun								0	0	
23	8.5								0	8.5	
24	6		2						2	8	
25	8.5								0	8.5	
26	11.5								0	11.5	
27	9								0	9	
28	sat								0	0	
29	sun								0	0	
30	6		2						2	8	
31									0	0	
										0	
Total	139.5	0	29	0	0	0	0	0	29	148.5	168.5

21 x 7.5 = 158

I certify that the time reported above is correct to the best of my knowledge:

Employee Signature : A K Menie 7-1-03

Supervisor Signature: [illegible] Date: 7/1/03

* Family sick leave

*ALL COMP TIME MUST BE USED WITHIN 90 DAYS

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State Accident Fund
Monthly Time Sheet

July 2003

Employee: **AL MENIE** Exempt

Department : POLICYHOLDERS' SERVICES SSN -

Date	Actual Hours Worked	Annual Leave	Sick Leave	Other Paid Leave	Leave Without Pay	Holiday	Comp Time Taken	Comp Time Earned	Total Leave Hours	Grand Total Hours
1	8.5								0	8.5
2	8								0	8
3	5		2.5						2.5	7.5
4						7.5			7.5	7.5
5	Sat								0	0
6	Sun								0	0
7		7.5							7.5	7.5
8	7		1						1	8
9	8.5								0	8.5
10	8								0	8
11	8								0	8
12	Sat								0	0
13	Sun								0	0
14	8								0	8
15	8								0	8
16	4		4						4	8
17	8.5								0	8.5
18	6.5								0	6.5
19	Sat								0	0
20	Sun								0	0
21	8								0	8
22	5.5		2.5						2.5	8
23	8								0	8
24	8.5								0	8.5
25	8								0	8
26	Sat								0	0
27	Sun								0	0
28	8								0	8
29	8								0	8
30	7.5		1						1	8.5
31	7								0	7
										0
Total	156.5	7.5	11	0	0	7.5	0	0	26	182.5

23 x 7.5 = 172.5

I certify that the time reported above is correct to the best of my knowledge:

Employee Signature : [signature] 7-31-03

Supervisor Signature: [signature] Date: 7/31/03

*ALL COMP TIME MUST BE USED WITHIN 90 DAYS

78

State Accident Fund
Monthly Time Sheet

August 2003

Employee: **Al Menie** Exempt

Department : **Policyholders' Services** SSN -

Date	Actual Hours Worked	Annual Leave	Sick Leave	Other Paid Leave	Leave Without Pay	Holiday	Comp Time Taken	Comp Time Earned	Total Leave Hours	Grand Total Hours
1	7								0	7
2	sat								0	0
3	sun								0	0
4	6								0	6
5	7.5								0	7.5
6	7.5								0	7.5
7	7.5								0	7.5
8	8.5								0	8.5
9	sat								0	0
10	sun								0	0
11	8								0	8
12	8.5								0	8.5
13	8								0	8
14	7.5								0	7.5
15	7								0	7
16	sat								0	0
17	sun								0	0
18	11.5								0	11.5
19	9.5								0	9.5
20	7.5								0	7.5
21	8								0	8
22	9								0	9
23	sat								0	0
24	sun								0	0
25	9.5								0	9.5
26	8								0	8
27	7								0	7
28	8.5								0	8.5
29	6.5		1.5						1.5	8
30	sat								0	0
31	sun								0	0
										0
Total	168	0	1.5	0	0	0	0	0	1.5	169.5

7.5 x 21 = 158.0

I certify that the time reported above is correct to the best of my knowledge:

Employee Signature : A. Menie

Supervisor Signature: Shera Hay Date: 9-2-03

*ALL COMP TIME MUST BE USED WITHIN 90 DAYS

79

State Accident Fund
Monthly Time Sheet

September 2003

Employee: **Al Menie** Exempt

Department : Policyholders' Services SSN -

Date	Actual Hours Worked	Annual Leave	Sick Leave	Other Paid Leave	Leave Without Pay	Holiday	Comp Time Taken	Comp Time Earned	Total Leave Hours	Grand Total Hours
1						7.5			7.5	7.5
2	8.5								0	8.5
3	11								0	11
4	7.5								0	7.5
5	8								0	8
6	Sat								0	0
7	Sun								0	0
8	7.5								0	7.5
9	3.5		4						4	7.5
10	3		1.5						1.5	4.5
11	2		5.5						5.5	7.5
12	6.5								0	6.5
13	Sat								0	0
14	Sun								0	0
15	5.5								0	5.5
16	8.5								0	8.5
17	8								0	8
18	8								0	8
19			7.5						7.5	7.5
20	Sat								0	0
21	Sun								0	0
22	8								0	8
23	7.5								0	7.5
24	10								0	10
25	8								0	8
26	8.5								0	8.5
27	Sat								0	0
28	Sun								0	0
29	5.5		2						2	7.5
30	8								0	8
31									0	0
										0
Total	143	0	20.5	0	0	7.5	0	0	28	171
						21x7.5	157.5	7.5	165	

I certify that the time reported above is correct to the best of my knowledge;

Employee Signature : Al Menie 10-1-03

Supervisor Signature: Shera Hay Date: 10-1-03

*ALL COMP TIME MUST BE USED WITHIN 90 DAYS See Notes page 2 of 2

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State Accident Fund
Monthly Time Sheet

October 2003

Employee: **A.L. Menie** Exempt

Department : Policyholders' Services SSN -

Date	Actual Hours Worked	Annual Leave	Sick Leave	Other Paid Leave	Leave Without Pay	.Holiday	Comp Time Taken	Comp Time Earned	Total Leave Hours	Grand Total Hours
1	7.5								0	7.5
2	6.5		1						1	7.5
3	8								0	8
4	Sat								0	0
5	Sun								0	0
6	7.5								0	7.5
7	6.5								0	6.5
8	6.5		2						2	8.5
9	7		1						1	8
10	6.5								0	6.5
11	Sat								0	0
12	Sun								0	0
13	7.5								0	7.5
14	6								0	6
15	7.5								0	7.5
16			7.5						7.5	7.5
17	8								0	8
18	Sat								0	0
19	Sun								0	0
20	7.5								0	7.5
21	8								0	8
22	6		1.5						1.5	7.5
23	7.5								0	7.5
24	5		2						2	7
25	Sat								0	0
26	Sun								0	0
27	5.5		2						2	7.5
28	7.5								0	7.5
29	8.5								0	8.5
30	8.5								0	8.5
31	6	1							1	7
										0
Total	155	1	17	0	0	0	0	0	18	173

I certify that the time reported above is correct to the best of my knowledge:

Employee Signature : A.L. Menie 10-31-03

Supervisor Signature: Barbara Jewell Date: 10/31/03

*ALL COMP TIME MUST BE USED WITHIN 90 DAYS

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State Accident Fund
Monthly Time Sheet

November 2003

Employee: **Al Menie** Exempt

Department : Policyholders' Services SSN -

Date	Actual Hours Worked	Annual Leave	Sick Leave	Other Paid Leave	Leave Without Pay	Holiday	Comp Time Taken	Comp Time Earned	Total Leave Hours	Grand Total Hours
1	SAT								0	0
2	SUN								0	0
3		7.5							7.5	7.5
4	7.5								0	7.5
5	7.5								0	7.5
6	7.5								0	7.5
7	7.5								0	7.5
8	SAT								0	0
9	SUN								0	0
10	7								0	7
11						7.5			7.5	7.5
12	6.5		1 ✓						1	7.5
13	6.5	1 ✓							1	7.5
14	8								0	8
15	SAT								0	0
16	SUN								0	0
17	7.5								0	7.5
18	7.5								0	7.5
19	3		4.5 ✓						4.5	7.5
20	7.5								0	7.5
21	7.5								0	7.5
22	SAT								0	0
23	SUN								0	0
24		7.5 ✓							7.5	7.5
25		7.5 ✓							7.5	7.5
26		7.5 ✓							7.5	7.5
27						7.5			7.5	7.5
28						7.5			7.5	7.5
29	SAT								0	0
30	SUN								0	0
									0	0
										0
Total	91	31	5.5	0	0	22.5	0	0	59	150

no leave but emp did take RDW 12/3/03

I certify that the time reported above is correct to the best of my knowledge:

Employee Signature : 12-1-03

Supervisor Signature: Date: 12-1-03

*ALL COMP TIME MUST BE USED WITHIN 90 DAYS

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State Accident Fund
Monthly Time Sheet

December 2003

Employee: **A.L. Menie** Exempt

Department : Policyholders Services SSN -

Date	Actual Hours Worked	Annual Leave	Sick Leave	Other Paid Leave	Leave Without Pay	Holiday	Comp Time Taken	Comp Time Earned	Total Leave Hours	Grand Total Hours
1	7.5								0	7.5
2	7.5								0	7.5
3	5.5		2						2	7.5
4	8								0	8
5	6.5								0	6.5
6	Sat								0	0
7	Sun								0	0
8	6.5		1.5						1.5	8
9	8								0	8
10	7.5								0	7.5
11	8								0	8
12	6		1						1	7
13	Sat								0	0
14	Sun								0	0
15	8								0	8
16	5	1.5							1.5	6.5
17	7.5								0	7.5
18		7.5							7.5	7.5
19	8.5								0	8.5
20	Sat								0	0
21	Sun								0	0
22		7.5							7.5	7.5
23		7.5							7.5	7.5
24						7.5			7.5	7.5
25						7.5			7.5	7.5
26						7.5			7.5	7.5
27	Sat								0	0
28	Sun								0	0
29	8								0	8
30	7								0	7
31	6		1						1	7
										0
Total	121	24	5.5	0	0	22.5	0	0	52	173

23 X 7.5 = 172.5

I certify that the time reported above is correct to the best of my knowledge:

Employee Signature : A.L. Menie 12-31-03

Supervisor Signature: [illegible] Date: 12/31/03

*ALL COMP TIME MUST BE USED WITHIN 90 DAYS

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State Accident Fund
Monthly Time Sheet

January 2004

Employee: **Al Menie** Exempt

Department : Policyholders Services SSN -

Date	Actual Hours Worked	Annual Leave	Sick Leave	Other Paid Leave	Leave Without Pay	Holiday	Comp Time Taken	Comp Time Earned	Total Leave Hours	Grand Total Hours
1						7.5			7.5	7.5
2	8.5								0	8.5
3	Sat								0	0
4	Sun								0	0
5	8								0	8
6	6.5		1.5						1.5	8
7	8.5								0	8.5
8	7.5								0	7.5
9	8								0	8
10	Sat								0	0
11	Sun								0	0
12	7.5								0	7.5
13	7.5								0	7.5
14	8								0	8
15	7.5								0	7.5
16	7.5								0	7.5
17	Sat								0	0
18	Sun								0	0
19						7.5			7.5	7.5
20	8								0	8
21	11								0	11
22	8								0	8
23	8								0	8
24	Sat								0	0
25	Sun								0	0
26				7.5					7.5	7.5
27				7.5					7.5	7.5
28	8								0	8
29	8.5								0	8.5
30	8.5		0.5						0.5	9
31	Sat								0	0
										0
Total	145	0	2	15	0	15	0	0	32	177

7.5 X 22 = 165.00

I certify that the time reported above is correct to the best of my knowledge:

Employee Signature : A E Menie 2-2-04

Supervisor Signature: Phera J. Hoy Date: 2/2/04

*ALL COMP TIME MUST BE USED WITHIN 90 DAYS

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State Accident Fund
Monthly Time Sheet

February 2004

Employee: **AL MENIE** Exempt

Department : POLICYHOLDERS SERVICES SSN -

Date	Actual Hours Worked	Annual Leave	Sick Leave	Other Paid Leave	Leave Without Pay	Holiday	Comp Time Taken	Comp Time Earned	Total Leave Hours	Grand Total Hours
1	sun								0	0
2	8.5								0	8.5
3	7.5								0	7.5
4	7.5								0	7.5
5	7.5								0	7.5
6	7.5								0	7.5
7	sat								0	0
8	sun								0	0
9	8.5								0	8.5
10	7								0	7
11	8								0	8
12	8								0	8
13	6.5								0	6.5
14	sat								0	0
15	sun								0	0
16						7.5			7.5	7.5
17	8								0	8
18	6		1.5						1.5	7.5
19	9								0	9
20	15								0	15
21	sat								0	0
22	sun								0	0
23	8.5								0	8.5
24	8.5								0	8.5
25	8								0	8
26	8								0	8
27	6			1.5					1.5	7.5
28	sat								0	0
29	sun								0	0
									0	0
									0	0
										0
Total	153.5	0	1.5	1.5	0	7.5	0	14	10.5	164

7.5 x 20 = 150.0

I certify that the time reported above is correct to the best of my knowledge:

Employee Signature : AL Menie 2-27-04

Supervisor Signature: Rosalie Gamble Date: 3/2/04

*ALL COMP TIME MUST BE USED WITHIN 90 DAYS

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State Accident Fund
Monthly Time Sheet

March 2004

Employee: **A.L. Menie** Exempt

Department : Policyholders Services SSN -

Date	Actual Hours Worked	Annual Leave	Sick Leave	Other Paid Leave	Leave Without Pay	Holiday	Comp Time Taken	Comp Time Earned	Total Leave Hours	Grand Total Hours
1	8								0	8
2	7.5								0	7.5
3	7								0	7
4	7								0	7
5	8								0	8
6	Sat								0	0
7	Sun								0	0
8	7.5								0	7.5
9	10								0	10
10	7.5								0	7.5
11	8.5								0	8.5
12	6								0	6
13	Sat								0	0
14	Sun								0	0
15	7.5								0	7.5
16	7								0	7
17	7.5								0	7.5
18	7.5								0	7.5
19	7.5								0	7.5
20	Sat								0	0
21	Sun								0	0
22	9								0	9
23	7								0	7
24	8.5								0	8.5
25				7.5					7.5	7.5
26				7.5					7.5	7.5
27	Sat								0	0
28	Sun								0	0
29				7.5					7.5	7.5
30							7.5		0	7.5
31							6.5		0	6.5
										0
Total	138.5	0	0	22.5	0	0	14	2.5	22.5	175

23X7.5=172.5

I certify that the time reported above is correct to the best of my knowledge:

Employee Signature : A.L. Menie 4-5-04

Supervisor Signature: [illegible] Date: 4/5/04

*ALL COMP TIME MUST BE USED WITHIN 90 DAYS

86

State Accident Fund
Monthly Time Sheet

April 2004

Employee: Al Menie

Exempt

Department :

SSN -

Date	Actual Hours Worked	Annual Leave	Sick Leave	Other Paid Leave	Leave Without Pay	Holiday	Comp Time Taken	Comp Time Earned	Total Leave Hours	Grand Total Hours
1		7.5							7.5	7.5
2		7.5							7.5	7.5
3	Sat								0	0
4	Sun								0	0
5	6.5		1.5						1.5	8
6	7.5								0	7.5
7	7.5								0	7.5
8	8.5								0	8.5
9	8.5								0	8.5
10	Sat								0	0
11	Sun								0	0
12	8								0	8
13	8								0	8
14	8								0	8
15	10								0	10
16	10							4	0	10
17	Sat								0	0
18	Sun								0	0
19	8.5								0	8.5
20	8.5								0	8.5
21	5.5								0	5.5
22	6.5								0	6.5
23	8.5								0	8.5
24	Sat								0	0
25	Sun								0	0
26	9.5								0	9.5
27	7.5								0	7.5
28	7.5		0.5						0.5	8
29	7.5								0	7.5
30	7								0	7
31	Sat								0	0
										0
Total	159	15	2	0	0	0	0	4	17	176

22 x 7.5 = 165

I certify that the time reported above is correct to the best of my knowledge:

Employee Signature : AKMenie 5/5/04

Supervisor Signature: Ross Gamble Date: 5/6/04

*ALL COMP TIME MUST BE USED WITHIN 90 DAYS

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State Accident Fund
Monthly Time Sheet
May 2004

Employee: **Al Meni** Exempt

Department : Policyholders Services SSN -

Date	Actual Hours Worked	Annual Leave	Sick Leave	Other Paid Leave	Leave Without Pay	Holiday	Comp Time Taken	Comp Time Earned	Total Leave Hours	Grand Total Hours
1	SAT								0	0
2	SUN								0	0
3	7.5								0	7.5
4	9								0	9
5	7.5								0	7.5
6	6.5								0	6.5
7	8.5								0	8.5
8	SAT								0	0
9	SUN								0	0
10						7.5			7.5	7.5
11	8								0	8
12	10.5								0	10.5
13	7								0	7
14	5.5								0	5.5
15	SAT								0	0
16	SUN								0	0
17	6								0	6
18	5								0	5
19	8		1						1	9
20			7.5						7.5	7.5
21			7.5						7.5	7.5
22	SAT								0	0
23	SUN								0	0
24			7.5						7.5	7.5
25			7.5						7.5	7.5
26			7.5						7.5	7.5
27			7.5						7.5	7.5
28			7.5						7.5	7.5
29	SAT								0	0
30	SUN								0	0
31						7.5			7.5	7.5
										0
Total	89	0	53.5	0	0	15	0	0	68.5	157.5

I certify that the time reported above is correct to the best of my knowledge:

Employee Signature : 6-3-04

Supervisor Signature: Date: 6/3/04

*ALL COMP TIME MUST BE USED WITHIN 90 DAYS

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State Accident Fund
Monthly Time Sheet

June 2004

Employee: **Al Menie** Exempt

Department : Policyholders' Services SSN -

Date	Actual Hours Worked	Annual Leave	Sick Leave	Other Paid Leave	Leave Without Pay	Holiday	Comp Time Taken	Comp Time Earned	Total Leave Hours	Grand Total Hours
1	7.5								0	7.5
2	7.5								0	7.5
3	7.5								0	7.5
4	7.5								0	7.5
5	Sat								0	0
6	Sun								0	0
7	7.5								0	7.5
8	7.5								0	7.5
9	7.5								0	7.5
10	7.5								0	7.5
11	7.5								0	7.5
12	Sat								0	0
13	Sun								0	0
14	7.5								0	7.5
15	7.5								0	7.5
16	8.5								0	8.5
17	7.5								0	7.5
18	7.5								0	7.5
19	Sat							4	0	0
20	Sun								0	0
21	7.5								0	7.5
22	7.5								0	7.5
23	7.5								0	7.5
24	7.5								0	7.5
25	7.5								0	7.5
26	Sat								0	0
27	Sun								0	0
28	7.5								0	7.5
29	7.5								0	7.5
30	7.5								0	7.5
31									0	0
										0
Total	166	0	0	0	0		0	40	0	166

RCA 7/20/04

I certify that the time reported above is correct to the best of my knowledge:

Employee Signature : Al Menie

Supervisor Signature: Bonnie Bumble Date: 7/20/04

*ALL COMP TIME MUST BE USED WITHIN 90 DAYS

See page 2/2 for explanations

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State Accident Fund
Monthly Time Sheet

Employee: **Al Menie**

July 2004
Exempt

Department : Policyholders' Services

SSN -

Date	Actual Hours Worked	Annual Leave	Sick Leave	Other Paid Leave	Leave Without Pay	Holiday	Comp Time Taken	Comp Time Earned	Total Leave Hours	Grand Total Hours
1	6.5								0	6.5
2	0	7.5							7.5	7.5
3	Sat								0	0
4	Sun								0	0
5						7.5			7.5	7.5
6	8								0	8
7	9.25								0	9.25
8	1.5	6							6	7.5
9	6.25								0	6.25
10	Sat								0	0
11	Sun								0	0
12	9.25								0	9.25
13	7.5								0	7.5
14	7.5								0	7.5
15	10								0	10
16	8.75								0	8.75
17	Sat								0	0
18	Sun								0	0
19	8								0	8
20	10.5								0	10.5
21	8.25								0	8.25
22	8								0	8
23	7.5								0	7.5
24	Sat								0	0
25	Sun								0	0
26	8.25								0	8.25
27	8								0	8
28	7.5								0	7.5
29	9.5								0	9.5
30	8.5								0	8.5
31	Sat								0	0
										0
Total	158.5	13.5	0	0	0	7.5	0	0	21	179.5

I certify that the time reported above is correct to the best of my knowledge:
Employee Signature : Al Menie 8-3-04

Supervisor Signature: [illegible] Date: 8/3/04

*ALL COMP TIME MUST BE USED WITHIN 90 DAYS

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State Accident Fund
Monthly Time Sheet

~~July 2004~~ AUG 2004

Employee: **Al Menie** Exempt

Department : Policyholders' Services SSN -

Date	Actual Hours Worked	Annual Leave	Sick Leave	Other Paid Leave	Leave Without Pay	Holiday	Comp Time Taken	Comp Time Earned	Total Leave Hours	Grand Total Hours
1	0								0	0
2	9.5							1.5	0	9.5
3	11							3	0	11
4	10							2	0	10
5	10.5								0	10.5
6	5.5		2						2	7.5
7	SAT								0	0
8	SUN								0	0
9			7.5						7.5	7.5
10	4.5		3						3	7.5
11	6		1.5						1.5	7.5
12	5		2.5						2.5	7.5
13	4		3.5						3.5	7.5
14	SAT								0	0
15	SUN								0	0
16	8								0	8
17	5.5								0	5.5
18	9								0	9
19	7.5								0	7.5
20	7.5								0	7.5
21	SAT								0	0
22	SUN								0	0
23	8.5							0.5	0	8.5
24	8								0	8
25	9							1	0	9
26	8.5								0	8.5
27	7.5								0	7.5
28	SAT								0	0
29	SUN								0	0
30	8								0	8
31	4								0	4
										0
Total	157	0	20	0	0	0	0	8	20	177

I certify that the time reported above is correct to the best of my knowledge:

Employee Signature : A. Menie 9-3-04

Supervisor Signature: [signature] Date: 9-8-04

*ALL COMP TIME MUST BE USED WITHIN 90 DAYS

91

EXHIBIT "F"

State Accident Fund
Request For Leave Form

NAME AL MENIR SSN

LEAVE WITH PAY:

- ☐ 10 Annual Leave
- ☒ 20 Sick Leave
- ☐ 21 Family Sick Leave
- ☐ 30 Compensatory Leave
- ☐ 43 Court Leave (Attach Summons)
- ☐ 41 Military Leave (Attach Orders)
- ☐ 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- ☐ 53 Illness Leave
- ☐ 52 Maternity Leave
- ☐ 51 Military Leave
- ☐ 55 Worker Compensation Leave

Hours Requested: 2.5 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 2-27-02

Remarks: SLEEP DISORDER CENTER

AL Menir — Employee Signature; 2-28-02 — Date; Supervisor Approval; 3-8-02 — Date

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

State Accident Fund
Request For Leave Form

NAME AL MENIR SSN

LEAVE WITH PAY:

- ☒ 10 Annual Leave
- ☐ 20 Sick Leave
- ☐ 21 Family Sick Leave
- ☐ 30 Compensatory Leave
- ☐ 43 Court Leave (Attach Summons)
- ☐ 41 Military Leave (Attach Orders)
- ☐ 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- ☐ 53 Illness Leave
- ☐ 52 Maternity Leave
- ☐ 51 Military Leave
- ☐ 55 Worker Compensation Leave

Hours Requested: 1.5 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 2-27-02

Remarks: CAR BATTERY PROBLEM

AL Menir — Employee Signature; 2-28-02 — Date; Supervisor Approval; 3-8-02 — Date

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

92

State Accident Fund
Request For Leave Form

NAME Al Menke SSN

LEAVE WITH PAY:

- ☐ 10 Annual Leave
- ☒ 20 Sick Leave
- ☐ 21 Family Sick Leave
- ☐ 30 Compensatory Leave
- ☐ 43 Court Leave (Attach Summons)
- ☐ 41 Military Leave (Attach Orders)
- ☐ 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- ☐ 53 Illness Leave
- ☐ 52 Maternity Leave
- ☐ 51 Military Leave
- ☐ 55 Worker Compensation Leave

Hours Requested: 1.0 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 3-4-02

Remarks: Glasses Repaired

Employee Signature: Al Menke Date: 3-5-02 Supervisor Approval: [signature] Date: 3-5-02

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

State Accident Fund
Request For Leave Form

NAME Al Menke SSN

LEAVE WITH PAY:

- ☒ 10 Annual Leave
- ☐ 20 Sick Leave
- ☐ 21 Family Sick Leave
- ☐ 30 Compensatory Leave
- ☐ 43 Court Leave (Attach Summons)
- ☐ 41 Military Leave (Attach Orders)
- ☐ 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- ☐ 53 Illness Leave
- ☐ 52 Maternity Leave
- ☐ 51 Military Leave
- ☐ 55 Worker Compensation Leave

Hours Requested: 7.5 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 3/29/02

Remarks: Good Friday

Employee Signature: Al Menke Date: 3/27/02 Supervisor Approval: [signature] Date: 3/27/02

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

93

State Accident Fund
Request For Leave Form

NAME AL Menie SSN

LEAVE WITH PAY:

- [ ] 10 Annual Leave
- [x] 20 Sick Leave
- [ ] 21 Family Sick Leave
- [ ] 30 Compensatory Leave
- [ ] 43 Court Leave (Attach Summons)
- [ ] 41 Military Leave (Attach Orders)
- [ ] 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- [ ] 53 Illness Leave
- [ ] 52 Maternity Leave
- [ ] 51 Military Leave
- [ ] 55 Worker Compensation Leave

Hours Requested: 4.25 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 4/4/02

Remarks: Right Knee

AL Menie — Employee Signature; 4/4/02 — Date; Supervisor Approval; 4-5-02 — Date

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

State Accident Fund
Request For Leave Form

NAME AL Menie SSN

LEAVE WITH PAY:

- [ ] 10 Annual Leave
- [x] 20 Sick Leave
- [ ] 21 Family Sick Leave
- [ ] 30 Compensatory Leave
- [ ] 43 Court Leave (Attach Summons)
- [ ] 41 Military Leave (Attach Orders)
- [ ] 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- [ ] 53 Illness Leave
- [ ] 52 Maternity Leave
- [ ] 51 Military Leave
- [ ] 55 Worker Compensation Leave

Hours Requested: 4.5 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 4-10-02

Remarks: Right Knee

AL Menie — Employee Signature; 4-10-02 — Date; Supervisor Approval; Date

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

94

State Accident Fund
Request For Leave Form

NAME A L Menie SSN

LEAVE WITH PAY:

- [x] 10 Annual Leave
- [x] 20 Sick Leave
- [ ] 21 Family Sick Leave
- [ ] 30 Compensatory Leave
- [ ] 43 Court Leave (Attach Summons)
- [ ] 41 Military Leave (Attach Orders)
- [ ] 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- [ ] 53 Illness Leave
- [ ] 52 Maternity Leave
- [ ] 51 Military Leave
- [ ] 55 Worker Compensation Leave

Hours Requested: 9.5 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 4-15 & 16-02

Remarks: 4-15 7.5 ANNUAL LEAVE, 4-16 2.0 FOOT & KNEE THERAPY

A L Menie — Employee Signature — Date 4/16/02

Shawn Hill — Supervisor Approval — Date 4-16-02

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

State Accident Fund
Request For Leave Form

NAME ALMenie SSN

LEAVE WITH PAY:

- [x] 10 Annual Leave
- [x] 20 Sick Leave
- [ ] 21 Family Sick Leave
- [ ] 30 Compensatory Leave
- [ ] 43 Court Leave (Attach Summons)
- [ ] 41 Military Leave (Attach Orders)
- [ ] 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- [ ] 53 Illness Leave
- [ ] 52 Maternity Leave
- [ ] 51 Military Leave
- [ ] 55 Worker Compensation Leave

Hours Requested: 15.0 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 4-18 7.5 ANNUAL LEAVE, 4-19 1.0 SICK LEAVE 6.5 ANNUAL

Remarks: 4-19 1.0 SICK LEAVE - FOOT/KNEE THERAPY

A L Menie — Employee Signature — Date 4-22-02

Shawn Hill — Supervisor Approval — Date 4-23-02

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

95

State Accident Fund
Request For Leave Form

NAME AL Menie **SSN** _____

LEAVE WITH PAY:

- ☐ 10 Annual Leave
- ☒ 20 Sick Leave
- ☐ 21 Family Sick Leave
- ☐ 30 Compensatory Leave
- ☐ 43 Court Leave (Attach Summons)
- ☐ 41 Military Leave (Attach Orders)
- ☐ 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- ☐ 53 Illness Leave
- ☐ 52 Maternity Leave
- ☐ 51 Military Leave
- ☐ 55 Worker Compensation Leave

Hours Requested: 2.5 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 4-23, 1.0; 4-24, 0.5; 4-26, 1.0

Remarks: Foot/Knee Therapy

AL Menie — **Employee Signature** — 4-26-02 **Date**

Supervisor Approval — 4-29-02 **Date**

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

96

State Accident Fund
Request For Leave Form

NAME A L Menie SSN

LEAVE WITH PAY:

- [x] 10 Annual Leave
- [ ] 20 Sick Leave
- [ ] 21 Family Sick Leave
- [ ] 30 Compensatory Leave
- [ ] 43 Court Leave (Attach Summons)
- [ ] 41 Military Leave (Attach Orders)
- [ ] 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- [ ] 53 Illness Leave
- [ ] 52 Maternity Leave
- [ ] 51 Military Leave
- [ ] 55 Worker Compensation Leave

Hours Requested: 3.0 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 5-3, 2.0; 5-31, 1.0

Remarks:

A L Menie — Employee Signature; 5-31-02 — Date; Supervisor Approval; 6-3-02 — Date

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

Request For Leave Form

NAME A L Menie SSN

LEAVE WITH PAY:

- [ ] 10 Annual Leave
- [x] 20 Sick Leave
- [ ] 21 Family Sick Leave
- [ ] 30 Compensatory Leave
- [ ] 43 Court Leave (Attach Summons)
- [ ] 41 Military Leave (Attach Orders)
- [ ] 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- [ ] 53 Illness Leave
- [ ] 52 Maternity Leave
- [ ] 51 Military Leave
- [ ] 55 Worker Compensation Leave

Hours Requested: 10.0 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 5-08, 2.5 & 5/09, 7.5

Remarks: CEULITUS RETURNS

A L Menie — Employee Signature; 5/8/02 — Date; Supervisor Approval; 5/9/02 — Date

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

97

State Accident Fund
Request For Leave Form

NAME Al Menie **SSN** _____

LEAVE WITH PAY:

- ☐ 10 Annual Leave
- ☒ 20 Sick Leave
- ☐ 21 Family Sick Leave
- ☐ 30 Compensatory Leave
- ☐ 43 Court Leave (Attach Summons)
- ☐ 41 Military Leave (Attach Orders)
- ☐ 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- ☐ 53 Illness Leave
- ☐ 52 Maternity Leave
- ☐ 51 Military Leave
- ☐ 55 Worker Compensation Leave

Hours Requested: 60.0 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 5/13 - 22/02

Remarks: Poison oak & Cellulitis (left leg)

Al Menie — **Employee Signature**

5-23-02 — **Date**

[illegible] — **Supervisor Approval**

5/23/02 — **Date**

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

98

State Accident Fund
Request For Leave Form

NAME AL Menie SSN

LEAVE WITH PAY:

- ☐ 10 Annual Leave
- ☒ 20 Sick Leave
- ☐ 21 Family Sick Leave
- ☐ 30 Compensatory Leave
- ☐ 43 Court Leave (Attach Summons)
- ☐ 41 Military Leave (Attach Orders)
- ☐ 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- ☐ 53 Illness Leave
- ☐ 52 Maternity Leave
- ☐ 51 Military Leave
- ☐ 55 Worker Compensation Leave

Hours Requested: 3.5 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 6-5-02

Remarks:

AL Menie — Employee Signature — 6-5-02 Date — Supervisor Approval — 6-7-02 Date

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

Request For Leave Form

NAME AL MENIE SSN

LEAVE WITH PAY:

- ☒ 10 Annual Leave
- ☐ 20 Sick Leave
- ☐ 21 Family Sick Leave
- ☐ 30 Compensatory Leave
- ☐ 43 Court Leave (Attach Summons)
- ☐ 41 Military Leave (Attach Orders)
- ☐ 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- ☐ 53 Illness Leave
- ☐ 52 Maternity Leave
- ☐ 51 Military Leave
- ☐ 55 Worker Compensation Leave

Hours Requested: .5 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 6-5

Remarks: BALANCED ONLY DURING WEEK OF 6/3-7

AL Menie — Employee Signature — 6/28/02 Date — Supervisor Approval — 7/1/02 Date

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

99

State Accident Fund
Request For Leave Form

NAME AL MENIR SSN

LEAVE WITH PAY:

- [x] 10 Annual Leave
- [ ] 20 Sick Leave
- [ ] 21 Family Sick Leave
- [ ] 30 Compensatory Leave
- [ ] 43 Court Leave (Attach Summons)
- [ ] 41 Military Leave (Attach Orders)
- [ ] 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- [ ] 53 Illness Leave
- [ ] 52 Maternity Leave
- [ ] 51 Military Leave
- [ ] 55 Worker Compensation Leave

Hours Requested: 7.5 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 6-5-02

Remarks:

Employee Signature: A L Menir Date: 6-3-02 Supervisor Approval: [signature] Date: 6/8/02

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

Request For Leave Form

NAME AL MENIR SSN

LEAVE WITH PAY:

- [ ] 10 Annual Leave
- [x] 20 Sick Leave
- [ ] 21 Family Sick Leave
- [ ] 30 Compensatory Leave
- [ ] 43 Court Leave (Attach Summons)
- [ ] 41 Military Leave (Attach Orders)
- [ ] 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- [ ] 53 Illness Leave
- [ ] 52 Maternity Leave
- [ ] 51 Military Leave
- [ ] 55 Worker Compensation Leave

Hours Requested: 15.0 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 6-6 & 7-20

Remarks:

Employee Signature: A L Menir Date: 6-10-02 Supervisor Approval: [signature] Date: 6-11-02

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

100

State Accident Fund
Request For Leave Form

NAME Al Menie **SSN** _____

LEAVE WITH PAY:

- [ ] 10 Annual Leave
- [x] 20 Sick Leave
- [ ] 21 Family Sick Leave
- [ ] 30 Compensatory Leave
- [ ] 43 Court Leave (Attach Summons)
- [ ] 41 Military Leave (Attach Orders)
- [ ] 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- [ ] 53 Illness Leave
- [ ] 52 Maternity Leave
- [ ] 51 Military Leave
- [ ] 55 Worker Compensation Leave

Hours Requested: 3.0 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 6-19-02

Remarks: _____

A L Menie	6-19-02	[signature]	6/20/02
Employee Signature	Date	Supervisor Approval	Date

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

101

State Accident Fund
Request For Leave Form

NAME AL MENIE SSN

LEAVE WITH PAY:

- [x] 10 Annual Leave
- [ ] 20 Sick Leave
- [ ] 21 Family Sick Leave
- [ ] 30 Compensatory Leave
- [ ] 43 Court Leave (Attach Summons)
- [ ] 41 Military Leave (Attach Orders)
- [ ] 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- [ ] 53 Illness Leave
- [ ] 52 Maternity Leave
- [ ] 51 Military Leave
- [ ] 55 Worker Compensation Leave

Hours Requested: 6.0 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 7-1, 3.0; 7-18, 3.0

Remarks: 7-1 FOLLOW UP ON AUTO ACCIDENT STATE FARM & JOHN HARRIS BODY SHOP
7-18 APPEAR IN LEXINGTON COUNTY COURT - WHO'S FAULT TRIAL

AL Menie — Employee Signature; 8-2-02 — Date; Supervisor Approval; Date

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

Request For Leave Form

NAME AL MENIE SSN

LEAVE WITH PAY:

- [x] 10 Annual Leave
- [ ] 20 Sick Leave
- [ ] 21 Family Sick Leave
- [ ] 30 Compensatory Leave
- [ ] 43 Court Leave (Attach Summons)
- [ ] 41 Military Leave (Attach Orders)
- [ ] 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- [ ] 53 Illness Leave
- [ ] 52 Maternity Leave
- [ ] 51 Military Leave
- [ ] 55 Worker Compensation Leave

Hours Requested: 7.5 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 7-5-02

Remarks:

AL Menie — Employee Signature; 8-2-02 — Date; Supervisor Approval; Date

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

102

State Accident Fund
Request For Leave Form

NAME AL Menie **SSN** _____

LEAVE WITH PAY:

- ☐ 10 Annual Leave
- ☐ 20 Sick Leave
- ☒ 21 Family Sick Leave
- ☐ 30 Compensatory Leave
- ☐ 43 Court Leave (Attach Summons)
- ☐ 41 Military Leave (Attach Orders)
- ☐ 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- ☐ 53 Illness Leave
- ☐ 52 Maternity Leave
- ☐ 51 Military Leave
- ☐ 55 Worker Compensation Leave

Hours Requested: 7.5 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 7-10-02

Remarks: Erie Auto Accident 6-28-02

Al Menie — **Employee Signature** — 7-11-02 **Date**

Supervisor Approval — 7-11-02 **Date**

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

103

State Accident Fund
Request For Leave Form

NAME Al Menie SSN

LEAVE WITH PAY:

- [ ] 10 Annual Leave
- [x] 20 Sick Leave
- [ ] 21 Family Sick Leave
- [ ] 30 Compensatory Leave
- [ ] 43 Court Leave (Attach Summons)
- [ ] 41 Military Leave (Attach Orders)
- [ ] 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- [ ] 53 Illness Leave
- [ ] 52 Maternity Leave
- [ ] 51 Military Leave
- [ ] 55 Worker Compensation Leave

Hours Requested: 7.5 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 8-1-02

Remarks:

Employee Signature — Date 8-2-02 — Supervisor Approval — Date 8-2-02

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

Request For Leave Form

NAME Al Menie SSN

LEAVE WITH PAY:

- [x] 10 Annual Leave
- [ ] 20 Sick Leave
- [ ] 21 Family Sick Leave
- [ ] 30 Compensatory Leave
- [ ] 43 Court Leave (Attach Summons)
- [ ] 41 Military Leave (Attach Orders)
- [ ] 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- [ ] 53 Illness Leave
- [ ] 52 Maternity Leave
- [ ] 51 Military Leave
- [ ] 55 Worker Compensation Leave

Hours Requested: 7.5 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 8-23-02

Remarks:

Employee Signature — Date 8/22/02 — Supervisor Approval — Date 8/23/02

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

104

State Accident Fund
Request For Leave Form

NAME A L Menie **SSN** _____

LEAVE WITH PAY:

- [x] 10 Annual Leave
- [ ] 20 Sick Leave
- [ ] 21 Family Sick Leave
- [ ] 30 Compensatory Leave
- [ ] 43 Court Leave (Attach Summons)
- [ ] 41 Military Leave (Attach Orders)
- [ ] 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- [ ] 53 Illness Leave
- [ ] 52 Maternity Leave
- [ ] 51 Military Leave
- [ ] 55 Worker Compensation Leave

Hours Requested: 3.0 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 8-14-02

Remarks: P/U 2000 TA FIREBIRD FROM Body SHOP-

A L Menie — Employee Signature; 8-14-02 — Date; Supervisor Approval; 8-14-02 — Date

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

Request For Leave Form

NAME AL Menie **SSN** _____

LEAVE WITH PAY:

- [ ] 10 Annual Leave
- [ ] 20 Sick Leave
- [ ] 21 Family Sick Leave
- [ ] 30 Compensatory Leave
- [ ] 43 Court Leave (Attach Summons)
- [ ] 41 Military Leave (Attach Orders)
- [ ] 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- [ ] 53 Illness Leave
- [ ] 52 Maternity Leave
- [ ] 51 Military Leave
- [ ] 55 Worker Compensation Leave

Hours Requested: 4.0 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 8-26 3.0 FAMILY SICK LEAVE-FATHER-IN-LAW'S DR. APPMT

Remarks: 8-29 1.0 GLASSES REPAIRED

A L Menie — Employee Signature; 8-30-02 — Date; Supervisor Approval; 9/3/02 — Date

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

105

State Accident Fund
Request For Leave Form

NAME AL Menne SSN

LEAVE WITH PAY:

- [x] 10 Annual Leave
- [ ] 20 Sick Leave
- [ ] 21 Family Sick Leave
- [ ] 30 Compensatory Leave
- [ ] 43 Court Leave (Attach Summons)
- [ ] 41 Military Leave (Attach Orders)
- [ ] 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- [ ] 53 Illness Leave
- [ ] 52 Maternity Leave
- [ ] 51 Military Leave
- [ ] 55 Worker Compensation Leave

Hours Requested: 4.0 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 8-30-02

Remarks:

AL Menne — Employee Signature; 8/30/02 — Date; Supervisor Approval; 9/3/02 — Date

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

Request For Leave Form

NAME AL Menne SSN

LEAVE WITH PAY:

- [x] 10 Annual Leave
- [ ] 20 Sick Leave
- [ ] 21 Family Sick Leave
- [ ] 30 Compensatory Leave
- [ ] 43 Court Leave (Attach Summons)
- [ ] 41 Military Leave (Attach Orders)
- [ ] 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- [ ] 53 Illness Leave
- [ ] 52 Maternity Leave
- [ ] 51 Military Leave
- [ ] 55 Worker Compensation Leave

Hours Requested: 1.5 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 8-19-02

Remarks: P/U 2000 TA PONTIAC - AUTO ACCIDENT 6-28-02

AL Menne — Employee Signature; 8-19-02 — Date; Supervisor Approval; 8-19-02 — Date

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

106

State Accident Fund
Request For Leave Form

NAME AL MENIR **SSN** _____

LEAVE WITH PAY:

- [x] 10 Annual Leave
- [ ] 20 Sick Leave
- [ ] 21 Family Sick Leave
- [ ] 30 Compensatory Leave
- [ ] 43 Court Leave (Attach Summons)
- [ ] 41 Military Leave (Attach Orders)
- [ ] 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- [ ] 53 Illness Leave
- [ ] 52 Maternity Leave
- [ ] 51 Military Leave
- [ ] 55 Worker Compensation Leave

Hours Requested: 0.5 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 8-16-02

Remarks: RETURNED 2000 TRANS AM PONTIAC. NO TAIL TAG, FOG & INTERIOR LIGHTS

AL Menir — **Employee Signature**

8-16-02 — **Date**

Supervisor Approval — 8-16-02 **Date**

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

107

State Accident Fund
Request For Leave Form

NAME AL Menie SSN

LEAVE WITH PAY:

- ☐ 10 Annual Leave
- ☒ 43 Court Leave (Attach Summons)
- ☐ 20 Sick Leave
- ☐ 41 Military Leave (Attach Orders)
- ☐ 21 Family Sick Leave
- ☐ 42 Funeral (Immediate Family)
- ☐ 30 Compensatory Leave

LEAVE WITHOUT PAY:

- ☐ 53 Illness Leave
- ☐ 52 Maternity Leave
- ☐ 51 Military Leave
- ☐ 55 Worker Compensation Leave

Hours Requested: 7.5 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 9-12-02

Remarks: JURY DUTY

A L Menie — Employee Signature; 9-5-02 — Date; Supervisor Approval; 9-5-02 — Date

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

Request For Leave Form

NAME A L Menie SSN

LEAVE WITH PAY:

- ☒ 10 Annual Leave
- ☐ 43 Court Leave (Attach Summons)
- ☐ 20 Sick Leave
- ☐ 41 Military Leave (Attach Orders)
- ☐ 21 Family Sick Leave
- ☐ 42 Funeral (Immediate Family)
- ☐ 30 Compensatory Leave

LEAVE WITHOUT PAY:

- ☐ 53 Illness Leave
- ☐ 52 Maternity Leave
- ☐ 51 Military Leave
- ☐ 55 Worker Compensation Leave

Hours Requested: 4.0 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 9-6-02

Remarks: His Oldest Son & His Family at Charlotte Airport

A L Menie — Employee Signature; 9-5-02 — Date; Supervisor Approval; 9/10/02 — Date

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

108

State Accident Fund
Request For Leave Form

NAME Al Menie SSN

LEAVE WITH PAY:

- [x] 10 Annual Leave
- [ ] 20 Sick Leave
- [ ] 21 Family Sick Leave
- [ ] 30 Compensatory Leave
- [ ] 43 Court Leave (Attach Summons)
- [ ] 41 Military Leave (Attach Orders)
- [ ] 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- [ ] 53 Illness Leave
- [ ] 52 Maternity Leave
- [ ] 51 Military Leave
- [ ] 55 Worker Compensation Leave

Hours Requested: 37.5 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 9-6, 7.5; 9-9 THRU 9-12, 30.0

Remarks: THIS FORM Replaced 9-6, 4.0 & 9-12 7.5 FOR JURY DUTY

Employee Signature: A L Menie Date: 9-13-02 Supervisor Approval: Date: 9-13

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

Request For Leave Form

NAME Al Menie SSN

LEAVE WITH PAY:

- [ ] 10 Annual Leave
- [ ] 20 Sick Leave
- [x] 21 Family Sick Leave
- [ ] 30 Compensatory Leave
- [ ] 43 Court Leave (Attach Summons)
- [ ] 41 Military Leave (Attach Orders)
- [ ] 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- [ ] 53 Illness Leave
- [ ] 52 Maternity Leave
- [ ] 51 Military Leave
- [ ] 55 Worker Compensation Leave

Hours Requested: 15.0 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 9-23 & 24-02

Remarks: FATHER IN LAW TERMINAL ILLNESS

Employee Signature: A L Menie Date: 9-25-02 Supervisor Approval: Date: 9/25/02

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

109

State Accident Fund
Request For Leave Form

NAME Al Menie SSN

LEAVE WITH PAY:

- ☐ 10 Annual Leave
- ☐ 20 Sick Leave
- ☐ 21 Family Sick Leave
- ☐ 30 Compensatory Leave
- ☐ 43 Court Leave (Attach Summons)
- ☐ 41 Military Leave (Attach Orders)
- ☒ 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- ☐ 53 Illness Leave
- ☐ 52 Maternity Leave
- ☐ 51 Military Leave
- ☐ 55 Worker Compensation Leave

Hours Requested: ~~2.25~~ 7.5 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 9-30-02

Remarks: FATHER IN LAW

Employee Signature: A L Menie Date: 10/3/02 Supervisor Approval: [signature] Date: 10/3/02

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

---

NAME Al Menie SSN

LEAVE WITH PAY:

- ☐ 10 Annual Leave
- ☒ 20 Sick Leave
- ☐ 21 Family Sick Leave
- ☐ 30 Compensatory Leave
- ☐ 43 Court Leave (Attach Summons)
- ☐ 41 Military Leave (Attach Orders)
- ☐ 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- ☐ 53 Illness Leave
- ☐ 52 Maternity Leave
- ☐ 51 Military Leave
- ☐ 55 Worker Compensation Leave

Hours Requested: 1.0 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 9-27-02

Remarks: Repair of nose piece on breathing machine

Employee Signature: A L Menie Date: 9-27-02 Supervisor Approval: [signature] Date: 9/30/02

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

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State Accident Fund
Request For Leave Form

NAME AL Menne **SSN** [redacted]

LEAVE WITH PAY:

- ☐ 10 Annual Leave
- ☐ 20 Sick Leave
- ☐ 21 Family Sick Leave
- ☐ 30 Compensatory Leave
- ☐ 43 Court Leave (Attach Summons)
- ☐ 41 Military Leave (Attach Orders)
- ☒ 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- ☐ 53 Illness Leave
- ☐ 52 Maternity Leave
- ☐ 51 Military Leave
- ☐ 55 Worker Compensation Leave

Hours Requested: 15.0 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 10-1 & 2-02

Remarks: FATHER IN LAW

A L Menne — **Employee Signature** — 10/3/02 **Date**

Supervisor Approval — 10/3/02 **Date**

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

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State Accident Fund
Request For Leave Form

NAME Al Menie SSN

LEAVE WITH PAY:

- [x] 10 Annual Leave
- [ ] 20 Sick Leave
- [ ] 21 Family Sick Leave
- [ ] 30 Compensatory Leave
- [ ] 43 Court Leave (Attach Summons)
- [ ] 41 Military Leave (Attach Orders)
- [ ] 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- [ ] 53 Illness Leave
- [ ] 52 Maternity Leave
- [ ] 51 Military Leave
- [ ] 55 Worker Compensation Leave

Hours Requested: 2.0 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 11-20-02

Remarks:

Employee Signature: A L Menie Date: 12/3/02 Supervisor Approval: [signature] Date: 12/3/0

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

Request For Leave Form

NAME AL Menie SSN

LEAVE WITH PAY:

- [ ] 10 Annual Leave
- [x] 20 Sick Leave
- [ ] 21 Family Sick Leave
- [ ] 30 Compensatory Leave
- [ ] 43 Court Leave (Attach Summons)
- [ ] 41 Military Leave (Attach Orders)
- [ ] 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- [ ] 53 Illness Leave
- [ ] 52 Maternity Leave
- [ ] 51 Military Leave
- [ ] 55 Worker Compensation Leave

Hours Requested: 2.5 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 11-20-02

Remarks: Dr. Appt

Employee Signature: A L Menie Date: 11-20-02 Supervisor Approval: [signature] Date: 11-21-02

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

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State Accident Fund
Request For Leave Form

NAME AL Menie **SSN** _____

LEAVE WITH PAY:

- [x] 10 Annual Leave
- [ ] 20 Sick Leave
- [ ] 21 Family Sick Leave
- [ ] 30 Compensatory Leave
- [ ] 43 Court Leave (Attach Summons)
- [ ] 41 Military Leave (Attach Orders)
- [ ] 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- [ ] 53 Illness Leave
- [ ] 52 Maternity Leave
- [ ] 51 Military Leave
- [ ] 55 Worker Compensation Leave

Hours Requested: 3.5 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 11-1-02

Remarks: _____

AL Menie — **Employee Signature** — 11-8-02 **Date** — **Supervisor Approval** — 11/12/02 **Date**

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

State Accident Fund
Request For Leave Form

NAME AL Menie **SSN** _____

LEAVE WITH PAY:

- [x] 10 Annual Leave
- [ ] 20 Sick Leave
- [ ] 21 Family Sick Leave
- [ ] 30 Compensatory Leave
- [ ] 43 Court Leave (Attach Summons)
- [ ] 41 Military Leave (Attach Orders)
- [ ] 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- [ ] 53 Illness Leave
- [ ] 52 Maternity Leave
- [ ] 51 Military Leave
- [ ] 55 Worker Compensation Leave

Hours Requested: 8.0 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 11-4 5.0, 11-5 3.0

Remarks: _____

AL Menie — **Employee Signature** — 11-8-02 **Date** — **Supervisor Approval** — 11/12/02 **Date**

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee.

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State Accident Fund
Request For Leave Form

NAME AL MENIE SSN

LEAVE WITH PAY:

- [x] 10 Annual Leave
- [ ] 20 Sick Leave
- [ ] 21 Family Sick Leave
- [ ] 30 Compensatory Leave
- [ ] 43 Court Leave (Attach Summons)
- [ ] 41 Military Leave (Attach Orders)
- [ ] 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- [ ] 53 Illness Leave
- [ ] 52 Maternity Leave
- [ ] 51 Military Leave
- [ ] 55 Worker Compensation Leave

Hours Requested: 2.5 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 12-6-02

Remarks: Blood DONATION AT Red Cross DOWNTOWN

Employee Signature — Date 12-6-02 — Supervisor Approval — Date 12-06-02

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

Request For Leave Form

NAME AL MENIE SSN

LEAVE WITH PAY:

- [x] 10 Annual Leave
- [ ] 20 Sick Leave
- [ ] 21 Family Sick Leave
- [ ] 30 Compensatory Leave
- [ ] 43 Court Leave (Attach Summons)
- [ ] 41 Military Leave (Attach Orders)
- [ ] 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- [ ] 53 Illness Leave
- [ ] 52 Maternity Leave
- [ ] 51 Military Leave
- [ ] 55 Worker Compensation Leave

Hours Requested: 3.0 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 12-5-02

Remarks:

Employee Signature — Date 12-31-02 — Supervisor Approval — Date 12/31/02

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

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State Accident Fund
Request For Leave Form

NAME AL MENIR **SSN** _____

LEAVE WITH PAY:

- [x] 10 Annual Leave
- [ ] 20 Sick Leave
- [ ] 21 Family Sick Leave
- [ ] 30 Compensatory Leave
- [ ] 43 Court Leave (Attach Summons)
- [ ] 41 Military Leave (Attach Orders)
- [ ] 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- [ ] 53 Illness Leave
- [ ] 52 Maternity Leave
- [ ] 51 Military Leave
- [ ] 55 Worker Compensation Leave

Hours Requested: 1.0 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 2-4-03

Remarks: 4:00 TO 5:00 TALKING TO DEPT OF INS. & STATE FARM ABOUT PROPERTY LOSSES IN AUTO ACCIDENT ON 6-28-02.

AL Menir — **Employee Signature** — 2.4.03 **Date** — **Supervisor Approval** — **Date** 2/5/03

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

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State Accident Fund
Request For Leave Form

NAME Al Menie **SSN** _____

LEAVE WITH PAY:

- ☐ 10 Annual Leave
- ☒ 20 Sick Leave
- ☐ 21 Family Sick Leave
- ☐ 30 Compensatory Leave
- ☐ 43 Court Leave (Attach Summons)
- ☐ 41 Military Leave (Attach Orders)
- ☐ 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- ☐ 53 Illness Leave
- ☐ 52 Maternity Leave
- ☐ 51 Military Leave
- ☐ 55 Worker Compensation Leave

Hours Requested: 67.50 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 3-4 THRU 3-14-03

Remarks: 3-4 THRU 3-7 LEXINGTON MEDICAL CENTER, 3-10 TO 3-14 RECOVERY

Al Menie — Employee Signature — 3/17/03 Date — Ann — Supervisor Approval — 3/17/03 Date

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

Request For Leave Form

NAME Al Menie **SSN** _____

LEAVE WITH PAY:

- ☐ 10 Annual Leave
- ☒ 20 Sick Leave
- ☐ 21 Family Sick Leave
- ☐ 30 Compensatory Leave
- ☐ 43 Court Leave (Attach Summons)
- ☐ 41 Military Leave (Attach Orders)
- ☐ 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- ☐ 53 Illness Leave
- ☐ 52 Maternity Leave
- ☐ 51 Military Leave
- ☐ 55 Worker Compensation Leave

Hours Requested: 2.0 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 3-21-03

Remarks: FOLLOW UP APPOINTMENT ON HEART PROBLEM

Al Menie — Employee Signature — 3-21-03 Date — Supervisor Approval — 3/21/03 Date

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

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State Accident Fund
Request For Leave Form

NAME Al Menie **SSN** [illegible]

LEAVE WITH PAY:

- ☐ 10 Annual Leave
- ☒ 20 Sick Leave
- ☐ 21 Family Sick Leave
- ☐ 30 Compensatory Leave
- ☐ 43 Court Leave (Attach Summons)
- ☐ 41 Military Leave (Attach Orders)
- ☐ 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- ☐ 53 Illness Leave
- ☐ 52 Maternity Leave
- ☐ 51 Military Leave
- ☐ 55 Worker Compensation Leave

Hours Requested: 1.0 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 3-17-03

Remarks: Blood Test

A L Menie — **Employee Signature**

Date

[illegible] — **Supervisor Approval**

3/17/03 **Date**

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

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State Accident Fund
Request For Leave Form

NAME Al Menie SSN

LEAVE WITH PAY:

- [ ] 10 Annual Leave
- [x] 20 Sick Leave
- [ ] 21 Family Sick Leave
- [ ] 30 Compensatory Leave
- [ ] 43 Court Leave (Attach Summons)
- [ ] 41 Military Leave (Attach Orders)
- [ ] 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- [ ] 53 Illness Leave
- [ ] 52 Maternity Leave
- [ ] 51 Military Leave
- [ ] 55 Worker Compensation Leave

Hours Requested: 1.0 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 4-16-03

Remarks: LeFT 4:07 Feeling ~~[illegible]~~ Nausea

Employee Signature: A L Menie Date: 4-29-03 Supervisor Approval: [signature] Date: 5/2/03

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

Request For Leave Form

NAME Al Menie SSN

LEAVE WITH PAY:

- [ ] 10 Annual Leave
- [x] 20 Sick Leave
- [ ] 21 Family Sick Leave
- [ ] 30 Compensatory Leave
- [ ] 43 Court Leave (Attach Summons)
- [ ] 41 Military Leave (Attach Orders)
- [ ] 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- [ ] 53 Illness Leave
- [ ] 52 Maternity Leave
- [ ] 51 Military Leave
- [ ] 55 Worker Compensation Leave

Hours Requested: 1.0 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 4-7-03

Remarks: Picked up RX

Employee Signature: A L Menie Date: 4-7-03 Supervisor Approval: [signature] Date: 4/7/03

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

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State Accident Fund
Request For Leave Form

NAME Al Menie **SSN** ___

LEAVE WITH PAY:

- ☐ 10 Annual Leave
- ☒ 20 Sick Leave
- ☐ 21 Family Sick Leave
- ☐ 30 Compensatory Leave
- ☐ 43 Court Leave (Attach Summons)
- ☐ 41 Military Leave (Attach Orders)
- ☐ 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- ☐ 53 Illness Leave
- ☐ 52 Maternity Leave
- ☐ 51 Military Leave
- ☐ 55 Worker Compensation Leave

Hours Requested: 1.5 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 4-10-03

Remarks: DR. APPOINTMENT - FOLLOW UP EKG & BLOOD THINNING MEASUREMENT

Employee Signature: AL Menie Date: 4-10-03 Supervisor Approval: [signature] Date: 4/10/03

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

State Accident Fund
Request For Leave Form

NAME AL Menie **SSN** ___

LEAVE WITH PAY:

- ☐ 10 Annual Leave
- ☒ 20 Sick Leave
- ☐ 21 Family Sick Leave
- ☐ 30 Compensatory Leave
- ☐ 43 Court Leave (Attach Summons)
- ☐ 41 Military Leave (Attach Orders)
- ☐ 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- ☐ 53 Illness Leave
- ☐ 52 Maternity Leave
- ☐ 51 Military Leave
- ☐ 55 Worker Compensation Leave

Hours Requested: 1.0 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 4-14-04

Remarks: Drugs combination - Tired - run down feeling - sleeping problem too.

Employee Signature: AL Menie Date: 4-14-03 Supervisor Approval: [signature] Date: 4/14/03

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

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State Accident Fund
Request For Leave Form

NAME Al Menie SSN

LEAVE WITH PAY:

- ☐ 10 Annual Leave
- ☒ 20 Sick Leave
- ☐ 21 Family Sick Leave
- ☐ 30 Compensatory Leave
- ☐ 43 Court Leave (Attach Summons)
- ☐ 41 Military Leave (Attach Orders)
- ☐ 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- ☐ 53 Illness Leave
- ☐ 52 Maternity Leave
- ☐ 51 Military Leave
- ☐ 55 Worker Compensation Leave

Hours Requested: 1.0 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 4-11-03

Remarks: Picking up new Drug Rx

Al Menie	4-14-03	[illegible]	4/14/03
Employee Signature	Date	Supervisor Approval	Date

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

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State Accident Fund
Request For Leave Form

NAME Al Menie **SSN** _____

LEAVE WITH PAY:

- [ ] 10 Annual Leave
- [x] 20 Sick Leave
- [ ] 21 Family Sick Leave
- [ ] 30 Compensatory Leave
- [ ] 43 Court Leave (Attach Summons)
- [ ] 41 Military Leave (Attach Orders)
- [ ] 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- [ ] 53 Illness Leave
- [ ] 52 Maternity Leave
- [ ] 51 Military Leave
- [ ] 55 Worker Compensation Leave

Hours Requested: 4.0 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 5-21, .5, 5-22, 3.5

Remarks: _____

Employee Signature	Date	Supervisor Approval	Date
A L Menie	5-22-05	Russell Gamble	5/22/03

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

State Accident Fund
Request For Leave Form

NAME Al Menie **SSN** _____

LEAVE WITH PAY:

- [x] 10 Annual Leave
- [ ] 20 Sick Leave
- [ ] 21 Family Sick Leave
- [ ] 30 Compensatory Leave
- [ ] 43 Court Leave (Attach Summons)
- [ ] 41 Military Leave (Attach Orders)
- [ ] 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- [ ] 53 Illness Leave
- [ ] 52 Maternity Leave
- [ ] 51 Military Leave
- [ ] 55 Worker Compensation Leave

Hours Requested: 37.5 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 5-12, 13, 14, 15 & 16-2003

Remarks: _____

Employee Signature	Date	Supervisor Approval	Date
A L Menie	4-17-03	Russell Gamble	4/23/03

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

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State Accident Fund
Request For Leave Form

NAME Al Menie **SSN** _____

LEAVE WITH PAY:

- ☐ 10 Annual Leave
- ☒ 20 Sick Leave
- ☐ 21 Family Sick Leave
- ☐ 30 Compensatory Leave
- ☐ 43 Court Leave (Attach Summons)
- ☐ 41 Military Leave (Attach Orders)
- ☐ 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- ☐ 53 Illness Leave
- ☐ 52 Maternity Leave
- ☐ 51 Military Leave
- ☐ 55 Worker Compensation Leave

Hours Requested: 3.5 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 5-29-03

Remarks: _____

Al Menie	5-29-03	[signature]	5/29/03
Employee Signature	Date	Supervisor Approval	Date

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

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State Accident Fund
Request For Leave Form

NAME Al Menie **SSN** _____

LEAVE WITH PAY:

- ☐ 10 Annual Leave
- ☒ 20 Sick Leave
- ☐ 21 Family Sick Leave
- ☐ 30 Compensatory Leave
- ☐ 43 Court Leave (Attach Summons)
- ☐ 41 Military Leave (Attach Orders)
- ☐ 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- ☐ 53 Illness Leave
- ☐ 52 Maternity Leave
- ☐ 51 Military Leave
- ☐ 55 Worker Compensation Leave

Hours Requested: 2.0 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 6-24-03

Remarks: Blood Test

Employee Signature	Date	Supervisor Approval	Date
A L Menie	6-25-03	Bosh Gamble	6/25/03

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

Request For Leave Form

NAME Al Menie **SSN** _____

LEAVE WITH PAY:

- ☐ 10 Annual Leave
- ☒ 20 Sick Leave
- ☐ 21 Family Sick Leave
- ☐ 30 Compensatory Leave
- ☐ 43 Court Leave (Attach Summons)
- ☐ 41 Military Leave (Attach Orders)
- ☐ 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- ☐ 53 Illness Leave
- ☐ 52 Maternity Leave
- ☐ 51 Military Leave
- ☐ 55 Worker Compensation Leave

Hours Requested: 2.0 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 6-10-03

Remarks: Eye Exam

Employee Signature	Date	Supervisor Approval	Date
A L Menie	6-10-03	Bosh Gamble	6-10-03

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

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State Accident Fund
Request For Leave Form

NAME Al Menie **SSN** _____

LEAVE WITH PAY:

- ☐ 10 Annual Leave
- ☒ 20 Sick Leave
- ☐ 21 Family Sick Leave
- ☐ 30 Compensatory Leave
- ☐ 43 Court Leave (Attach Summons)
- ☐ 41 Military Leave (Attach Orders)
- ☐ 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- ☐ 53 Illness Leave
- ☐ 52 Maternity Leave
- ☐ 51 Military Leave
- ☐ 55 Worker Compensation Leave

Hours Requested: 2.0 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 6-30-03

Remarks: MIDLANDS ORTHOPEDICS - RIGHT KNEE / COLA HEART CLINIC FOR BLOOD THINNER TEST

Employee Signature: Al Menie — Date: 6-30-03 — Supervisor Approval: [signature] — Date: 7/1/03

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

Request For Leave Form

NAME Al Menie **SSN** _____

LEAVE WITH PAY:

- ☐ 10 Annual Leave
- ☐ 20 Sick Leave
- ☒ 21 Family Sick Leave
- ☐ 30 Compensatory Leave
- ☐ 43 Court Leave (Attach Summons)
- ☐ 41 Military Leave (Attach Orders)
- ☐ 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- ☐ 53 Illness Leave
- ☐ 52 Maternity Leave
- ☐ 51 Military Leave
- ☐ 55 Worker Compensation Leave

Hours Requested: 5.0 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 6-11-03

Remarks: Wife's Follow-up

Employee Signature: Al Menie — Date: 6-12-03 — Supervisor Approval: [signature] — Date: 6/13/03

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

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State Accident Fund
Request For Leave Form

NAME Al Menie **SSN** _____

LEAVE WITH PAY:

- ☐ 10 Annual Leave
- ☐ 20 Sick Leave
- ☒ 21 Family Sick Leave
- ☐ 30 Compensatory Leave
- ☐ 43 Court Leave (Attach Summons)
- ☐ 41 Military Leave (Attach Orders)
- ☐ 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- ☐ 53 Illness Leave
- ☐ 52 Maternity Leave
- ☐ 51 Military Leave
- ☐ 55 Worker Compensation Leave

Hours Requested: 7.5 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 6-9-03

Remarks: Wife's Inner Ear Out Patient Surgery

Employee Signature	Date	Supervisor Approval	Date
A. Menie	6-10-03	[signature]	6/10/03

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

Request For Leave Form

NAME Al Menie **SSN** _____

LEAVE WITH PAY:

- ☐ 10 Annual Leave
- ☐ 20 Sick Leave
- ☒ 21 Family Sick Leave
- ☐ 30 Compensatory Leave
- ☐ 43 Court Leave (Attach Summons)
- ☐ 41 Military Leave (Attach Orders)
- ☐ 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- ☐ 53 Illness Leave
- ☐ 52 Maternity Leave
- ☐ 51 Military Leave
- ☐ 55 Worker Compensation Leave

Hours Requested: 7.5 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 6-6-03

Remarks: My wife's Ear Canal Surgery -

Employee Signature	Date	Supervisor Approval	Date
A. Menie	6-5-03	[signature]	6/5/03

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

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State Accident Fund
Request For Leave Form

NAME Al Menie SSN

LEAVE WITH PAY:

- ☐ 10 Annual Leave
- ☒ 20 Sick Leave
- ☐ 21 Family Sick Leave
- ☐ 30 Compensatory Leave
- ☐ 43 Court Leave (Attach Summons)
- ☐ 41 Military Leave (Attach Orders)
- ☐ 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- ☐ 53 Illness Leave
- ☐ 52 Maternity Leave
- ☐ 51 Military Leave
- ☐ 55 Worker Compensation Leave

Hours Requested: 2.5 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 7-21, 1.0 & 7-22, 1.5

Remarks: 7-21 P/U New Glasses, 7-22 Sinus Blockage

Employee Signature	Date	Supervisor Approval	Date
Al Menie	7-22-03	Joseph Gamble	7/22/03

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

Request For Leave Form

NAME Al Menie SSN

LEAVE WITH PAY:

- ☒ 10 Annual Leave
- ☐ 20 Sick Leave
- ☐ 21 Family Sick Leave
- ☐ 30 Compensatory Leave
- ☐ 43 Court Leave (Attach Summons)
- ☐ 41 Military Leave (Attach Orders)
- ☐ 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- ☐ 53 Illness Leave
- ☐ 52 Maternity Leave
- ☐ 51 Military Leave
- ☐ 55 Worker Compensation Leave

Hours Requested: 7.5 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 7-7-03

Remarks:

Employee Signature	Date	Supervisor Approval	Date
Al Menie	7-31-03	Joseph Gamble	7/31/03

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

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State Accident Fund
Request For Leave Form

NAME Al Menie **SSN** _____

LEAVE WITH PAY:

- ☐ 10 Annual Leave
- ☒ 20 Sick Leave
- ☐ 21 Family Sick Leave
- ☐ 30 Compensatory Leave
- ☐ 43 Court Leave (Attach Summons)
- ☐ 41 Military Leave (Attach Orders)
- ☐ 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- ☐ 53 Illness Leave
- ☐ 52 Maternity Leave
- ☐ 51 Military Leave
- ☐ 55 Worker Compensation Leave

Hours Requested: 2.5 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 7-2-03

Remarks: COLA HEART CLINIC

Al Menie — **Employee Signature** — 7-2-03 **Date** — **Supervisor Approval** — 7/3/03 **Date**

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

State Accident Fund
Request For Leave Form

NAME Al Menie **SSN** _____

LEAVE WITH PAY:

- ☐ 10 Annual Leave
- ☒ 20 Sick Leave
- ☐ 21 Family Sick Leave
- ☐ 30 Compensatory Leave
- ☐ 43 Court Leave (Attach Summons)
- ☐ 41 Military Leave (Attach Orders)
- ☐ 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- ☐ 53 Illness Leave
- ☐ 52 Maternity Leave
- ☐ 51 Military Leave
- ☐ 55 Worker Compensation Leave

Hours Requested: 4.0 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 7-16-03

Remarks: WC CLAIM – WATSON, PHD

Al Menie — **Employee Signature** — 7-17-03 **Date** — **Supervisor Approval** — 7/17/03 **Date**

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

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State Accident Fund
Request For Leave Form

NAME Al Menie SSN

LEAVE WITH PAY:

- ☐ 10 Annual Leave
- ☒ 20 Sick Leave
- ☐ 21 Family Sick Leave
- ☐ 30 Compensatory Leave
- ☐ 43 Court Leave (Attach Summons)
- ☐ 41 Military Leave (Attach Orders)
- ☐ 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- ☐ 53 Illness Leave
- ☐ 52 Maternity Leave
- ☐ 51 Military Leave
- ☐ 55 Worker Compensation Leave

Hours Requested: 1.0 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 7-08-03

Remarks: Ordered new glasses

Al Menie — Employee Signature; 7-8-03 — Date; [signature] — Supervisor Approval; 7/9/03 — Date

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

Request For Leave Form

NAME Al Menie SSN

LEAVE WITH PAY:

- ☐ 10 Annual Leave
- ☒ 20 Sick Leave
- ☐ 21 Family Sick Leave
- ☐ 30 Compensatory Leave
- ☐ 43 Court Leave (Attach Summons)
- ☐ 41 Military Leave (Attach Orders)
- ☐ 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- ☐ 53 Illness Leave
- ☐ 52 Maternity Leave
- ☐ 51 Military Leave
- ☐ 55 Worker Compensation Leave

Hours Requested: 1.0 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 7-30-03

Remarks: Test for Tinning of Blood & Blood Pressure Check for WC Claim

Al Menie — Employee Signature; 7-30-03 — Date; [signature] — Supervisor Approval; 7/30/03 — Date

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

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State Accident Fund
Request For Leave Form

NAME Al Menie SSN

LEAVE WITH PAY:

- ☐ 10 Annual Leave
- ☒ 20 Sick Leave
- ☐ 21 Family Sick Leave
- ☐ 30 Compensatory Leave
- ☐ 43 Court Leave (Attach Summons)
- ☐ 41 Military Leave (Attach Orders)
- ☐ 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- ☐ 53 Illness Leave
- ☐ 52 Maternity Leave
- ☐ 51 Military Leave
- ☐ 55 Worker Compensation Leave

Hours Requested: 2.0 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 8-18-03

Remarks: DENTAL APPOINTMENT

Employee Signature — Date 8-18-03 — Supervisor Approval — Date 8/25/03

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

Request For Leave Form

NAME Al Menie SSN

LEAVE WITH PAY:

- ☐ 10 Annual Leave
- ☒ 20 Sick Leave
- ☐ 21 Family Sick Leave
- ☐ 30 Compensatory Leave
- ☐ 43 Court Leave (Attach Summons)
- ☐ 41 Military Leave (Attach Orders)
- ☐ 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- ☐ 53 Illness Leave
- ☐ 52 Maternity Leave
- ☐ 51 Military Leave
- ☐ 55 Worker Compensation Leave

Hours Requested: 1.5 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 8-29-03

Remarks: Bad cold

Employee Signature — Date — Supervisor Approval — Date 8/29/03

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

129

State Accident Fund
Request For Leave Form

NAME A L Menie **SSN** _____

LEAVE WITH PAY:

- ☐ 10 Annual Leave
- ☒ 20 Sick Leave
- ☐ 21 Family Sick Leave
- ☐ 30 Compensatory Leave
- ☐ 43 Court Leave (Attach Summons)
- ☐ 41 Military Leave (Attach Orders)
- ☐ 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- ☐ 53 Illness Leave
- ☐ 52 Maternity Leave
- ☐ 51 Military Leave
- ☐ 55 Worker Compensation Leave

Hours Requested: 1.5 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 8-19-03

Remarks: Dr. APPOINTMENT

A L Menie	8/21/03	Sherri Hay	8/21/03
Employee Signature	**Date**	**Supervisor Approval**	**Date**

White Copy-Human Resources · Canary Copy-Supervisor Pink Copy-Employee

130

State Accident Fund
Request For Leave Form

NAME Al Menie SSN

LEAVE WITH PAY:

- ☐ 10 Annual Leave
- ☒ 20 Sick Leave
- ☐ 21 Family Sick Leave
- ☐ 30 Compensatory Leave
- ☐ 43 Court Leave (Attach Summons)
- ☐ 41 Military Leave (Attach Orders)
- ☐ 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- ☐ 53 Illness Leave
- ☐ 52 Maternity Leave
- ☐ 51 Military Leave
- ☐ 55 Worker Compensation Leave

Hours Requested: 40 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 9-9-03

Remarks: Cold & 2 Blood Tests @ 2 Different Locations

Employee Signature: A L Menie Date: 9-10-03 Supervisor Approval: [signature] Date: 9/10/03

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

State Accident Fund
Request For Leave Form

NAME Al Menie SSN

LEAVE WITH PAY:

- ☐ 10 Annual Leave
- ☒ 20 Sick Leave
- ☐ 21 Family Sick Leave
- ☐ 30 Compensatory Leave
- ☐ 43 Court Leave (Attach Summons)
- ☐ 41 Military Leave (Attach Orders)
- ☐ 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- ☐ 53 Illness Leave
- ☐ 52 Maternity Leave
- ☐ 51 Military Leave
- ☐ 55 Worker Compensation Leave

Hours Requested: 2.0 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 9-29-03

Remarks: Dental Appointment

Employee Signature: A L Menie Date: 9-30-03 Supervisor Approval: Shera Hay Date: 9-30-03

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

131

State Accident Fund
Request For Leave Form

NAME Al Menie SSN

LEAVE WITH PAY:

- ☐ 10 Annual Leave
- ☒ 20 Sick Leave
- ☐ 21 Family Sick Leave
- ☐ 30 Compensatory Leave
- ☐ 43 Court Leave (Attach Summons)
- ☐ 41 Military Leave (Attach Orders)
- ☐ 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- ☐ 53 Illness Leave
- ☐ 52 Maternity Leave
- ☐ 51 Military Leave
- ☐ 55 Worker Compensation Leave

Hours Requested: 1.5 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 9-10-03

Remarks: COLUMBIA HEART CLINIC, LOWERING AVERAGE TENSION & RT (BLOOD THINNER) TEST Pending WCC

Al Menie — Employee Signature — Date 9-10-03

Supervisor Approval — Date 9/10/03

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

Request For Leave Form

NAME Al Menie SSN

LEAVE WITH PAY:

- ☐ 10 Annual Leave
- ☒ 20 Sick Leave
- ☐ 21 Family Sick Leave
- ☐ 30 Compensatory Leave
- ☐ 43 Court Leave (Attach Summons)
- ☐ 41 Military Leave (Attach Orders)
- ☐ 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- ☐ 53 Illness Leave
- ☐ 52 Maternity Leave
- ☐ 51 Military Leave
- ☐ 55 Worker Compensation Leave

Hours Requested: 7.5 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 9-19-03

Remarks: HEAVY DENTAL APPOINTMENT

Al Menie — Employee Signature — Date 9-22-03

Supervisor Approval — Date 9-22-03

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

132

State Accident Fund
Request For Leave Form

NAME AL Menie **SSN** _____

LEAVE WITH PAY:

- [x] 10 Annual Leave
- [ ] 20 Sick Leave
- [ ] 21 Family Sick Leave
- [ ] 30 Compensatory Leave
- [ ] 43 Court Leave (Attach Summons)
- [ ] 41 Military Leave (Attach Orders)
- [ ] 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- [ ] 53 Illness Leave
- [ ] 52 Maternity Leave
- [ ] 51 Military Leave
- [ ] 55 Worker Compensation Leave

Hours Requested: 1.0 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 10-31-03

Remarks: _____

Employee Signature	Date	Supervisor Approval	Date
AL Menie	10-31-03	Rosalie Gamble	10/31/03

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

State Accident Fund
Request For Leave Form

NAME Al Menie **SSN** _____

LEAVE WITH PAY:

- [ ] 10 Annual Leave
- [x] 20 Sick Leave
- [ ] 21 Family Sick Leave
- [ ] 30 Compensatory Leave
- [ ] 43 Court Leave (Attach Summons)
- [ ] 41 Military Leave (Attach Orders)
- [ ] 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- [ ] 53 Illness Leave
- [ ] 52 Maternity Leave
- [ ] 51 Military Leave
- [ ] 55 Worker Compensation Leave

Hours Requested: 2.0 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 10-8-03

Remarks: Columbia Heart Clinic - Coumadin Level Test - Pending WCC

Employee Signature	Date	Supervisor Approval	Date
AL Menie	10-8-03	Thera Hay	10-8-03

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

133

State Accident Fund
Request For Leave Form

NAME Al Menie SSN

LEAVE WITH PAY:

- ☐ 10 Annual Leave
- ☒ 20 Sick Leave
- ☐ 21 Family Sick Leave
- ☐ 30 Compensatory Leave
- ☐ 43 Court Leave (Attach Summons)
- ☐ 41 Military Leave (Attach Orders)
- ☐ 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- ☐ 53 Illness Leave
- ☐ 52 Maternity Leave
- ☐ 51 Military Leave
- ☐ 55 Worker Compensation Leave

Hours Requested: 1.0 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 10-09-03

Remarks: Columbia Level Re-Test

Al Menie — Employee Signature — 10-10-03 Date — Shera Hay — Supervisor Approval — 10-10-03 Date

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

Request For Leave Form

NAME Al Menie SSN

LEAVE WITH PAY:

- ☐ 10 Annual Leave
- ☐ 20 Sick Leave
- ☒ 21 Family Sick Leave
- ☐ 30 Compensatory Leave
- ☐ 43 Court Leave (Attach Summons)
- ☐ 41 Military Leave (Attach Orders)
- ☐ 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- ☐ 53 Illness Leave
- ☐ 52 Maternity Leave
- ☐ 51 Military Leave
- ☐ 55 Worker Compensation Leave

Hours Requested: 7.5 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 10-16-03

Remarks: Spouse

Al Menie — Employee Signature — 10-15-03 Date — Shera Hay — Supervisor Approval — 10-15-03 Date

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

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State Accident Fund
Request For Leave Form

NAME Al Menie SSN

LEAVE WITH PAY:

- ☐ 10 Annual Leave
- ☒ 20 Sick Leave
- ☐ 21 Family Sick Leave
- ☐ 30 Compensatory Leave
- ☐ 43 Court Leave (Attach Summons)
- ☐ 41 Military Leave (Attach Orders)
- ☐ 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- ☐ 53 Illness Leave
- ☐ 52 Maternity Leave
- ☐ 51 Military Leave
- ☐ 55 Worker Compensation Leave

Hours Requested: 3.5 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 10-22, 1.5 & 10-24, 2.0

Remarks: CVA Heart Clinic - Coumadin Level Test & Retest WCC Pending

Employee Signature: A S Menie Date: 10-27-03 Supervisor Approval: L D Park Date: 11/5/03

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

State Accident Fund
Request For Leave Form

NAME Al Menie SSN

LEAVE WITH PAY:

- ☐ 10 Annual Leave
- ☒ 20 Sick Leave
- ☐ 21 Family Sick Leave
- ☐ 30 Compensatory Leave
- ☐ 43 Court Leave (Attach Summons)
- ☐ 41 Military Leave (Attach Orders)
- ☐ 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- ☐ 53 Illness Leave
- ☐ 52 Maternity Leave
- ☐ 51 Military Leave
- ☐ 55 Worker Compensation Leave

Hours Requested: 2.5 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 10-27-03

Remarks: CVA Heart Clinic - 3 months Follow up WCC pending

Employee Signature: A S Menie Date: 10-27-03 Supervisor Approval: L D Park Date: 11/5/03

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

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State Accident Fund
Request For Leave Form

NAME Al Menie SSN

LEAVE WITH PAY:

- ☐ 10 Annual Leave
- ☒ 20 Sick Leave
- ☐ 21 Family Sick Leave
- ☐ 30 Compensatory Leave
- ☐ 43 Court Leave (Attach Summons)
- ☐ 41 Military Leave (Attach Orders)
- ☐ 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- ☐ 53 Illness Leave
- ☐ 52 Maternity Leave
- ☐ 51 Military Leave
- ☐ 55 Worker Compensation Leave

Hours Requested: 1.0 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 11-12-03

Remarks: Flu & Pneumonia Shots

Employee Signature: [signature] Date: 11-12-03 Supervisor Approval: [signature] Date: 11/12/03

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

Request For Leave Form

NAME Al Menie SSN

LEAVE WITH PAY:

- ☐ 10 Annual Leave
- ☒ 20 Sick Leave
- ☐ 21 Family Sick Leave
- ☐ 30 Compensatory Leave
- ☐ 43 Court Leave (Attach Summons)
- ☐ 41 Military Leave (Attach Orders)
- ☐ 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- ☐ 53 Illness Leave
- ☐ 52 Maternity Leave
- ☐ 51 Military Leave
- ☐ 55 Worker Compensation Leave

Hours Requested: 4.5 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 11-19-03

Remarks: Dr. Morgan, Dr. Cauthendrix & Dr. Bogan

Employee Signature: [signature] Date: 12-1-03 Supervisor Approval: [signature] Date: 12-1-03

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

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State Accident Fund
Request For Leave Form

NAME Al Menie SSN

LEAVE WITH PAY:

- [x] 10 Annual Leave
- [ ] 20 Sick Leave
- [ ] 21 Family Sick Leave
- [ ] 30 Compensatory Leave
- [ ] 43 Court Leave (Attach Summons)
- [ ] 41 Military Leave (Attach Orders)
- [ ] 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- [ ] 53 Illness Leave
- [ ] 52 Maternity Leave
- [ ] 51 Military Leave
- [ ] 55 Worker Compensation Leave

Hours Requested: 22.5 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 11-24, 25, & 26

Remarks:

Employee Signature — Date 11-21-03 — Supervisor Approval — Date 12/2/03

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

Request For Leave Form

NAME Al Menie SSN

LEAVE WITH PAY:

- [x] 10 Annual Leave
- [ ] 20 Sick Leave
- [ ] 21 Family Sick Leave
- [ ] 30 Compensatory Leave
- [ ] 43 Court Leave (Attach Summons)
- [ ] 41 Military Leave (Attach Orders)
- [ ] 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- [ ] 53 Illness Leave
- [ ] 52 Maternity Leave
- [ ] 51 Military Leave
- [ ] 55 Worker Compensation Leave

Hours Requested: 1.0 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 11-13-03

Remarks: Electricity Off @ 6:10 AM.

Employee Signature — Date 12-1-03 — Supervisor Approval — Date 12-1-03

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

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State Accident Fund
Request For Leave Form

NAME A L Menie SSN

LEAVE WITH PAY:

- ☐ 10 Annual Leave
- ☒ 20 Sick Leave
- ☐ 21 Family Sick Leave
- ☐ 30 Compensatory Leave
- ☐ 43 Court Leave (Attach Summons)
- ☐ 41 Military Leave (Attach Orders)
- ☐ 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- ☐ 53 Illness Leave
- ☐ 52 Maternity Leave
- ☐ 51 Military Leave
- ☐ 55 Worker Compensation Leave

Hours Requested: 1.0 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 12-31-03

Remarks: Commodin Level checked WCC pending

A L Menie — Employee Signature — 12-31-03 Date — Supervisor Approval — 12/31/03 Date

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

Request For Leave Form

NAME Al Menie SSN

LEAVE WITH PAY:

- ☐ 10 Annual Leave
- ☒ 20 Sick Leave
- ☐ 21 Family Sick Leave
- ☐ 30 Compensatory Leave
- ☐ 43 Court Leave (Attach Summons)
- ☐ 41 Military Leave (Attach Orders)
- ☐ 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- ☐ 53 Illness Leave
- ☐ 52 Maternity Leave
- ☐ 51 Military Leave
- ☐ 55 Worker Compensation Leave

Hours Requested: 1.0 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 12-12-03

Remarks: Glasses Repaired

A L Menie — Employee Signature — 12-15-03 Date — Supervisor Approval — 12/15/03 Date

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

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State Accident Fund
Request For Leave Form

NAME Al Menie SSN [redacted]

LEAVE WITH PAY:

- ☐ 10 Annual Leave
- ☒ 20 Sick Leave
- ☐ 21 Family Sick Leave
- ☐ 30 Compensatory Leave
- ☐ 43 Court Leave (Attach Summons)
- ☐ 41 Military Leave (Attach Orders)
- ☐ 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- ☐ 53 Illness Leave
- ☐ 52 Maternity Leave
- ☐ 51 Military Leave
- ☐ 55 Worker Compensation Leave

Hours Requested: 1.5 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 12-08-03

Remarks: Morgan Dermatologist

Al Menie — Employee Signature — Date 12-15-03

Brooke Gamble — Supervisor Approval — Date 12/15/03

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

Request For Leave Form

NAME Al Menie SSN [redacted]

LEAVE WITH PAY:

- ☐ 10 Annual Leave
- ☒ 20 Sick Leave
- ☐ 21 Family Sick Leave
- ☐ 30 Compensatory Leave
- ☐ 43 Court Leave (Attach Summons)
- ☐ 41 Military Leave (Attach Orders)
- ☐ 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- ☐ 53 Illness Leave
- ☐ 52 Maternity Leave
- ☐ 51 Military Leave
- ☐ 55 Worker Compensation Leave

Hours Requested: ~~15~~ 20 AM *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 12-03-03

Remarks: ~~GW Hearing and Commitment~~ ~~Columbia Level Check~~ PENDING WC CLAIM

Al Menie — Employee Signature — Date 12/03/03

Brooke Gamble — Supervisor Approval — Date 12/3/03

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

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State Accident Fund
Request For Leave Form

NAME Al Menie SSN

LEAVE WITH PAY:

- [x] 10 Annual Leave
- [ ] 20 Sick Leave
- [ ] 21 Family Sick Leave
- [ ] 30 Compensatory Leave
- [ ] 43 Court Leave (Attach Summons)
- [ ] 41 Military Leave (Attach Orders)
- [ ] 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- [ ] 53 Illness Leave
- [ ] 52 Maternity Leave
- [ ] 51 Military Leave
- [ ] 55 Worker Compensation Leave

Hours Requested: 1.5 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 12-16-03

Remarks: WCC hearing – Attorney

Employee Signature: A L Menie Date: 12-16-03 Supervisor Approval: [signature] Date: 12/30/03

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

Request For Leave Form

NAME Al Menie SSN

LEAVE WITH PAY:

- [x] 10 Annual Leave
- [ ] 20 Sick Leave
- [ ] 21 Family Sick Leave
- [ ] 30 Compensatory Leave
- [ ] 43 Court Leave (Attach Summons)
- [ ] 41 Military Leave (Attach Orders)
- [ ] 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- [ ] 53 Illness Leave
- [ ] 52 Maternity Leave
- [ ] 51 Military Leave
- [ ] 55 Worker Compensation Leave

Hours Requested: 7.5 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: ~~12-18-03~~ 12-18-03

Remarks: Niece's graduation from Clemson University

Employee Signature: A L Menie Date: 12-15-03 Supervisor Approval: [signature] Date: 12/15/03

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

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State Accident Fund
Request For Leave Form

NAME Al Menie **SSN** [illegible]

LEAVE WITH PAY:

- [x] 10 Annual Leave
- [ ] 20 Sick Leave
- [ ] 21 Family Sick Leave
- [ ] 30 Compensatory Leave
- [ ] 43 Court Leave (Attach Summons)
- [ ] 41 Military Leave (Attach Orders)
- [ ] 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- [ ] 53 Illness Leave
- [ ] 52 Maternity Leave
- [ ] 51 Military Leave
- [ ] 55 Worker Compensation Leave

Hours Requested: 15.0 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 12-22 & 23-03

Remarks:

Employee Signature	Date	Supervisor Approval	Date
[signature]	12-15-03	[signature]	12/15/03

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

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State Accident Fund
Request For Leave Form

NAME AL Menne **SSN** 581

LEAVE WITH PAY:

- ☐ 10 Annual Leave
- ☒ 20 Sick Leave
- ☐ 21 Family Sick Leave
- ☐ 30 Compensatory Leave
- ☐ 43 Court Leave (Attach Summons)
- ☐ 41 Military Leave (Attach Orders)
- ☐ 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- ☐ 53 Illness Leave
- ☐ 52 Maternity Leave
- ☐ 51 Military Leave
- ☐ 55 Worker Compensation Leave

Hours Requested: 3.0 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: ~~1-26~~ 1-6, 1.5 1-30, .5

Remarks:

AL Menne — Employee Signature — ~~2-4-04~~ Date

Shera J. Hay — Supervisor Approval — 2/2/04 Date

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

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State Accident Fund
Request For Leave Form

NAME Al Menie **SSN**

LEAVE WITH PAY:

- ☐ 10 Annual Leave
- ☒ 20 Sick Leave
- ☐ 21 Family Sick Leave
- ☐ 30 Compensatory Leave
- ☐ 43 Court Leave (Attach Summons)
- ☐ 41 Military Leave (Attach Orders)
- ☐ 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- ☐ 53 Illness Leave
- ☐ 52 Maternity Leave
- ☐ 51 Military Leave
- ☐ 55 Worker Compensation Leave

Hours Requested: 2.5 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 2-5-04

Remarks:

Employee Signature	Date	Supervisor Approval	Date
A R Menie	2-5-04	Shera Hay	2-5-04

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

Request For Leave Form

NAME Al Menie **SSN**

LEAVE WITH PAY:

- ☐ 10 Annual Leave
- ☒ 20 Sick Leave
- ☐ 21 Family Sick Leave
- ☐ 30 Compensatory Leave
- ☐ 43 Court Leave (Attach Summons)
- ☐ 41 Military Leave (Attach Orders)
- ☐ 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- ☐ 53 Illness Leave
- ☐ 52 Maternity Leave
- ☐ 51 Military Leave
- ☐ 55 Worker Compensation Leave

Hours Requested: 1.5 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 2-18-04

Remarks: COLUMBIA HEART CLINIC - 4 MONTHS CHECK UP - W.C.C. Pending

Employee Signature	Date	Supervisor Approval	Date
A R Menie	2/19/04	Ross A. Gamble	2/24/04

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

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State Accident Fund
Request For Leave Form

NAME Al Menie SSN

LEAVE WITH PAY:

- ☐ 10 Annual Leave
- ☐ 20 Sick Leave
- ☐ 21 Family Sick Leave
- ☒ 30 Compensatory Leave
- ☐ 43 Court Leave (Attach Summons)
- ☐ 41 Military Leave (Attach Orders)
- ☐ 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- ☐ 53 Illness Leave
- ☐ 52 Maternity Leave
- ☐ 51 Military Leave
- ☐ 55 Worker Compensation Leave

Hours Requested: 14.0 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 3-30, 7.5, 3-31 6.5

Remarks:

Employee Signature: A L Menie Date: 4-5-04 Supervisor Approval: [signature] Date: 4/5/04

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

Request For Leave Form

NAME Al Menie SSN

LEAVE WITH PAY:

- ☐ 10 Annual Leave
- ☐ 20 Sick Leave
- ☐ 21 Family Sick Leave
- ☐ 30 Compensatory Leave
- ☐ 43 Court Leave (Attach Summons)
- ☐ 41 Military Leave (Attach Orders)
- ☒ 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- ☐ 53 Illness Leave
- ☐ 52 Maternity Leave
- ☐ 51 Military Leave
- ☐ 55 Worker Compensation Leave

Hours Requested: 22.50 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 3-25, 26 AND 3-29-04

Remarks: BROTHER-IN-LAW

Employee Signature: A R Menie Date: 4-5-04 Supervisor Approval: [signature] Date: 4/5/04

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

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State Accident Fund
Request For Leave Form

NAME Al Menie SSN [redacted]

LEAVE WITH PAY:

- ☐ 10 Annual Leave
- ☒ 20 Sick Leave
- ☐ 21 Family Sick Leave
- ☐ 30 Compensatory Leave
- ☐ 43 Court Leave (Attach Summons)
- ☐ 41 Military Leave (Attach Orders)
- ☐ 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- ☐ 53 Illness Leave
- ☐ 52 Maternity Leave
- ☐ 51 Military Leave
- ☐ 55 Worker Compensation Leave

Hours Requested: 1.5 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 4-5-04

Remarks:

Employee Signature	Date	Supervisor Approval	Date
[signature]	4-6-04	[signature]	4/7/04

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

NAME Al Menie SSN [redacted]

LEAVE WITH PAY:

- ☒ 10 Annual Leave
- ☐ 20 Sick Leave
- ☐ 21 Family Sick Leave
- ☐ 30 Compensatory Leave
- ☐ 43 Court Leave (Attach Summons)
- ☐ 41 Military Leave (Attach Orders)
- ☐ 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- ☐ 53 Illness Leave
- ☐ 52 Maternity Leave
- ☐ 51 Military Leave
- ☐ 55 Worker Compensation Leave

Hours Requested: 15.0 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 4-12-04

Remarks:

Employee Signature	Date	Supervisor Approval	Date
[signature]	5-5-04	[signature]	5/6/04

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

145

State Accident Fund
Request For Leave Form

NAME Al Menie SSN

LEAVE WITH PAY:

- ☐ 10 Annual Leave
- ☒ 20 Sick Leave
- ☐ 21 Family Sick Leave
- ☐ 30 Compensatory Leave
- ☐ 43 Court Leave (Attach Summons)
- ☐ 41 Military Leave (Attach Orders)
- ☐ 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- ☐ 53 Illness Leave
- ☐ 52 Maternity Leave
- ☐ 51 Military Leave
- ☐ 55 Worker Compensation Leave

Hours Requested: 0.5 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 4-28-04

Remarks: P/U Rx WCC Pending

Al Menie — Employee Signature — 5-5-04 — Date — Brook Gamble — Supervisor Approval — 5/6/04 — Date

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

---

NAME AL Menie SSN

LEAVE WITH PAY:

- 3.50 ☒ 10 Annual Leave
- ☐ 20 Sick Leave
- ☐ 21 Family Sick Leave
- 3.00 ☒ 30 Compensatory Leave
- ☐ 43 Court Leave (Attach Summons)
- ☐ 41 Military Leave (Attach Orders)
- ☐ 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- ☐ 53 Illness Leave
- ☐ 52 Maternity Leave
- ☐ 51 Military Leave
- ☐ 55 Worker Compensation Leave

Hours Requested: 3.50 AL 3.00 Comp *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 3/31/04 3.50 HRS (AL) + 3.00 HRS Comp Time

Remarks: Annual + Comp Leave Adjustment

AL Menie — Employee Signature — 4-23-04 — Date — Brook Gamble — Supervisor Approval — 4/23/04 — Date

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

146

State Accident Fund
Request For Leave Form

NAME Al Menie **SSN** _____

LEAVE WITH PAY:

- [ ] 10 Annual Leave
- [x] 20 Sick Leave
- [ ] 21 Family Sick Leave
- [ ] 30 Compensatory Leave
- [ ] 43 Court Leave (Attach Summons)
- [ ] 41 Military Leave (Attach Orders)
- [ ] 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- [ ] 53 Illness Leave
- [ ] 52 Maternity Leave
- [ ] 51 Military Leave
- [ ] 55 Worker Compensation Leave

Hours Requested: 53.5 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 5-19, 1.0; 5-20-28, 52.5

Remarks: _____

Employee Signature	Date	Supervisor Approval	Date
A K Menie	6/3/04	[signature]	6/3/04

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

147

State Accident Fund
Request For Leave Form

NAME Al Menie **SSN** _____

LEAVE WITH PAY:

- [x] 10 Annual Leave
- [ ] 20 Sick Leave
- [ ] 21 Family Sick Leave
- [ ] 30 Compensatory Leave
- [ ] 43 Court Leave (Attach Summons)
- [ ] 41 Military Leave (Attach Orders)
- [ ] 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- [ ] 53 Illness Leave
- [ ] 52 Maternity Leave
- [ ] 51 Military Leave
- [ ] 55 Worker Compensation Leave

Hours Requested: 13.5 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 7-2, 7.5 & 7-8, 6.0

Remarks: SISTER IN TOWN FROM OKLAHOMA

Employee Signature	Date	Supervisor Approval	Date
A L Menie	8-3-04	[illegible]	8/3/04

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

148

State Accident Fund
Request For Leave Form

NAME A L Menire SSN

LEAVE WITH PAY:

- ☐ 10 Annual Leave
- ☒ 20 Sick Leave
- ☐ 21 Family Sick Leave
- ☐ 30 Compensatory Leave
- ☐ 43 Court Leave (Attach Summons)
- ☐ 41 Military Leave (Attach Orders)
- ☐ 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- ☐ 53 Illness Leave
- ☐ 52 Maternity Leave
- ☐ 51 Military Leave
- ☐ 55 Worker Compensation Leave

Hours Requested: 12.0 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 8-9, 7.5, 8-10 3.0, 8-11 1.5, 8-12 2.5, 8-13 3.5

Remarks: Pending WC Claim

A L Menire — Employee Signature — Date 9/3/04

Supervisor Approval — Date 9/8/04

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

Request For Leave Form

NAME AL MENIRE. SSN

LEAVE WITH PAY:

- ☐ 10 Annual Leave
- ☒ 20 Sick Leave
- ☐ 21 Family Sick Leave
- ☐ 30 Compensatory Leave
- ☐ 43 Court Leave (Attach Summons)
- ☐ 41 Military Leave (Attach Orders)
- ☐ 42 Funeral (Immediate Family)

LEAVE WITHOUT PAY:

- ☐ 53 Illness Leave
- ☐ 52 Maternity Leave
- ☐ 51 Military Leave
- ☐ 55 Worker Compensation Leave

Hours Requested: 2.0 *(Code in Hours & Quarter Hours .25 .50 .75)*

Leave Dates: 8/6/04

Remarks: SICK ON JOB PENDING WC CLAIM

A L Menire — Employee Signature — Date 9-3-04

Supervisor Approval — Date 9/8/04

White Copy-Human Resources Canary Copy-Supervisor Pink Copy-Employee

149

LOCAL TITLE: C&P EXAM
STANDARD TITLE: C & P EXAMINATION NOTE
DATE OF NOTE: SEP 17, 2011@12:00 ENTRY DATE: SEP 17, 2011@12:42:42
AUTHOR: WILDE,GRAHAM L EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Hearing Loss and Tinnitus
Disability Benefits Questionnaire

Name of patient/Veteran: MENIE, ALVIN L.

Your patient is applying to the U.S. Department of Veterans Affairs (VA) for disability benefits. VA will consider the information you provide on this questionnaire as part of their evaluation in processing the Veteran's claim.

NOTE: This form is only for use by VHA staff or contract examiners.

This exam is for:

[ ] Tinnitus only (audiologist or non-audiologist clinician)

If this exam is for tinnitus only, complete section 2 only. Otherwise complete entire form.

[X] Hearing loss and/or tinnitus (audiologist, performing current exam)

[ ] Hearing loss and/or tinnitus (audiologist or non-audiologist clinician, using audiology report of record that represents Veteran's current condition)

If using audiology report of record, date audiology exam was performed:

SECTION 1: HEARING LOSS (HL)

NOTE: All testing must be conducted in accordance with the following instructions to be valid for VA disability evaluation purposes.

Instructions:

An examination of hearing impairment must be conducted by a state-licensed audiologist and must include a controlled speech discrimination test (specifically, the Maryland CNC recording) and a puretone audiometry test in a sound isolated booth that meets American National Standards Institute standards (ANSI S3.1.1999 [R2004]) for

ambient noise. Measurements will be reported at the frequencies of 500, 1000, 2000, 3000 and 4000 Hz.

The examination will include the following tests: Puretone audiometry by air conduction at 250, 500, 1000, 2000, 3000, 4000, 6000 Hz and 8000 Hz, and by bone conduction at 250, 500, 1000, 2000, 3000, and 4000 Hz, spondee thresholds, speech discrimination using the recorded Maryland CNC Test, tympanometry and acoustic reflex tests (ipsilateral and contralateral), and when necessary, Stenger tests. Bone conduction thresholds are measured when the air conduction thresholds are poorer than 15 dB HL. A modified Hughson-Westlake procedure will be used with appropriate masking. A Stenger must be administered whenever puretone air conduction thresholds at 500, 1000, 2000, 3000, and 4000 Hz differ by 20 dB or more between the two ears.

Maximum speech discrimination will be reported with the 50 word VA approved recording of the Maryland CNC test. The starting presentation level will be 40 dB re SRT. If necessary, the starting level will be adjusted upward to obtain a level at least 5 dB above the threshold at 2000 Hz, if not above the patient's tolerance level.

The examination will be conducted without the use of hearing aids. Both ears must be examined for hearing impairment even if hearing loss in only one ear is at issue.

When speech discrimination is 92% or less, a performance intensity function must be obtained.

A comprehensive audiological evaluation should include evaluation results for puretone thresholds by air and bone conduction (500-8000 Hz), speech reception thresholds (SRT), speech discrimination scores, and acoustic immittance with acoustic reflexes (ipsilateral and contralateral reflexes). Tests for non-organicity must be performed when indicated.

1. Objective Findings

a. Puretone thresholds in decibels (air conduction):

Instructions: Measure and record puretone threshold values in decibels at the indicated frequencies (air conduction). Report the decibels (dB) value, which range from -10 dB to 105 dB for each of the frequencies. Add a plus behind the decibel value when a maximum has been reached with a failure of response from the Veteran. In those circumstances where the average includes a failure of response at either the maximum allowable limit (105 dB) or the maximum limits of the audiometer, use this maximum decibel value of the failure of response in the puretone threshold average calculation.

If the Veteran could not be tested (CNT), enter CNT and state the reason why the Veteran could not be tested. Clearly inaccurate, invalid or unreliable test results should not be reported.

The puretone threshold at 500 Hz is not used in calculating the puretone threshold average for evaluation purposes but is used in determining whether or not for VA purposes, hearing impairment reaches the level of a disability. The puretone threshold average requires the decibel levels of each of the required frequencies (1000 Hz, 2000 Hz, 3000 Hz, and 4000 Hz) be recorded for the test to be valid for determination of a hearing impairment.

RIGHT EAR

A	B	C	D	E	F	G	
500 Hz*	1000 Hz	2000 Hz	3000 Hz	4000 Hz	6000 Hz	8000 Hz	Avg Hz (B-E)**
30	25	40	60	85	90	90+	52

LEFT EAR

A	B	C	D	E	F	G	
500 Hz*	1000 Hz	2000 Hz	3000 Hz	4000 Hz	6000 Hz	8000 Hz	Avg Hz (B-E)**
35	30	35	55	85	85	90	51

* The puretone threshold at 500 Hz is not used in determining the evaluation but is used in determining whether or not a ratable hearing loss exists.

** The average of B, C, D, and E.

*** CNT - Could Not Test

b. Were there one or more frequency(ies) that could not be tested?
[ ] Yes [X] No

If yes, enter CNT in the box for frequency(ies) that could not be tested, and explain why testing could not be done:

c. Validity of puretone test results:

[X] Test results are valid for rating purposes.
[ ] Test results are not valid for rating purposes (not indicative of organic hearing loss).
If invalid, provide reason:

d. Speech Discrimination Score (Maryland CNC word list)

Instructions on pausing: Examiners should pause when necessary during speech discrimination tests, in order to give the Veteran sufficient time to respond. This will ensure that the test results are based on actual hearing loss rather than on the effects of other problems that might slow a Veteran's response. There are a variety of problems that might require pausing, for example, the presence of cognitive impairment. It is up to the examiner to determine when to use pausing and the length of the pauses.

RIGHT EAR	94%
LEFT EAR	94%

e. Appropriateness of Use of Speech Discrimination Score (Maryland CNC word list)

[X] Use of speech discrimination score is appropriate for this Veteran.

[ ] The use of the speech discrimination score is not appropriate for this Veteran because of language difficulties, cognitive problems, inconsistent speech discrimination scores, etc., that make combined use of puretone average and speech discrimination scores inappropriate.

f. Audiologic Findings

Summary of Immittance (Tympanometry) Findings:

	RIGHT EAR	LEFT EAR
Acoustic immittance	Normal [X] Abnormal [ ]	Normal [X] Abnormal [ ]
Ipsilateral Acoustic Reflexes	Normal [X] Abnormal [ ]	Normal [X] Abnormal [ ]
Contralateral Acoustic Reflexes	Normal [X] Abnormal [ ]	Normal [X] Abnormal [ ]
Unable to interpret		

reflexes due to artifact	[ ]	[ ]
Unable to obtain/ maintain seal	[ ]	[ ]

2. Diagnosis

RIGHT EAR

[ ] Normal hearing

[ ] Conductive hearing loss ICD code:

[ ] Mixed hearing loss ICD code:

[X] Sensorineural hearing loss (in the frequency range of 500-4000 Hz)* ICD code: 389.11

[ ] Sensorineural hearing loss (in the frequency range of 6000 Hz or higher frequencies)** ICD code:

[ ] Significant changes in hearing thresholds in service***

LEFT EAR

[ ] Normal hearing

[ ] Conductive hearing loss ICD code:

[ ] Mixed hearing loss ICD code:

[X] Sensorineural hearing loss (in the frequency range of 500-4000 Hz)* ICD code: 389.11

[ ] Sensorineural hearing loss (in the frequency range of 6000 Hz or higher frequencies)** ICD code:

[ ] Significant changes in hearing thresholds in service***

NOTES:

* The Veteran may have hearing loss at a level that is not considered to be a disability for VA purposes. This can occur when the auditory thresholds are greater than 25 dB at one or more frequencies in the 500-4000 Hz range.

** The Veteran may have impaired hearing, but it does not meet the criteria to be considered a disability for VA purposes. For VA purposes, the diagnosis of hearing impairment is based upon testing at frequency ranges of 500, 1000, 2000, 3000, and 4000 Hz. If there is no HL in

the 500-4000 Hz range, but there is HL above 4000 Hz, check this box.

*** The Veteran may have a significant change in hearing threshold in service, but it does not meet the criteria to be considered a disability for VA purposes. (A significant change in hearing threshold may indicate noise exposure or acoustic trauma.)

3. Evidence review

In order to provide an accurate medical opinion, the Veteran's record should be reviewed, if available.

Was the Veteran's VA claims file reviewed?
[X] Yes [ ] No

If yes, list any records that were reviewed but were not included in the Veteran's VA claims file.

If no, check all records reviewed as part of this examination:
[ ] Military service treatment records
[ ] Military service personnel records
[ ] Military enlistment examination
[ ] Military separation examination
[ ] Military post-deployment questionnaire
[ ] Department of Defense Form 214 Separation Documents
[ ] Veterans Health Administration medical records (VA treatment records)
[ ] Civilian medical records
[ ] Interviews with collateral witnesses (family and others who have known the Veteran before and after military service)
[ ] Prior audiology reports
[ ] Other:
[ ] No records were reviewed

4. Etiology

If present, is the Veteran's hearing loss at least as likely as not (50% probability or greater) caused by or a result of an event in military service?
[ ] Yes
[X] No

Rationale (Provide rationale for either a yes or no answer):
The veteran's induction physical exam dated 05/10/66 indicated a mild hearing loss at 4000 Hz bilaterally. His seperation physical exam dated 09/19/69 indicated hearing within normal limits bilaterally with no change in either ear except the veteran's hearing at 4000 Hz did not indicate hearing loss at the time he seperated from the Army.

[ ] Cannot provide a medical opinion regarding the etiology of the Veteran's hearing loss without resorting to speculation

Provide rationale for reason speculation required:

Did hearing loss exist prior to the service?
[X] Yes
[ ] No

If yes, was the pre-existing hearing loss aggravated beyond normal progression in military service?
Right ear [ ] Yes [X] No
Left ear [ ] Yes [X] No

Provide rationale for both yes or no:
The veteran's induction physical exam showed a mild hearing loss in both ears at 4000 Hz. This loss was not seen during his seperation hearing exam in 1969.

5. Functional impact of hearing loss

NOTE: Ask the Veteran to describe in his or her own words the effects of disability (i.e. the current complaint of hearing loss on occupational functioning and daily activities). Document the Veteran's response without opining on the relationship between the functional effects and the level of impairment (audiogram) or otherwise characterizing the response. Do not use handicap scales.

Does the Veteran's hearing loss impact ordinary conditions of daily life, including ability to work?
[X] Yes [ ] No

If yes, describe impact in the Veteran's own words:
The veteran reports significant difficulty hearing and understanding conversational speech.

6. Remarks, if any, pertaining to hearing loss:

SECTION 2: TINNITUS
---

1. Medical history

Does the Veteran report recurrent tinnitus?
[X] Yes [ ] No

Date and circumstances of onset of tinnitus:
The veteran has been aware of his tinnitus for over 40 years. It is constant and in both ears.

2. Evidence review

In order to provide an accurate medical opinion, the Veteran's records should be reviewed, if available.

Was the Veteran's VA claims file reviewed?
[X] Yes [ ] No

If yes, list any records that were reviewed but were not included in the Veteran's VA claims file:

If no, check all records reviewed as part of this examination:
[ ] Military service treatment records
[ ] Military service personnel records
[ ] Military enlistment examination
[ ] Military separation examination
[ ] Military post-deployment questionnaire
[ ] Department of Defense Form 214 Separation Documents
[ ] Veterans Health Administration medical records (VA treatment records)
[ ] Civilian medical records
[ ] Interviews with collateral witnesses (family and others who have known the Veteran before and after military service)
[ ] Prior audiology reports
[ ] Other:
[ ] No records were reviewed

3. Etiology of tinnitus

Select answer below and provide rationale where requested:

[ ] The Veteran has a diagnosis of clinical hearing loss, and his or her tinnitus is at least as likely as not (50% probability or greater) a symptom associated with the hearing loss, as tinnitus is known to be a symptom associated with hearing loss

[ ] Less likely than not (less than 50% probability) a symptom associated with the Veterans hearing loss

Rationale:

[X] At least as likely as not (50% probability or greater) caused by or a result of military noise exposure

Rationale:
The veteran's MOS involved the loading and unloading of ships. He was exposed to noise from heavy equipment. While in Vietnam, he was exposed to noise from enemy rocket attacks. The relationship between noise exposure and tinnitus is well documented in the literature.

[ ] At least as likely as not (50% probability or greater) due to a known etiology (such as traumatic brain injury)

Etiology and rationale:

[ ] Less likely than not (less than 50% probability) caused by or a result of military noise exposure

Rationale:

[ ] Cannot provide a medical opinion regarding the etiology of the Veteran's tinnitus without resorting to speculation

Reason speculation required:

4. Functional impact of tinnitus

NOTE: Ask the Veteran to describe in his or her own words the effects of disability (i.e. the current complaint of tinnitus on occupational functioning and daily activities). Document the Veteran's response without opining on the relationship between the functional effects and the level of impairment (audiogram) or otherwise characterizing the response. Do not use handicap scales.

Does the Veteran's tinnitus impact ordinary conditions of daily life, including ability to work?
[ ] Yes [X] No

If yes, describe impact in the Veteran's own words:

5. Remarks, if any, pertaining to tinnitus:

NOTE: VA may request additional medical information, including additional examinations if necessary to complete VA's review of the Veteran's application.

/es/ GRAHAM L WILDE

Audiologist
Signed: 09/17/2011 12:42

LOCAL TITLE: CARDIOLOGY NON-VA DOCUMENT
STANDARD TITLE: CARDIOLOGY NONVA NOTE
DATE OF NOTE: AUG 05, 2011@10:50 ENTRY DATE: AUG 11, 2011@10:50:58
AUTHOR: PALMER,JANIE M EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Please refer to the scanned document attached. This can be accessed by selecting Vista Imaging Display from the Tools Menu at the top of the screen.

Rec'd copy of Cardiology Progress Notes from Columbia Heart.

/es/ JANIE M PALMER
Automation Clerk
Signed: 08/11/2011 10:52

LOCAL TITLE: C&P EXAM
STANDARD TITLE: C & P EXAMINATION NOTE
DATE OF NOTE: JUN 30, 2011@14:30 ENTRY DATE: JUL 13, 2011@15:16
AUTHOR: DAVIS,MARY G EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Disability Benefits Questionnaire
Ischemic Heart Disease (IHD)

Name of patient/Veteran: Alvin Menie

Your patient is applying to the U.S. Department of Veterans Affairs (VA) for disability benefits. VA will use the information you provide on this questionnaire to process the Veteran's claim.

1. Diagnosis

NOTE: IHD includes, but is not limited to, acute, subacute, and old myocardial infarction; atherosclerotic cardiovascular disease including coronary artery disease (including coronary spasm) and coronary bypass surgery; and stable, unstable and Prinzmetal's angina. IHD does not include hypertension or peripheral manifestations of arteriosclerosis such as peripheral vascular disease or stroke, or any other condition that does not qualify within the generally accepted medical definition of ischemic

heart disease.

IHD encompasses any atherosclerotic heart disease resulting in clinically significant ischemia or requiring coronary revascularization.

Does the Veteran have ischemic heart disease (IHD)? [ ] Yes [X] No

NOTE: Provide only diagnoses that pertain to IHD.

Diagnosis #1:
ICD code:
Date of diagnosis #1:

Diagnosis #2:
ICD code:
Date of diagnosis #2:

Diagnosis #3:
ICD code:
Date of diagnosis #3:

If additional diagnoses that pertain to IHD, list using above format:

2. Medical history

Does the Veteran's treatment plan include taking continuous medication for the diagnosed condition? [X] Yes [ ] No

List medications:

Is there a history of:
Percutaneous coronary intervention (PCI) [ ] Yes [X] No
Treatment facility/date:
Myocardial infarction [ ] Yes [X] No
Treatment facility/date:
Coronary bypass surgery [ ] Yes [X] No
Treatment facility/date:
Heart transplant [ ] Yes [X] No
Treatment facility/date:
If yes, is it as likely as not that the Veteran's heart transplant is due to IHD? [ ] Yes [ ] No
Implanted cardiac pacemaker [ ] Yes [X] No
Treatment facility/date:
If yes, is it as likely as not that the Veteran's pacemaker is due to IHD? [ ] Yes [ ] No
Implanted automatic implantable cardioverter defibrillator (AICD) [ ] Yes [X] No
Treatment facility/date:

If yes, is it as likely as not that the Veteran's AICD is due to IHD?
[ ] Yes [ ] No

3. Congestive heart failure (CHF)

Does the Veteran have CHF? [ ] Yes [X] No

Is the Veteran's CHF chronic? [ ] Yes [ ] No

If the Veteran's CHF is not chronic, has the Veteran had more than one episode of acute CHF in the past year?
[ ] Yes [ ] No

Treatment facility/date of most recent episode of CHF:

4. Cardiac functional assessment

Has a diagnostic exercise test been conducted? [ ] Yes [X] No

a. If yes, provide level of METs the Veteran can perform as shown by the most recent diagnostic exercise testing:

Date of most recent diagnostic exercise test:

b. If exercise METs testing was not completed because it is not required as part of Veteran's treatment plan, complete the following METs test based on th Veteran's responses:

Lowest level of activity at which the Veteran reports symptoms (check all symptoms that apply)
[ ] dyspnea [ ] fatigue [ ] angina [ ] dizziness [ ] syncope

[ ] (1-3 METs) This METs level has been found to be consistent with activities such as eating, dressing, taking a shower, slow walking (2 mph) for 1-2 blocks

[ ] (>3-5 METs) This METs level has been found to be consistent with activities such as light yard work (weeding), mowing lawn (power mower), brisk walking (4 mph)

[ ] (>5-7 METs) This METs level has been found to be consistent with activities such as golfing (without cart), mowing lawn (push mower), heavy yard work (digging)

[ ] (>7-10 METs) This METs level has been found to be consistent with activities such as climbing stairs quickly, moderate bicycling, sawing wood, jogging (6 mph)

[X] The Veteran denies experiencing above symptoms with any level of physical activity

5. Diagnostic testing

Determination of cardiac hypertrophy/dilatation is required; the suggested order of testing for cardiac hypertrophy/dilatation is EKG, then chest x-ray (PA and lateral), then echocardiogram. Echocardiogram is only necessary if the other two tests are negative. A limited echocardiogram, if available, is appropriate to determine if cardiac hypertrophy/dilatation is present by measuring only left ventricular dimension, wall thickness and ejection fraction.

Is there evidence of cardiac hypertrophy or dilatation?
[ ] Yes [X] No

Diagnostic test (provide most recent test only):
[ ] EKG Date of EKG:
[ ] Chest x-ray Date of CXR:
[ ] Echocardiogram Date of echocardiogram:
[ ] Other study (specify):
Date:

Left ventricular ejection fraction (LVEF), if known: 55 %
Date of test: 2010

If LVEF testing is not of record, but available medical information sufficiently reflects the severity of the Veteran's cardiovascular condition, LVE testing is not required.

6. Functional impact

Does the Veteran's ischemic heart disease impact his or her ability to work?
[ ] Yes [X] No

If yes, describe impact, providing one or more examples:

7. Remarks, if any

Veteran had normal catheterization in 2010 per Columbia Heart records in CPRS. no evidence of IHD or CAD. Echocardiogram is not indicated as he does no have IHD. Nuclear stress test from columbia heart showed Normal LV function believe EF > 55% actual results not available.

NOTE: VA may request additional medical information, including additional examinations if necessary to complete VA's review of the Veteran's application.

THIS DOCUMENT WAS ORIGINALLY INITIATED BY: AZIZ,SHAHID

/es/ MARY G DAVIS
NP
Signed: 07/13/2011 15:16

LOCAL TITLE: CARDIOLOGY NON-VA DOCUMENT
STANDARD TITLE: CARDIOLOGY NONVA NOTE
DATE OF NOTE: NOV 04, 2010@11:43 ENTRY DATE: NOV 16, 2010@11:44:01
AUTHOR: JACKSON,MARY EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Please refer to the scanned document attached. This can be accessed in CPRS by selecting Vista Imaging Display from the Tools Menu at the top of the screen.

Rec'd copy of Cardiology Notes from Columbia Heart.

/es/ MARY JACKSON
SCANNING SPECIALIST
Signed: 11/16/2010 11:45

LOCAL TITLE: CARDIOLOGY NON-VA DOCUMENT
STANDARD TITLE: CARDIOLOGY NONVA NOTE
DATE OF NOTE: OCT 07, 2010@15:51 ENTRY DATE: OCT 20, 2010@15:51:14
AUTHOR: PALMER,JANIE M EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Please refer to the scanned document attached. This can be accessed in CPRS by selecting Vista Imaging Display from the Tools Menu at the top of the screen.

Rec'd copies of Outside Medical Information from Columbia Heart.

/es/ JANIE M PALMER
Automation Clerk
Signed: 10/20/2010 15:52

LOCAL TITLE: CARDIOLOGY NON-VA DOCUMENT
STANDARD TITLE: CARDIOLOGY NONVA NOTE
DATE OF NOTE: SEP 29, 2010@15:19 ENTRY DATE: OCT 12, 2010@15:20:04
AUTHOR: PALMER,JANIE M EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Please refer to the scanned document attached. This can be accessed in CPRS by selecting Vista Imaging Display from the Tools Menu at the top of the screen.

Rec'd copy of Holter Monitor note from Columbia Heart.

/es/ JANIE M PALMER
Automation Clerk
Signed: 10/12/2010 15:22

LOCAL TITLE: CARDIOLOGY NON-VA DOCUMENT
STANDARD TITLE: CARDIOLOGY NONVA NOTE
DATE OF NOTE: SEP 07, 2010@10:49 ENTRY DATE: SEP 17, 2010@10:49:43
AUTHOR: PALMER,JANIE M EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Please refer to the scanned document attached. This can be accessed in CPRS by selecting Vista Imaging Display from the Tools Menu at the top of the screen.

Rec'd office note from Columbia Heart, P.A.

/es/ JANIE M PALMER
Automation Clerk
Signed: 09/17/2010 10:50

LOCAL TITLE: CARDIOLOGY NON-VA DOCUMENT
STANDARD TITLE: CARDIOLOGY NONVA NOTE
DATE OF NOTE: AUG 26, 2010 ENTRY DATE: SEP 03, 2010@13:56:36
AUTHOR: PALMER,JANIE M EXP COSIGNER:
URGENCY: STATUS: COMPLETED

VistA Imaging - Scanned Document
Please refer to the scanned document attached. This can be accessed in CPRS by selecting Vista Imaging Display from the Tools Menu at the top of the screen.

Rec'd copy of Outside Medical Information from Columbia Heart.

*** SCANNED DOCUMENT ***
SIGNATURE NOT REQUIRED

Electronically Filed: 09/03/2010
by: JANIE M PALMER
Automation Clerk

LOCAL TITLE: CARDIOLOGY NON-VA DOCUMENT
STANDARD TITLE: CARDIOLOGY NONVA NOTE
DATE OF NOTE: AUG 20, 2010@11:16 ENTRY DATE: SEP 02, 2010@11:16:55
AUTHOR: PALMER,JANIE M EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Please refer to the scanned document attached. This can be accessed in CPRS by selecting Vista Imaging Display from the Tools Menu at the top of the screen.

Rec'd copies of Outside Medical Information from Columbia Heart.

/es/ JANIE M PALMER
Automation Clerk
Signed: 09/02/2010 11:17

LOCAL TITLE: C&P EXAM
STANDARD TITLE: C & P EXAMINATION NOTE
DATE OF NOTE: JUL 31, 2010@09:30 ENTRY DATE: AUG 03, 2010@10:41:51
AUTHOR: SAENZ,ALBERTO EXP COSIGNER:
URGENCY: STATUS: COMPLETED

SELECTED EXAM: Genitourinary.

The Veteran is a 67-year-old white male. He was in the Army from 01/07/67 to 12/17/69. The C-file was not provided.

HISTORY: He claimed to have a back injury during advanced training prior to being sent to Vietnam; fell from horizontal bars and was sent to Vietnam in April 1967. He has a history of hypertension, diabetes, prostate enlargement and chronic renal insufficiency.

He has a history of kidney stones removed in 1954 but denies any history of renal failure. At the present time because of prostatic problems he is on Flomax. He has a history of urinary incontinence (he wets his shorts sometimes) but he does not need any appliance like diapers or catheters. He claims erectile dysfunction and I think that is the reason why this GU exam is being requested.

He has been treated with Flomax but there is no history of cancer.

FUNCTIONAL IMPAIRMENT: He is retired. He retired on 05/09/09.

PHYSICAL EXAMINATION:
VITAL SIGNS: Blood pressure 143/85 on the left arm and 132/86 on the right arm. Height is 73 inches, weight 332 pounds.
GU EXAMINATION: Penis normal size with no evidence of gross abnormalities; no ulcers, no lymphadenopathy. Right testicle is soft, somewhat reduced in size, with no tenderness and no evidence of varicocele. The left testicle is somewhat reduced in size. Soft, with no tenderness and no evidence of varicocele.

The patient is obese, 332 pounds, and using a cane for walking.

Laboratory data: BUN 2, creatinine 1.2, PSA 1.1 and urinalysis is normal.

The physical examination overall was with no major abnormalities; To test his back, the elevation of the leg test (rising leg test) was positive for the right leg. Left leg wa normal.

Bilateral chronic stasis dermatitis was visualized.

OPINION: The C&P was done in regards to his claimed erectile dysfunction. An opinion was requested. Therefore, I will issue the following opinion in regards to his erectile dysfunction:

Erectile dysfunction secondary to multiple factors: Diabetes, age, medications (propranolol), obesity, so again, the erectile dysfunction could be multifactorial in this patient. Age, diabetes, obesity, and medication.

Again, this C&P was GU in regards to erectile dysfunction.

280300/41288 alc D: 08/02/2010 T: 08/02/2010 11:00 CT

/es/ ALBERTO SAENZ
ALBERTO SAENZ, M.D.

Signed: 08/04/2010 09:05

LOCAL TITLE: Adverse React/Allergy
STANDARD TITLE: ADVERSE EVENT NOTE
DATE OF NOTE: NOV 25, 2009@01:18:12 ENTRY DATE: NOV 25, 2009@01:18:12
AUTHOR: KENNEDY,CARL B EXP COSIGNER:
URGENCY: STATUS: COMPLETED

This patient has had an adverse reaction reported for CODEINE
verified on Nov 25, 2009@01:18:12.

/es/ CARL B KENNEDY
PHARMACIST
Signed: 11/25/2009 01:18

LOCAL TITLE: EMERGENCY DEPT NON-URGENT NURSE PRACTITIONER NOTE
STANDARD TITLE: NURSE PRACTITIONER NOTE
DATE OF NOTE: NOV 19, 2009@11:13 ENTRY DATE: NOV 19, 2009@11:13:08
AUTHOR: JONES,JUNE EXP COSIGNER:
URGENCY: STATUS: COMPLETED

S: pt is 66MALE who presents to Fast Track with

CC(s) :COMPLAINT: Pt with hx of cellulitis of lower leg states he need eval for condition.

HPI:FIRST VISIT TO vamc --most recent care thru PMD Dee Carter --in Lexington SC ..last seen several months ago --seen At Okla VAMC on 11/12/09 for celluits - given rocephin --was visiting from SC --

PMH:
dyslipidemia
trigger finger
BPH
also see Columbia heart cln --for A-fib
HTN
DM
chr pain
neuropathy
celluliits LE

CURRENT MEDS :

flomax .4 mg po hs
Crestor 10 mg po dialy
coumadin 5mg po dialy
fish oil
cozaar50 mg po hs
hctz 25 mg po daily
metformin 500 mg po bid
naproxen ??for pain ..is on coumadin
lyrica 100 mg po tid for neuropathy
propanolol 20 mg po bid

Allergies :codeine

O: Complaints specific exam:

Vital signs
98.9 F [37.2 C] (11/19/2009 10:51)
71 (11/19/2009 10:51)
18 (11/19/2009 10:51)
143/94 (11/19/2009 10:51)
11/19/09 143/94
11/19/09 143/94
general : nad thoughts linear /logical
Lungs:cta (b0 resp reg unlabored
heart;irregular rhtyhm
neuro: a/o x3 --ambulatory with waddle type gait due to obesty
skin : R lower leg-skin with erythema . note (B) edema 1+

****
Pertinent tests:none

****
A/P:
1. cellulitis R LE--today afebrile --
labs today..ck INR since on antibx -and cbc for infection
pt will p/u results to take to PMD --thru ROI
does not wish tohave PCC her at this tim e
is on keflex now --has not completed course given in Okla-adivsed to CCT

Education and Summary :
Educated with proper dosage and scheduling of medicines ,esp otc's
F/u with PCP via TAP line in 3-5 days if s/s do not improve
CAll PCP via TAP line in 7-10 day to report response to treatment
IF s/s exacerbate reminded ER is now OPEN 24/7 per week
Admits understanding of treatment plan

/es/ JUNE JONES
NURSE PRACTITIONER
Signed: 11/19/2009 11:40

LOCAL TITLE: EMERGENCY DEPT NON-URGENT NURSING NOTE TL
STANDARD TITLE: NURSING NOTE
DATE OF NOTE: NOV 19, 2009@10:51 ENTRY DATE: NOV 19, 2009@10:51:44
AUTHOR: EVANS,MILDRED T EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Vital Signs: Temperature: 98.9 F [37.2 C] (11/19/2009 10:51)
Pulse: 71 (11/19/2009 10:51)
Respiration: 18 (11/19/2009 10:51)
Blood Pressure:143/94 (11/19/2009 10:51)
Height:
Weight:
Pain level: 8 (11/19/2009 10:51)
Pulse Ox: No PULSE OXIMETRY Vitals taken in the last 1 Year.

Age: 66 Sex: MALE

****

COMPLAINT: Pt with hx of cellulitis of lower leg states he need eval for condition.

****

Does the veteran have influenza-like illness?
No
Have you traveled out of the country in the past two weeks? No
SUICIDE RISK SCREEN:
Suicide Risk Screening:
Do you have thoughts of hurting yourself?
No
Do you have a plan to take your life?
No
Are you feeling hopeless about the present or future?

No
Have you ever had a suicide attempt?
No
Suicide risk screen negative.
Non-Urgent: Patient meets Fast Track criteria.

/es/ MILDRED T EVANS
RN,BC
Signed: 11/19/2009 10:52

---------- CP - Comp. & Pen. Exams ----------
(continued)

Diagnostic test (provide most recent test only):
[ ] EKG Date of EKG:
[ ] Chest x-ray Date of CXR:
[ ] Echocardiogram Date of echocardiogram:
[ ] Other study (specify):
Date:

Left ventricular ejection fraction (LVEF), if known: 55 %
Date of test: 2010

If LVEF testing is not of record, but available medical information sufficiently reflects the severity of the Veteran's cardiovascular condition, LVEF testing is not required.

6. Functional impact

Does the Veteran's ischemic heart disease impact his or her ability to work?
[ ] Yes [X] No

If yes, describe impact, providing one or more examples:

7. Remarks, if any

Veteran had normal catheterization in 2010 per Columbia Heart records in CPRS. no evidence of IHD or CAD. Echocardiogram is not indicated as he does not have IHD. Nuclear stress test from columbia heart showed Normal LV function believe EF > 55% actual results not available.

NOTE: VA may request additional medical information, including additional examinations if necessary to complete VA's review of the Veteran's application.

THIS DOCUMENT WAS ORIGINALLY INITIATED BY: AZIZ,SHAHID

/es/ MARY G DAVIS NP Signed: 07/13/2011 15:16

12/23/2010 SPINE
Priority of Exam: REVIEW
Examining provider: HAMME,JAMES
Approved By: wilson on 12/28/2010
Examination results:
SELECTED EXAM: Spine.

PRIORITY OF EXAM: Review.

CLAIMS FILE REVIEW: The entire claims file was sent and reviewed. There is an

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---------- CP - Comp. & Pen. Exams ----------
(continued)

appeal of 11/16/2010, that was sent regarding his lumbar spine. There was documentation on 10/17/2008, that from lifting a john boat, he started having right leg pain with findings of an L4 and 5 cyst. There is a claim for his back, the date was not found. There is record of him working as an insurance auditor until April 2009. There was documentation of recurrent back spasms on 02/07/1969, then in August 1967 with negative straight leg raise. Then on 11/04/1967, of spasm, and 11/05/1967, severe pain of his lower spine and ortho exam that was silent of physical exam findings and a diagnosis of acute sprain. I did not find any ongoing treatment for his lumbar spine until the injury in 2008, that also showed stenosis and spondylosis. He does report chiropractic treatment from 1970-1980, however, I did not find that in his records.

Clinical exam of 08/09/2010, reveals lumbar spine spondylosis, degenerative disk disease with stenosis at L4 and 5 with subjective but no objective evidence clinically of radiculopathy.

OPINION: It is my opinion that his current diagnosis of his lumbar spine is less likely than not related to his complaints in the service. His service medical records show recurrent lumbar strain with negative findings of degenerative disk disease or spondylosis, and because records from 1970-1980 are missing, I am unable to link his current findings with that found on active duty.

301040/89110 cfp D: 12/23/2010 T: 12/23/2010 14:38 CT

08/09/2010 SPINE
Priority of Exam: ORIGINAL SC
Examining provider: HAMME,JAMES
Approved By: Davis on 08/11/2010
Examination results:
SELECTED EXAMINATION: Spine.

PRIORITY OF EXAMINATION: Original.

The claims file was not available for review. The issue is whether his degenerative disk disease and neuritis are related to his complaints of lower back strain due to injuries in July 1967 and February 1969. The Veteran brought in an MRI showing findings 10/06/2008 of spondylosis L4 and 5 with a cyst and L5-S1 and stenosis L2 and 3, and spondylosis L3 and 4. The Veteran contends that his records from 1970 to 1980, in which he received chiropractic treatment are missing from his records, and contends that his current condition is a result of his injuries in service. The onset was in the military due to injuries. He denies problems prior to the military.

CURRENT COMPLAINTS: He has constant 2/10 pain with radiation to the right leg that has resolved in the last 18 months. It affects his ability to walk to less than 100 yards. He does not report any prescribed bed rest due to this. He is receiving epidural injections that improve things for about 4-6 months.

ORTHOPEDIC TREATMENT: He has had no surgery. He takes Lyrica 100 mg twice a day with good response and Advil over-the-counter.

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---------- CP - Comp. & Pen. Exams ----------
(continued)

FUNCTIONAL IMPAIRMENT: The Veteran is no longer employed. He does not report an effect on his occupation, but activities of daily living of chores and sleeping are affected. He has flareup pain that is severe 10/10 that occurs several times per week, and will last all day. He uses a cane and hand rails with good response.

PHYSICAL EXAMINATION: Range of motion of the lumbar spine, flexion with pain is 0-90, extension with pain is 0-30, lateral flexion right and left with pain is 0-30, rotation right and left with pain is 0-30.

The range of motion of the lumbar spine as measured above is not additionally limited following repetitive use. Examination of the lumbar spine is positive for mild paravertebral muscle spasm and tenderness. Straight leg raising is negative for neurological complaints. Motor is 5/5 with symmetric bulk and tone. His gastrocnemius muscles are 42 bilaterally. Deep tendon reflexes are 2+ and symmetric. Sensory examination is intact, and his gait is antalgic with a cane.

CLINICAL AND DIAGNOSTIC TESTS: Show spondylosis and degenerative disk disease with stenosis at L4 and 5.

DIAGNOSES: 1. Lumbar spondylosis. 2. Lumbar degenerative disk disease.

COMMENT: An opinion cannot be given. The claims file was not sent for review. The Veteran states that his injury in October of 2008 was from an attempt at lifting the front of a John boat, not the entire boat. Apparently, the Veteran has been seen on July 31 by neurology, and also on July 24, 2010. I did not find any documentation of that. Perhaps it was associated with his erectile dysfunction. I am not doing the erectile dysfunction exam as it has been done previously, but the Veteran said that it was diagnosed 17 years ago and his diabetes mellitus was diagnosed in 2006. See the GU exam, reference #273005, apparently done on July 24, 2010 for details.

281297/43726 yxe D: 08/09/2010 T: 08/09/2010 12:17 CT

07/24/2010 GENITOURINARY EXAMINATION

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South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
803-737-5675

WCC File #: **0307461**
Carrier File #:
Carrier Code #:
Employer FEIN #:

Claimant's Name: Alvin L. Menie SSN: Employer's Name: State Accident Fund
Address: Address: Post Office Box 102100
City: State: Zip: City: Columbia State: SC Zip: 29221
Home Phone: ( ) - Work Phone: ( ) - Insurance Carrier: Self-Insured
Preparer's Name: Preston F. McDaniel Law Firm: McDaniel Law Firm Preparer's Phone #: (803) 771 - 7211

REQUEST FOR COMMISSION REVIEW

Request for Commission Review by ☑ claimant ☐ employer (check one) Date of injury: 3-3-2003 (m/d/yyyy)

The undersigned makes application for review of the findings of the Commissioner in the above-captioned case. The request for review is based on the following grounds: (State the grounds of your appeal in the form of questions presented. Each question presented must contain a concise statement of one proposition of law or fact. Refer to evidence by title and exhibit number. Use additional pages if necessary).

See Attachment.

(Check one) Oral argument ☑ is ☐ is not requested. Appellant's request for oral argument is waived if not indicated on this form.

I certify that I have served this document pursuant to R.67-211 by delivering a copy to Andrew E. Haselden, Esquire
HOWSER, NEWMAN & BESLEY, 215 East Bay Street, Suite 303, Charleston, SC 29401
Name
Address

on the 30th day of April, 2012 by ☑ first class mail ☐ personal service ☐ certified mail.

Preston F. McDaniel (ke)
Preparer's Signature

Claimant's Attorney
Title

April 30, 2012
Date

Check this box if you are not represented by an attorney. ☐

If the claimant appeals and is representing himself or herself, the Judicial Department will prepare the additional copies of this form and serve this form on the opposing party. R.67-701B. Otherwise, file the original and four copies of this form with the Judicial Department. The appeal must be postmarked no later than 14 days from the date of service of the Hearing Commissioner's decision. R.67-701 and R.67-205. Attach the filing fee to this form. Attach a Form 32 if you are unable to pay the filing fee. Refer to R.67-701 through R.67-711 for additional information.

ATTACHMENT TO FORM 30

Alvin L. Menie v. State Accident Fund
WCC FILE NO: 0307461

1. That pursuant to S.C. Code of Laws §42-17-40, the Claimant requests a review of all of the Findings of Fact, the Conclusions of Law, the Order and Award and of all rulings and decisions made by the Commissioner at the hearing, as contained in the Record or as made at any unrecorded pre-hearing conference, and in any communications concerning the claim, Order, Award and Decision rendered by the Hearing Commissioner in this matter.

2. That the Hearing Commissioner erred as a matter of law in his application of the law under S.C. Code §42-1-160 and the application of the Claimant's burden of proof which is by a preponderance of the evidence and finding that the Claimant as a matter of law did not establish that he had sustained a compensable heart-related condition as a result of injury by accident stemming from the unusual and extraordinary conditions in his employment occurring just prior to and at the time of his first atrial fibrillation that resulted in his continuing and permanent condition thereafter.

3. That the Hearing Commissioner erred as a matter of law by allowing the testimony of Mr. Kirk Adair who was not employed with the State Accident Fund as an auditor or in any capacity during the time that was relevant to whether or not the Claimant's condition arose out of and in the course of his employment and constituted an injury by accident within the meaning of the Act. That testimony was irrelevant and immaterial and prejudicial to the Claimant as it compared totally dissimilar times in the Auditing Department. This would be similar to comparing the stress levels of military personnel stationed in Hawaii on December 7, 1941 to that of military personnel assigned to Hawaii on December 7, 1991.

4. That the Hearing Commissioner erred as a matter of law by allowing the testimony of Mr. Murphy in reference to any reasons for the Claimant's pay raise or interpretation of any of the documents in reference to the conditions in the Auditing Department and during the time the Claimant developed his heart-related condition and as to whether or not the conditions in that Department constituted unusual and extraordinary conditions in the employment.

5. That the Hearing Commissioner erred in making specific Findings of Fact in reference to the testimony of Ms. Holloman and that of the Claimant and citing that testimony without noting in the Findings of Fact that both Ms. Holloman who was an Auditor in the Auditing Department at the time that the Claimant's heart

condition came about and the Claimant's was that the conditions that existed between January 1, 2003 and March 3, 2003 (including but not limited to the fact that the Agency just prior to this time had announced the largest increase in premiums for the account holders that had ever occurred and that the Auditing Department as far as handling all of the functions had gone from three (3) Auditors to one (1) Auditor) wherein based on these facts and all the relevant facts at that time, in their opinions those work conditions for an Auditor in the Auditing Department constituted unusual and extraordinary conditions to the usual and ordinary job of the Auditor in the Auditing Department of the State Accident Fund at this time. There is simply no other evidence as to that condition at that time.

6. That the Hearing Commissioner further erred as a matter of law by not finding that the Claimant sustained an injury by accident due to unusual and extraordinary conditions wherein both the Manager of Administrative Services and the Deputy Director, Ross Gamble, in approving a performance pay raise on April 15, 2003 in reference to the time of the premium increase and the Auditing Department going from three (3) to one (1) Auditor to handle all of the functions of the Auditing Department stated, "you helped to keep these essential functions going throughout a period of transition caused by staff turnover and other extraordinary circumstances." There was also no opinion stated contrary to this and neither Ms. Flateau nor Mr. Ross Gamble were called as witnesses to further explain their opinion and therefore the Commissioner erred by not finding that the Claimant was exposed to unusual and extraordinary conditions where management thought the conditions were extraordinary.

7. That the Hearing Commissioner erred by making Finding of Fact No. 17 which is an error of law under law by finding that, "linking heart disease to work-based on what is unusual and extraordinary is impossible for a doctor to conclude, legally." This is a mis-statement of the law and under the uncontested medical evidence both from the psychologist hired by the Defendants to perform an evaluation who found that Mr. Menie, "appears to have suffered a cardiac arrhythmia from an accumulation of stress on the job"; and the treating cardiologist who found based on a review of the job responsibilities of Mr. Menie that in his, "job responsibilities and work load as set forth above and specifically between December 27, 2002 and March 4, 2003" stated to a reasonable degree of medical certainty was the, "cause of his onset of high blood pressure and the initial atrial fibrillation" and further that it was the, "physical and emotional job stress placed upon him by his job duties and responsibilities that was the cause of this condition." There is no medical evidence to the contrary. Again, it was his, "opinion to a reasonable medical certainty that Mr. Menie's cardiological problems of atrial fibrillation and high blood pressure were caused by the physical and emotional stress arising out of and from his job duties, responsibilities and work load."

8. That it was an error of law as not being based on the evidence and being on the basis of surmise, speculation and innuendo for the Commissioner to make Finding of Fact No. 18 in reference to the pressure that the Claimant was under and that it was not unusual based on the witness testimony. There is absolutely no evidence from any witness that the conditions to which Mr. Menie was exposed was not contrary to the usual and ordinary conditions of employment as an Auditor in the State Accident Fund during the period of time that was alleged to have resulted in his condition and in fact all of the testimony was to the contrary that the conditions were unusual and extraordinary in his employment during that period of time.

9. That it was an error of law for the Hearing Commissioner to making Finding of Fact No. 19 wherein he found that such conditions as labor turnover, illness of co-workers and computer problems are common in almost all work environments and are not unusual. This is a specific error of law and represents a total lack of understanding of the prior case law and our statutory law in reference to unusual and extraordinary conditions. In multiple cases including the case of Shealy v. Aiken Co., Stokes v. First National, Smith v. NCCI, and others wherein the Court has found all three (3) of these factors to be conditions that can constitute unusual and extraordinary conditions in the employment. This blanket Finding of Fact which is not a Finding based on the evidence and on applicable law is arbitrary, capricious and is evidence that the Commissioner's decision was based upon an abuse of discretion.

10. That the Hearing Commissioner erred as a matter of law by finding Finding of Fact No. 20 which is irrelevant to whether or not the conditions are unusual and extraordinary to which the Claimant was exposed.

11. That the Hearing Commissioner erred as a matter of law by making Finding of Fact No. 21 specifically where there is no evidence that the Claimant, "voluntarily took on the position" and it is further an error of law because the Finding that he was commended or received a pay raise for his work has nothing to do with and is irrelevant and immaterial to the decision of whether or not the Claimant sustained injury by accident arising out of and in the course of his employment due to unusual and extraordinary conditions and also further establishes that the Commissioner's Decision was arbitrary, capricious and characterized by an abuse of discretion.

12. That the Hearing Commissioner erred as a matter of law by making Finding of Fact No. 22 wherein he states that Dr. Hendricks saw the Claimant six (6) times in 2003 and 2004 and did not mention stress. This Finding is irrelevant but more importantly it is contradicted by Dr. Hendricks' testimony and evidence presented that when he first saw Mr. Menie in the hospital following his initial atrial fibrillation on March 3, 2003 he and Mr. Menie specifically discussed at that time that he was under a lot of job stress at work.

13. That the Hearing Commissioner erred as a matter of law both concerning his statement as to what a medical doctor may testify to concerning whether or not conditions are unusual and extraordinary and as to the doctor's opinion wherein the doctor stated that it was his opinion that Mr. Menie's atrial fibrillation and high blood pressure, "resulted from, as Mr. Gambrel put it 'extraordinary' job duties, responsibilities and workload of his job." Any expert may testify as to the ultimate issue in any case as a matter of law under our existing evidence law and the Commissioner's statement to the contrary is an error of law and must be reversed.

14. That the Hearing Commissioner erred as a matter of law in making Conclusion of Law No. 2 wherein such Conclusion of Law is contrary to the established precedents under S.C. Code §42-1-160 as to the establishment of a heart-related condition as being due to unusual and extraordinary conditions.

15. That the Hearing Commissioner erred as a matter of law by not finding the claim compensable where the employer had agreed to accept the claim in principle following the accident when the claim was filed.

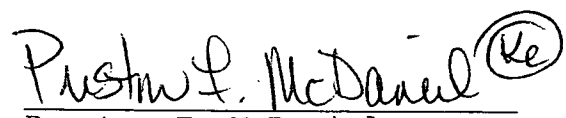
16. That the Hearing Commissioner erred as a matter of law in making Conclusion of Law No. 3, 4 and 5 all of which are based upon Conclusion of Law No. 2 that he did not sustain an injury by accident upon which these Conclusions of Law are based.

17. That the Hearing Commissioner erred as a matter of law by making Conclusion of Law No. 7 which is also based upon the decision that the Claimant did not sustain his burden of proof of proving as a matter of law that he had sustained injury by accident as a matter of law under the Act.

18. That the Hearing Commissioner erred as a matter of law by finding that the Claimant had not established that the conditions of employment were unusual and extraordinary where he does not state why each of the issues and conditions as presented to his treating doctor were not unusual and extraordinary.

The above-referenced exceptions are subject to amendment upon receipt of the Transcript.

Respectfully submitted:



Preston F. McDaniel
Attorney for Claimant

April 30, 2012