21122

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM THE WORKERS COMPENSATION COMMISSION

Susan S. Barden, Commissioner
Andrea C. Roche, Commissioner
Gene McCaskill., Commissioner

WCC File No. 1214612

James A. Smoak,..... Employee/Respondent,

v.

Husqvarna and Ace American Ins. Co. .....Carrier, Appellants.

Record on Appeal- Volume II

April 11th 2014

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SC Court of Appeals

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OKONITE **Orangeburg, SC**

8/22/07 FAXED

Operator Training Record

Cost Center 11/12 Specification 4.21 Date 3-01

Description of Specification / Procedure Super Sack Loading at CV

Qualified Trainer Steven Harbeson Date Training Complete 8/13/07

Name	Emp #	Signature	Date
Allen Smoak	42016	Allen Smoak	8-8-7
Ken Hallman	42026	KE Hallman	8 Aug 07
Kenny Dyches	42116	Kenny Dyches	8-9-07
Bill Marchant	42164	Bill Marchant	8-9-07
Leroy Zeigler	42179	Leroy Zeigler	8-10-07
Wiley Wise	42214	W. Wise	8-9-07
Steven Beard	42266		8-9-7
Trey Davis	42250		8/8
Clay Wright	42273	Clay Wright	8/8/07
Carlton Salley	42323	Carlton J. Salley	8/13/07
Vincent Goldsmith	42314	Vincent S. Goldsmith	8-10-07
Frank Rice	42372	Frank R	8-13-07
Scott Vallentine	42385	S Vallentine	08-10-07
~~Vincent Walker~~	~~42236~~		
Eric Jones	42408	Eric M. Jones	08/10/07
Chris Campbell	42406	Chris Campbell	8/13/07
Stan Walker	42416	Stanley Walker	8-8-13-07
Tim Brown	42422		

By signing this document I have read and understand the specification listed. I have been properly trained and the procedure has been fully implemented.

OKONITE **Orangeburg, SC**

Operator Training Record

Cost Center 11/12 Specification 4.21 Date 3-01

Description of Specification / Procedure Super Sack Loading at CV

Qualified Trainer Steven Harbeson Date Training Complete 8/13/07

Name	Emp #	Signature	Date
Jerome Brand	42439		
Ronnie Reed	42446	Ronnie Reed	8-13-07
Barry Conner	42364	Barry Conner	8-10-07
Darryl Felder	42453	Darryl Felder	8-10-07
Doug Hall	42483	Doug Hall	8-10-07
Ray Spires	42493	Ray S	8/10/07
Damon Shivers	42495		8-8-07
Andra Fogle	42497		8/10/07
Michael Jackson	42511	Michael Jackson	8-9-07
Allen Sunday	42508	Allen Sund	8-8-07
Al Braxton	42517		8/8/07
Bobby Mishoe	42518		8/10/07
Duane Bishop	42456	Duane Bishop	8/9/07
Joey Brandenburg	42522		
Derek Martin	42243	Derek Martin	8.9.07

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4.21 SUPER SACK LOADING AT CV

1) The load-station bag platform shall be vacuumed completely at least once per shift.

2) When bag is empty, hoist bag up and clear stove pipe. Place plastic lid over stove pipe to prevent contamination. Remove old bag.

3) Inspect the super sack loops that are to be placed onto the hanging frame. If a loop is broken, select another super sack that has the loops intact.

4) The super sack should be positioned adjacent to the loading station. Take the yellow hanging frame, and using the hoist, position it directly over the sack loops.

5) Undo the top of the super sack and access the top of the gathered liner. Taking the rope, noose one end over the top of the liner and attach the other end to the steel hook supporting the hanging frame. (This will keep the liner from being sucked down into the bottom vacuum ports as the super sack is emptying.)

6) Place the super sack loops at each corner of the yellow hanging frame.

7) Hoist up the super sack and untie diaper to expose discharge port.

8) All supersack bag bottoms shall be inspected and vacuumed of any foreign materials prior to hanging in the material loading station.

9) Hoist bag over loading station so that the discharging port is centered over stove pipe when lowered.

10) Undo the super sack bottom flaps to access the gathered "skirt". When this is done, the liner should be visible. The liner should have two nylon ties, one about 8 inches from the gathered skirt and another a foot or so down further.

11) Remove plastic lid, pull the liner into the stove pipe and cut away the excess liner that goes below the stove pipe access door. When this is done, there should only be one nylon tie left on the liner.

12) Undo the gathered skirt and place the skirt over the stove pipe. Fasten the "seat belt", securing the sack skirt around the stove pipe.

13) Through the access door, snip off the remaining nylon tie from the liner and close the access door.

Note: Excessive contamination should be brought to the attention of the Supervisor or Process Engineer. The bag should be placed on hold with Process Engineering writing an MHN to cover the subject bag.

OKONITE **Orangeburg, SC**

8/22/07 FAXED

Operator Training Record

Cost Center 11/12 Specification 85.2.50 Date 6-00

Description of Specification / Procedure Production Testing Validation Procedure

Qualified Trainer Steven Harbeson Date Training Complete 8/13/07

Name	Emp #	Signature	Date
Allen Smoak	42016		
Ken Hallman	42026		8 Aug 07
Kenny Dyches	42116		8-9-07
Bill Marchant	42164		8-9-07
Leroy Zeigler	42179		8-10-07
Wiley Wise	42214		8-9-07
Steven Beard	42266		8-9-7
Trey Davis	42250		8/8
Clay Wright	42273		8/8/07
Carlton Salley	42323		8/13/07
Vincent Goldsmith	42314		8/10/07
Frank Rice	42372		8.13.07
Scott Vallentine	42385		08-10-07
~~Vincent Walker~~	42236		
Eric Jones	42408		08/10/07
Chris Campbell	42406		8/13/07
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OPTrain 8/07

OKONITE **Orangeburg, SC**

Operator Training Record

Cost Center 11/12 Specification 85.2.50 Date 6-00

Description of Specification / Procedure Production Testing Validation Procedure

Qualified Trainer Steven Harbeson Date Training Complete 8/13/07

Name	Emp #	Signature	Date
Jerome Brand	42439		
Ronnie Reed	42446	Ronnie Reed	8-17-07
Barry Conner	42364	Barry Conner	8-10-07
Darryl Felder	42453	Darryl Felder	8-10-07
Doug Hall	42483	Doug Hall	8-10-07
Ray Spires	42493		8/10/07
Damon Shivers	42495		
Andra Fogle	42497		8/10/07
Michael Jackson	42511	Michael J Jackson	8-9-07
Allen Sunday	42508	Allen Sunday	8-8-07
Al Braxton	42517		8/8/07
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Joey Brandenburg	42522		8-8-07
Derek Martin	42243	Derek Martin	8-9-07

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EXTRUDER CHECK LIST

DEPT. 11 EXTRUDER # 41302

ORDER # 58006 C & R SEQUENCE # 02

PRODUCT DESCRIPTION 1/C 1/0 SOL AC

REQUIRED			
Wall:	S-Shield	Insulation	Jacket or Ins. Shld.
Min. Pt.:	.02	.216	.030
Min. Avg.	.012	.220	.030
Min. - Max. Dif	8	22	7

DATE: 8-9-07

SPARK TESTED AT U/A

MIN. AVG = min. pt. + 3 pts 90° a / 4

MAX. DIFF. = max. pt. - min. pt.

Pay-Off Reel Number / Length (Ft.)	Take-Up QC Number / REMARKS	F.P.M. / R.P.M. / R.P.M. / R.P.M.	Dimensions: Record actual data in triangles & Max. Diff and Min. Avg. in boxes — S-Shield	Insulation	Jacket	C-Laser OD	G-Laser OD	Sample OD	Approved Compound Batch/Lot Nos. — S-Shield min pt / max pt	Insulation min pt / max pt	Jacket min pt / max pt	I.S. Pulls / Print	Oper. #	Date Run	Footage Produced By Oper.
	420537		14 / 17 / 17 / 18	230 / 230 / 229	31 / 32 / 34 / 37	1	1	1	715				4	8/4/07	
	Validation		4 | 16	10 | 232	6 | 33				14 | 18	229 | 236	31 | 37		6	07	
I 612	420538	60 / 2.9 / 5.8 / 2.6	14 / 14 / 19 / 18	237 / 235 / 222 / 226	35 / 33 / 38 / 38	0 4 +	0 4 +	8 3	71572041	71672085	71692016	4-7	4	8/4/07	9020
	Ø		5 | 16	15 | 230	5 | 36				14 | 19	222 | 237	33 | 38	OK	6	07	
	Validation Test 7/5/07		15 / 15 / 18 / 18	236 / 225 / 222 / 225	35 / 35 / 36								1	8/4/07	KCF Tests 8-12
			5 | 16	14 | 229	5 | 35				13 | 18	222 | 236	32 | 38		5 8		
I 639	420539	60 / 2.9 / 5.8 / 2.5	24 / 19 / 21 / 17	217 / 226 / 217 / 224	34 / 34 / 37 / 35	0 4	0 4	8 + 1	71572041	71672085	71692016		4	8/4/07	6520
66600	Ø		7 | 20	5 | 221	3 | 35				17 | 24	217 | 226	34 | 37	OK	6	07	
II 624	420540	60 / 2.9 / 9.8 / 2.5	17 / 16 / 23 / 22	234 / 235 / 232 / 229	32 / 31 / 33 / 36	Ø 4 T	9 4 3	8 8	71572041 / 71562020	71672085 / 71672085 / 71341618	71692016	8-7 / 8-7 / 8-7	2 9 0	8/5/07	331-7
66600	Ø		7 | 19	13 | 230	5 | 33				16 | 23	221 | 235	31 | 36	OK			
#624	420541	60 / 2.9 / 9.8 / 2.5	17 / 17 / 23 / 21	229 / 220 / 219 / 221	32 / 32 / 37 / 36			9 8 2	71562020	71793100 / 71793103	71692016 / 71621103	8-8 / 8-8 / 7-8	2 4 2	8/5/07	
	Ø		7 | 19	10 | 222	4 | 33				16 | 23	219 | 229	32 | 36	OK			
	VALIDATION P. Mills		18 / 16 / 24 / 22	224 / 219 / 219 / 220	33 / 32 / 35 / 37								1	8/5/07	VAL PASSED C. Mills
			8 | 20	5 | 220	5 | 34				16 | 24	219 | 224	32 | 37		8 4		

Supervison/Operators Must Check The Print For Accuracy and Legibility On Each Reel

Reviewed By: SH Date: 8-13-07

04-007 Rev.6/94

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2.50 PRODUCTION TESTING VALIDATION PROCEDURE

PURPOSE:

1. To define a method of verification of data collected by operating personnel during process control checks so that this data can be used in customer certifications.
2. To define manufacturing responsibilities:

Electronic DATA COLLECTION devices which process data into other documents may be used as checklists for the recording of data and validations when they contain:

a) an indication of data status (ie: PASS or FAIL).
b) permit ENGINEER / MANAGER of TEST access to records.
c) validate security to prevent unauthorized validation.

3. PRODUCTION CONTROL - To provide a C&R which gives complete instructions and sequences for manufacturing an acceptable product.

PRODUCTION PERSONNEL -

A. are responsible for inspecting the product both physically and dimensionally in accordance with internal specifications as applicable for the material(s) being processed.

A1. AT Extrusion Operations for the compound(s) being extruded:

Wall measurement	- STRAND SHIELD	TO C&R
	- INSULATION	TO C&R
	- INSULATION SHIELD	TO C&R
	- INSULATION JACKET	TO C&R
	- JACKETS	TO C&R
PRINT	Legible and matching C&R	
DIAMETERS (If a Customer Requirement)	to range on C&R	
ADHESION	To C&R	
INSULATION INTERFACE APPEARANCE	To C&R	

A2. At Other Operations controllable properties such as:

CENTER WIRE INDENT PRINT	legible and matching C&R
PRINT	legible and matching C&R
DIAMETERS	to range on C&R
TAPE LAPS	to range on C&R

B. are responsible for notification of department supervision of any non-conformance found.

C. are responsible for transferring conforming product to the next scheduled C&R sequence.

2.50 PRODUCTION TESTING VALIDATION PROCEDURE (cont.)

4.D. Production Personnel generated test results can be fused in Quality Control documentation when validated. Validation is repeating the test by someone other (supervision, process engineer, quality control personnel, quality assurance personnel, another operator or helper) than the person that generated the original result. Validation results are recorded on the same form, checklist, or control chart with the Production Personnel results. The primary responsibility for carrying out the validation program is the plant superintendent.

The person who performs the validation is to indicate the validation status on the form used along with their identification.

For Example: Passed validation FHR 95/01/22.
or Failed Validation FHR 95/01/30.

An independently repeated test result such as those listed below that is within:

a) WALL THICKNESS + or - 2 mils of initial result
b) ADHESION + Or - 2 pound of initial result.
c) INSULATION INTERFACE APPEARANCE - the same as initial reading.
d) PRINT legible and matching C&R.
e) DIAMETERS + or - 10 mils of initial result
f) OTHR TESTS + or - 1% of initial result
g) AND PASSES REQUIREMENTS can be used to validate all other OPERATOR/HELPER results recorded WITHIN the shift on the same order.

Validation frequency **SHALL** be a minimum of once per shift on each order

Failure to validate, either by not performing the independent check or by not meeting the tolerances above, disqualifies all data recorded on the shift from use in QUALITY CONTROL documentation unless:

4D1. The same sample is checked by a third party

a) If initial PRODUCTION PERSONNEL data is validated:
1) All data from the shift can be used.
2) The person performing the INITIAL VALIDATION is to be FORMALLY retrained after determination why the validation performed failed.
b) If initial PRODUCTION PERSONNEL data is NOT validated:
1) The initial validation and third party validation are compared. If validation exists for the data point, the validation is used.
2) The PRODUCTION PERSONNEL performing the INITIAL test is to be FORMALLY retrained after determination why the validation performed failed.
3) A second PRODUCTION PERSONNEL data point is to be validated.
a. Validation qualifies the remaining shift data.
b. FAILURE to validate, disqualifies all data for the shift on the order. Full QUALITY CONTROL evaluation of the data NOT validated MUST be made.

2.50 PRODUCTION TESTING VALIDATION PROCEDURE (cont.)

5. PRODUCTION SUPERVISION:

A. Is to verify that the equipment is run to the conditions provided by PROCESS ENGINEERING in set up sheets and / or manufacturing specifications.
B. Is the verify that the product meets the requirements of those specifications.
C. Is to verify the results of all non-conformance before changing run conditions. Retest, if deemed necessary.
Changes in run conditions must be within the ranges outlined in approved Manufacturing Specifications.
C1. performs random verifications of material run in department per manufacturing specification.
C2. reviews all non-conformances and either

a) dispositions to salvage operation.
b) cuts back and clears defect.
c) HOLDS and consults PROCESS ENGINEER (Assigned to Department).
d) forwards to QUALITY CONTROL Test Department for further review.

6) PROCESS ENGINEERING

A. Is to provide detailed instructions in setup sheets or manufacturing specifications for each operation in accordance with CORPORATE requirements.
B. Is to verify that the product meets those requirements.
Adjusts process to meet requirements.
Records process changes on the original documents.
C) Performs random verifications of material run per the manufacturing specification.
D) Assists department in the determination disposition of non-conforming materials.
E) Auditing that the validation procedure is being followed.

2.50 PRODUCTION TESTING VALIDATION PROCEDURE (cont.)

7. ENGINEER / MANAGER OF TEST or assigned designee.

7A. Is to test and inspect product in accordance with Manufacturing Standards
7B. Is to verify that the product meets the requirements of those Standards.
7C. Is to review Non-conforming product transferred to the Test Department.
A determination is made how to verify or remove the non-conformance.
Material is then dispositioned to:

1) Salvage
2) Transferred to next C&R sequence once non-conformance is resolved.
3) HELD for review by ENGINEER / MANAGER of TEST, MANAGER of MANUFACTURING ENGINEERING, or LEVEL C MATERIAL REVIEW BOARD.

7D. Samples of cable are to be checked in accordance with applicable MANUFACTURING STANDARDS.

7E. At FINAL Test:

The available VALIDATED OPERATOR / HELPER tests and examinations for use in CTR's is determined from all the data received by the ELECTRICAL TEST Department on VALIDATED forms and checklists.

Additional tests are to be performed to make up the frequency for use in CTR's ONLY after using:

1) All PRELIMINARY QUALITY CONTROL data,
2) All VALIDATED OPERATOR / HELPER data,

Failure in any final quality control check dictates that the entire frequency of required tests for that length be performed.

OKONITE **Orangeburg, SC**

8/22/07 FAXED

Operator Training Record

Cost Center 11/12 Specification 4.36 Rev 1 Date 7-07

Description of Specification / Procedure Adhesion Stripping Test

Qualified Trainer John McMahan Date Training Complete

Name	Emp #	Signature	Date
Allen Smoak	42016	Allen Smoak	8-9-07
Ken Hallman	42026	KE Hall	8-9-07
Kenny Dyches	42116	Kenny Dyches	8-9-07
Bill Marchant	42164	Bill Marchant	8-9-07
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Frank Rice	42372	Frank R	8-13-07
Scott Vallentine	42385	S Vallentine	08-10-07
~~Vincent Walker~~	~~42236~~		8/13
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Qualified Trainer John McMahan Date Training Complete

Name	Emp #	Signature	Date
Jerome Brand	42439		
Ronnie Reed	42446	Ronnie Reed	
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Duane Bishop	42456	Duane Bishop	8/9/07
Joey Brandenburg	42522	Joey Brandenburg	8/13/07

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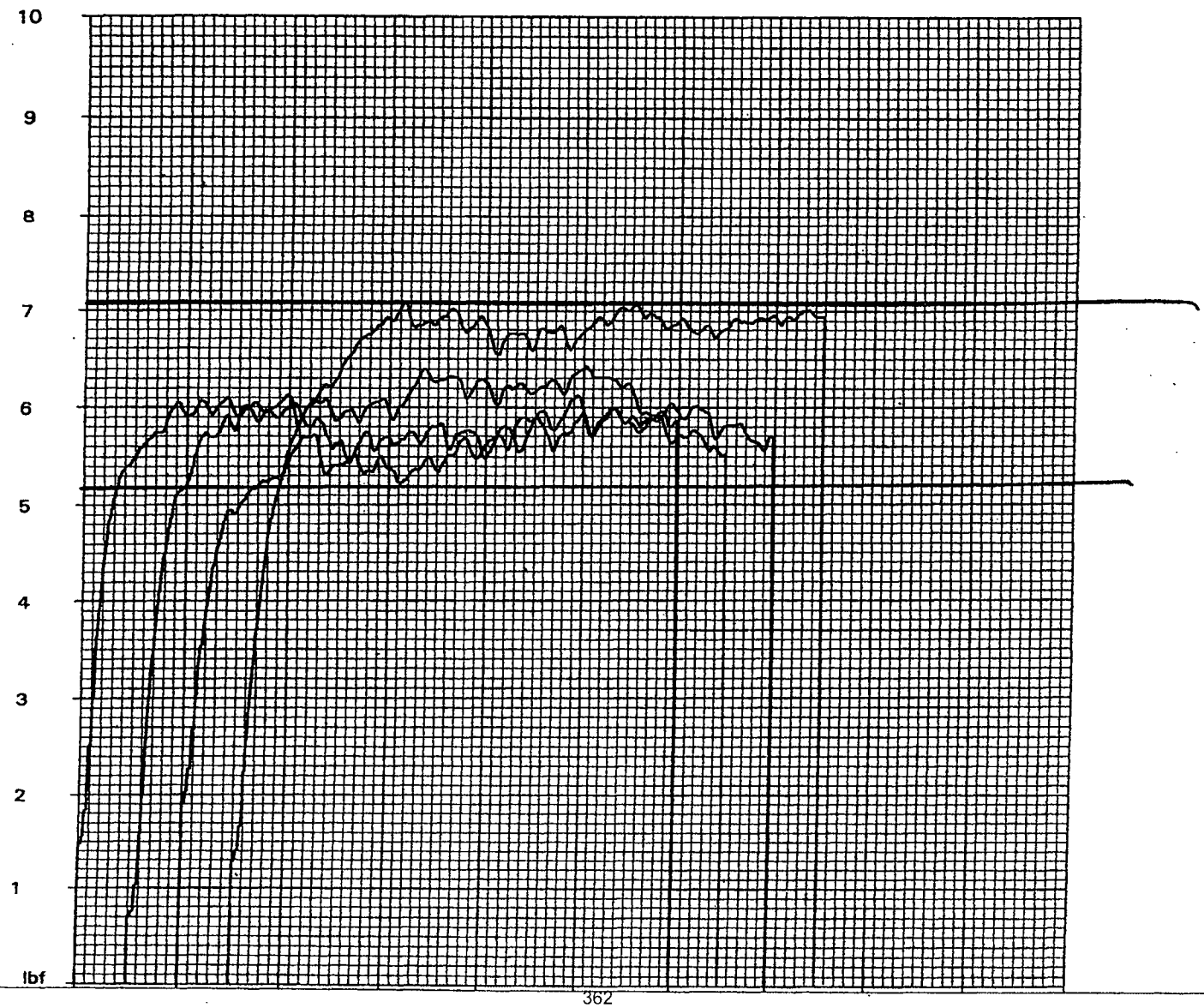
Test Report
STAPLE TO RECAP SHEET

Product Code ..:4301/4302 CV
Date .....: 2007
Batch Number ..:DOP / G54
Operator .....: CV OPERATOR6 6
Test Speed.....: 30.000{in/min}

	Max lbf/in	Break lbf/in	Ext @ Brk in	10.000 lbf/in	50.000 lbf/in	77.000 lbf/in	200.000 lbf/in	300.000 lbf/in	Thickness in	Width in
1	6.429	5.875	5.994	0.000	0.000	0.000	0.000	0.000	1.000	1.000
2	6.039	5.522	6.001	0.000	0.000	0.000	0.000	0.000	1.000	1.000
3	6.137	5.627	5.991	0.000	0.000	0.000	0.000	0.000	1.000	1.000
4	7.088	6.924	6.000	0.000	0.000	0.000	0.000	0.000	1.000	1.000
Mean	6.423	5.987	5.996	0.000	0.000	0.000	0.000	0.000	1.000	1.000
Median	6.283	5.751	5.997	0.000	0.000	0.000	0.000	0.000	1.000	1.000
Std.Dev.	0.473	0.641	0.004	0.000	0.000	0.000	0.000	0.000	0.000	0.000



4.36 ADHESION STRIPPING TEST (REFERENCE: AEIC & ICEA)

EQUIPMENT

1. Tinius Olsen Model H5KS tester
2. Cutting Fixture
3. Razor Knife

PROCEDURE

1. The test specimen shall be approximately fifteen inches long and all coverings over the extruded shield shall be removed.

2. Starting at one end, two parallel longitudinal cuts, one-half inch apart and not less than twelve (12) inches long shall be made though the insulation shield. The specimen shall be rotated 180°, and on the opposite end, two identical cuts shall be made. Each one-half inch cut shall be peeled back from the cut end for a distance of two inches and by pulling it at a 90° angle away from the cable.

3. Repeat step 2 on the two (2) remaining sides.

4. The specimen shall be mounted horizontally in the testing machine. The two inch end of the peeled strip shall be gripped in the testing machine in such a manner that it can be pulled at an angle of 90° to the cable axis. Ensure test device turn freely and do not adversely affect test specimen.

5. Each strip shall be peeled from the cable at a constant speed not exceeding one-half inch per second, for a distance of not less than ten (10) inches.

6. The angle of pull shall be maintained as closely as possible to 90° throughout the test.

7. The tension necessary to remove the strip shall be monitored continuously and printed out in graphical format so the operator can interpret the steady state minimum and maximum values on each sample.

8. On the steady state (horizontal) section of the curve (or family of curves), draw two straight lines, on the crests (maximum) and on the depths (minimum). The lines shall be "best fit" parallel and ignore spikes, dips, startup and ending conditions where the adhesion is not at steady state. (See Example)

9. The difference between the minimum and maximum adhesion readings of all strips may not exceed 4 pounds. Contact your supervisor or engineer if this condition exists.

10. The shielding shall be removable without damaging the insulation, leaving no conducting material which cannot be readily removed.

11. The stripping test shall be made at room temperature.

4.36 ADHESION STRIPPING TEST (Cont'd) (REFERENCE: AEIC & ICEA)

12. Plant specification for adhesion values are as follows:

5-46 KV	Adhesion (lbs per ½" width)	
Insulation Shied Dimension	Min	Max
0.024 – 0.032" Min Pt I.S.	5	10
0.040 – 0.045" Min Pt I.S.	5	11
0.050 – 0.063 Min Pt I.S.	6	12

1. Target 7-9 lbs. for process. If you get a pull of 6-7 lbs., recheck, if pull recheck is still 5-6 lbs make process corrections to get your adhesion level to 7-9 lbs.

2. Disposition any reels that have readings of 5 lbs. or lower, or 12 lbs. or higher.

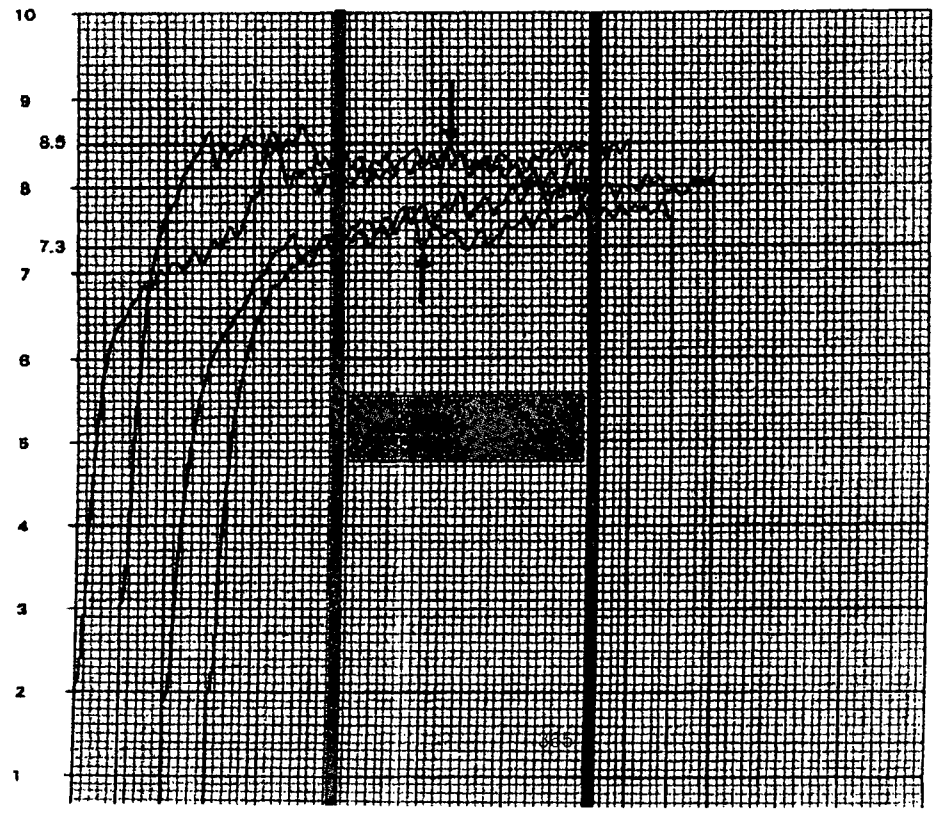
4.36 ADHESION STRIPPING TEST (Cont'd)
(REFERENCE: AEIC & ICEA)

EXAMPLE

C.V. LINE
ADHESION PULLS
Test Report
STAPLE TO RECAP SHEET

Product Code ..:4301/4302 CV
Date .....: 2007
Batch Number ..:DOP / G54
Operator .....: CV OPERATOR6 6
Test Speed.....: 30.000(in/min)

	Max psi	Break psi	Ext @ Brk in	10.000 psi	50.000 psi	100.000 psi	200.000 psi	300.000 psi	Thickness in	Width in
1	8.625	8.048	6.000	0.000	0.000	0.000	0.000	0.000	1.000	1.000
2	8.722	8.452	5.996	0.000	0.000	0.000	0.000	0.000	1.000	1.000
3	7.823	7.650	6.000	0.000	0.000	0.000	0.000	0.000	1.000	1.000
4	8.145	8.138	5.993	0.000	0.000	0.000	0.000	0.000	1.000	1.000
Mean	8.329	8.072	5.997	0.000	0.000	0.000	0.000	0.000	1.000	1.000
Median	8.385	8.093	5.998	0.000	0.000	0.000	0.000	0.000	1.000	1.000
Std.Dev.	0.421	0.330	0.003	0.000	0.000	0.000	0.000	0.000	0.000	0.000



OKONITE **Orangeburg, SC**

8/22/07 FAXED

Operator Training Record

Cost Center 11/12 Specification 90.5.2.1.11.11 Date 10-04

Description of Specification / Procedure CV Set-Up and QC Checklist

Qualified Trainer Steven Harbeson Date Training Complete 8/13/07

Name	Emp #	Signature	Date
Allen Smoak	42016	Allen Smoak	8-8-7
Ken Hallman	42026	KE Hallman	8 Aug 07
Kenny Dyches	42116	Kenny Dyches	8-9-07
Bill Marchant	42164		8 9 07
Leroy Zeigler	42179	Leroy Zeigler	8-10-07
Wiley Wise	42214	W. Wise	8-9-07
Steven Beard	42266		8-9-07
Trey Davis	42250		8/8
Clay Wright	42273	Clay Wright	8/8/07
Carlton Salley	42323	Carlton Salley	8/13/07
Vincent Goldsmith	42314	Vincent L. Goldsmith	8/10/07
Frank Rice	42372	Frank Rice	8-13-07
Scott Vallentine	42385	S Vallentine	08-10-07
~~Vincent Walker~~	~~42236~~		
Eric Jones	42408	Eric M. Jones	08/10/07
Chris Campbell	42406	Chris Campbell	8/7/07
Stan Walker	42416	Stanley Walker	8-13-07
Tim Brown	42422		

By signing this document I have read and understand the specification listed. I have been properly trained and the procedure has been fully implemented.

OKONITE **Orangeburg, SC**

Operator Training Record

Cost Center 11/12 Specification 90.5.2.1.11.11 Date 10-04

Description of Specification / Procedure CV Set-Up and QC Checklist

Qualified Trainer Steven Harbeson Date Training Complete

Name	Emp #	Signature	Date
Jerome Brand	42439		
Ronnie Reed	42446	Ronnie Reed	8-13-07
Barry Conner	42364	Barry Conner	8-10-07
Darryl Felder	42453	Darryl Felder	8-10-07
Doug Hall	42483	Doug Hall	8-10-07
Ray Spires	42493	Ray	8-10-07
Damon Shivers	42495		8-8-07
Andra Fogle	42497		8/10/07
Michael Jackson	42511	Michael J. Jackson	8-10-07
Allen Sunday	42508	Allen Sunday	8-8-07
Al Braxton	42517		8/8/07
Bobby Mishoe	42518		8/10/07
Duane Bishop	42456	Duane Bishop	8/9/07
Joey Brandenburg	42522		8-8-07
Derek Martin	42243	Derek Martin	8-9-07

By signing this document I have read and understand the specification listed. I have been properly trained and the procedure has been fully implemented.

5.2.1.11.11 4301/4302 CV SETUP AND QC CHECKLIST (FORM 04-1101-1004)

Instructions: This form is used for CV Setups with multiple compounds. The CV Supervisor provides the operator with set up instructions for each particular job for both the upstairs and downstairs operator. (The following is an example of a CV Set-Up Sheet.)

CV Setup And QC Checklist 10/18/04

Machine#	4301			**Supervisor**	MM
Order Number	30011			**Prod Code #**	163 23 3075
Construction	2/0 19X ALFS			**Strand Size**	0.4
Run Speed	59	**Perc Valve #**	4	**Water Level**	49"
Steam Pressure	265	**Blowback Tube Press**	240	**Differential**	25 Psi
HP H2O Pump Set	340	**Capstan Gears**	1.00/3.09	**Main Seals:**	0.989

Tolerances: Linespeed (+/- 1 fpm) Steam Pressure (+/-10 psi) Water Level (+/- 2")

		Extruder #1	Extruder #2	Extruder #3
Compound		C52	G63	C52
Min Avg		0.017	0.220	0.034
Max Avg		0.019	0.226	0.037
Min Point		0.015	0.209	0.030
Heat Profile Table	Tolerance	(+/- 10°F)	(+/- 10°F)	(+/- 10°F)
Zone 1		150°F	195°F	160°F
Zone 2		220°F	195°F	220°F
Zone 3		220°F	185°F	220°F
Zone 4		N/A	185°F	220°F
Flange		220°F	220°F	220°F
Head		220°F	220°F	220°F
Die Holder		220°F	220°F	220°F
Die Sterco		N/A	N/A	70°F
Pounds / Hour		63 Lbs/Hr	955 Lbs/Hr	210 Lbs/Hr
Screw Type		Medium Output Screw	Barrier	Deep Rubber
Breakerplate		Slotted	Diff. Holed	Diff. Holed
Screen Pack		10/10	10/20/10 10 against BP	10/10
Max RPM		8	14.5	8
Max Amps		160	300	240
Max Melt Temp		265°F	265°F	265°F
		DOP/G54	65/35	
Laser Setpoints		0.439	0.908	0.982
Actual RPM's		_____	_____	_____
Tip		0.407 1/8" Land	0.442 1/8" Land	0.918 No Land
Die		0.438 1/8" Land	0.886 Off Face	0.963 No Land
Spacing		1/8" Behind Land	0.198	1/16"
Actual Tip		_____	_____	_____
Actual Die		_____	_____	_____

Cure/Flood Parameters Steam 5.8 Minutes Water 4.0 Minutes

Examine tools for Damage, Out of Round (+/-.0005"), Proper Land, Surface Condition and Die Mark Orientation

Cut a 4' Physical Lab sample at every SU, 1st steady-state crossover, and SD plus any CR req.

Special Instructions: _____

Engineer Review: _____ **Supervisor Review:** _____

04-1101-1004 Page 1 of 4

EXAMPLE SET UP SHEET

5.2.1.11.11 4301/4302 CV SETUP AND QC CHECKLIST (FORM 04-1101-1004) (Cont'd)

Upstairs Checklist - CV Department

The operator who checks the following requirements is to initial this form; Fill out before every startup.

Tooling selected matches Setup Sheet: _____

Proper C52 and G63 screws and breaker plates: _____

Correct Screenpacks, Turned in previous job screenpack _____

Centering Bolts Easily Move: _____

Check 401 Profile Table against Setup: _____

Steam and Differential Control Points Set: _____

Laser Setpoints per Setup Sheet: _____

Sightglass Cleaned: _____

Load Cell Setting Correct (and verify cable is on load cell): _____

Proper Gear Ratio Setting: _____

Compound Loading System Operational (Hopper doors closed): _____

Flexon and DOP/G54 Reservoirs Full (proper viscosity/concentration): _____

Upstairs Wire path inspected for roller wear (restrictions): _____

Vacuum operating on #1 Head and Seals Cut to Size: _____

Wire Straightner Removed for Stranded Conductor: _____

Core OD Measured and Strand Pushed Through #1 Leader: _____

Strand Condition (nicks, scores, scratches) acceptable entering #1 Crosshead: _____

Die Water Circulating: _____

Oil Lines Blown Out. Traps cleaned and Back Up Pump Ok: _____

Capstan Belts Checked for Wear: Metering: _____ **Helper:** _____

EXAMPLE SET UP SHEET

Operator Completeing Set Up Check: _____ **Date:** _____

Foreman Review: _____ **Date:** _____

5.2.1.11.11 4301/4302 CV SETUP AND QC CHECKLIST (FORM 04-1101-1004) (Cont'd)

Main Floor Checklist and Setup Sheet - CV Department

Line is to be setup per the instructions below. Results of thre required inspections made during the run are to be recorded on the 04 - 001 form. Continuous inspection is to be performed in accordance with manufacturing specifications and C & R requirements.

Line:	4301	**Date:**	10/18/04
Order Number:	30011	**Prod Code:**	163 23 3075
Run Speed:	59	**Supervisor:**	MM
Perc Valve#:	4	**Steam Pressure:**	265
Capstan Gears:	1.00/3.09	**Water Level:**	49"
Main Seal Size:	0.989	**Donut Size:**	1-1/2"
HP H2O Pump Set	340		

Special Instructions:

ABS. Min OD over Insulation		**ABS. Min point over Insulation**	
ABS. Max OD over Insulation		**ABS. Max point over Insulation**	
ABS. Min OD over Insul. Shield		**ABS. Min point over Insul. Shield**	
ABS. Max OD over Insul. Shield		**ABS. Max point over Insul. Shield**	0

EXAMPLE SET UP SHEET

Setup Instructions:

Water Block: NA

Does the Cable get printed: YES **If so, Do the Following:** PT TEST

Type Printer: GEM

Make sure the cable is centered in the air wipe!!

T.U. Reel Per C & R STEEL **Actual Size** SEE CHART

The following items are to be checked prior to run:

C & R requirements on line: _____

Proper core in P.O. _____ **Samples Required every S/U, S/D and first X/O**

Core Water Blocked: _____

Welder Set and Ready:	**Tip**	0.407	0.442	0.918
Seals checked and ready:	**Die**	0.438	0.886	0.963
Printer set and ready:				
Sump pump on:	**Actual Tip**			
Wire/Core good condition:	**Actual Die**			

Pullout Capstan/Helper belts checked: _____

Water level controls set: _____

HP pump press. Set correctly: _____

Gear settings correct: _____

Compound Loading Station area/platform clean: _____

Doors closed on Compound Loading Station:

DP Cells flushed/refilled after rabbit blown/H2O level indication incorrect at shutdown: _____

Supervisor notified of any above that are incorrect _____

Send good reels to C/C: 02

Comments or Special Instructions: _____

Cut a 4' Physical Lab sample at every SU, 1st steady-state crossover, and SD plus any CR req.

Operator completing setup: _____ **Supervisor Review:** _____

04-1101-1004 Page 3 of 4

5.2.1.11.11 4301/4302 CV SETUP AND QC CHECKLIST (FORM 04-1101-1004) (Cont'd)

CV RUN SHEET

DESCRIPTION: 2/0 19X ALFS

REQUIREMENTS:	MIN. POINT	MIN. AVG.	MAX. AVG.
CONDUCTOR SHIELD:	0.015	0.017	0.019
INSULATION:	0.209	0.22	0.226
INSULATION SHIELD:	0.03	0.034	0.037

DATE: 08/10/04 FO# 30011 Prod Code # 163 23 3075

EXAMPLE SET UP SHEET

CENTERING DATA

BLEED OUT CENTERS

	TOP	BOTTOM	OUT	IN		
COND. SHLD:					#1 RPM	
INS:					#2 RPM	
INS. SHLD:					#3 RPM	

START-UP CENTERS

	TOP	BOTTOM	OUT	IN		
COND. SHLD:					#1 RPM	
INS:					#2 RPM	
INS. SHLD:					#3 RPM	

RUN CONDITIONS

	HOT DIA.	RPM	AMPS	HEAD PSI		
CONDUCTOR SHIELD:					PERC #	
INSULATION:					H20 LEVEL	
INSULATION SHEILD:						

LINE SPEED: _____ TENSION _____ STEAM PSI: _____

TOOLING:	LEADER	DIE	SPACING
#1 HEAD			
#2 HEAD			
#3 HEAD			

Strand Size: _____

NOTES: _____

04-1101-1004 Page 4 of 4

Form Q-186

The Okonite Company
Record of Employee Training

Purpose of meeting:

The purpose of this meeting was to address changes in and the distribution of the new employee handbook effective 7-1-04. Changes in the handbook included:

Page 14 – **Military leave**
Changed (6) months to (12) months for continuance of benefits

Bereavement:

Section 1:	Added sister-in-law, brother-in-law, daughter-in-law, son-in-law
Section 2:	These days are to be taken within proximity of date of death or funeral
Section 3:	Added (1) day without pay
Section 4:	Bereavement leave will not be counted toward excessive absenteeism

Page 18 – Number 9 - **Eye Protection**:
Added second paragraph - The Company will pay the base price for single vision, bifocal and trifocal style lenses. Other lens types may be ordered if the employee is willing to pay the extra charges to the eye care provider. Employees not requiring prescription lenses will be provided appropriate safety eyewear.

Page 22 – **Employee I.D. Badge**
Added: "Your badge is also used for timekeeping purposes with the time and attendance system"

Page 24 – **Attendance and tardiness**:
Added to first paragraph - In certain circumstances, you can be terminated for absenteeism.

Page 30 – **Substance Abuse policy**:
Added Alcohol Abuse to this policy

Date of Training: 4-26-05

Location: Orangeburg, SC

Employee Name: Allen Smoak **Clock # :** 42016

Employee Signature: Allen Smoak

Trainer Name: Jackie Snow, Personnel Manager

Trainer Signature: Jackie Snow

8
1:30

Form Q-186

The Okonite Company
Record of Employee Training

Description of Training Program:

This training program addressed general EPA, DHEC and OSHA training requirements. It included:

- Emergency Response;
- Fire Extinguisher Use;
- Automatic External Defibrillator – General awareness;
- Personal Protective Equipment;
- Hazard Communication, including dicumyl peroxide, TAC, lead, DOP, and propane;
- Lockout/Tagout and Confined Spaces;
- Electrical safety, including Arc Flash;
- Machine Guarding
- Fork Truck Safety
- Housekeeping;
- Safe Work Practices (Reel and Bobbin Moving, Handling Cable, Loading Trucks);
- Injury Reporting;
- Spill Prevention and Response
- DOT HazMat General Awareness;
- Hazardous Waste; and
- A written test.

Date of Training: January 20, 2005

Location: Orangeburg, SC

Employee Name: Allen Smoak

Employee Signature: Allen Smoak

Trainer Name: James J. Groome, Director – Safety & Environmental Programs

Trainer Signature: James J. Groome

The Okonite Company
Safety & Environmental Training Test

Date: January 20, 2005 **Location: Orangeburg, SC**

Employee Name: Allen Smith

	True	False
1. Copper, lead and oil are hazardous materials.	☑	☐
2. I am responsible for notifying my supervisor about a spill.	☑	☐
3. I should try to contain a spill if it is safe to do so.	☑	☐
4. "MSDS" stands for "Move Spills Down Sewer".	☐	☑
5. MSDS are located in each Plant.	☑	☐
6. Too much lead in your body will increase blood pressure, cause fatigue, muscle pain, kidney and brain damage.	☑	☐
7. Having lunch immediately after handling hazardous materials is OK.	☐	☑
8. I can put hazardous waste into an old, rusty barrel.	☐	☑
9. Labels on drums of waste are a good idea, but not required.	☐	☑
10. If I smell "rotten eggs" in the plant, I should assume its propane and report it before there's a fire.	☑	☐
11. Wearing safety glasses is optional.	☐	☑
12. As long as the "off" button is pushed, it's safe to work around a machine.	☐	☑
13. The wet test tanks could contain a hazardous atmosphere, so I shouldn't go in without authorization.	☑	☐
14. Since 9/11, shipping hazardous material safely is more important than ever.	☑	☐
15. If a machine guard was removed prior to my shift, I can run the machine without it.	☐	☑
16. In an emergency, I should pull the fire alarm on my way out of the building.	☑	☐
17. Okonite employees are expected to fight a raging fire.	☐	☑
18. The leading cause of injury in Okonite is moving reels.	☑	☐
19. Putting waste TAC into a drum that has copper fines in it can lead to a fire and toxic fumes.	☑	☐
20. I hurt my back, but I can work, so I don't have to report it.	☐	☑

Form Q-186

The Okonite Company
Record of Employee Training

Description of Training Program:

This training program addressed Safe Work Practices to prevent the most common injuries at Okonite. It included:

- A review of the Supervisor's Guide to Employee Safety Observations.
- Viewing of the 14 minute videotape showing safe work practices for Bobbin Moving, Reel Moving, Cable Handling and Truck Loading.

Date of Training: 11-7-02

Location: Orangeburg, SC

Employee Name: ALLEN SMOAK

Employee Signature: Allen Smoak

Trainer Name: Jackie Snow, Personnel Manager

Trainer Signature: Jackie Snow

Session Evaluation

1. **Did the training session meet the objectives stated?** yes

2. **If not, what objectives were not covered?**

3. **Will the information presented be helpful in your work?** yes

4. **What other training or information would you like to receive to help you work more safely?**

5. **Other comments:**

QUALITY CONTROL/ASSURANCE SYSTEM TRAINING CLASS

Terry R Gardner 42067 INSTRUCTOR: Frank Solberg

EMPLOYEE (SIGN)	EMPLOYEE #	DATE	COMMENTS
Troy Mills	42049	5-22-1	
Mike Miller	42189	5-22-01	
Clifford Johnson	42199	5-22-01	
Joe Bond	42203	5-22-01	
Rod Elliott	42196	5-22-01	
B Felt	42123	5-22-01	
Rocky Davis	42045	5-22-01	
Mike Field	42224	5-22-01	
Kenneth Green	42285	5-22-01	
Arnold C Holman	42337	5-22-01	
Eddie McCaskey	42279	5-22-01	
Kenneth Dykes	42116	5-22-01	
Allen Smoak	42016	5-22-01	
Bill Marchant	42164	5-22-01	
Tommy Wolfe	42094	5-22-01	
Phillip M Price	42331	5-22-01	
Jeffery L Driggers	42238	5/22/01	
John H Rowe Jr	42267	5/22/01	
Tony Pulver	42300	5/22/01	
Catherine Mumford	42316	5-22-01	
Ken Hamilton	42213	5/22/01	
Mike A Orr	42181	5-22-01	
Sparky Westbury	11795	5-22-01	
Kevin L Stone	42315	5-22-01	
James R Bradley Jr	42043	5/22/01	
Vincent Walker	42236	5/22/01	
Dean Griffin	42226	5-22-01	
KELON THOMPSON	42207	5/22/01	
Michael Davis	42263	5/22/01	
Lemon L Robinson	42264	5/22/01	
L Hall	42147	5-22-01	
Jon Wimberly	42018	11	
Mark Harris	42176	11	
[illegible]	42193	11	

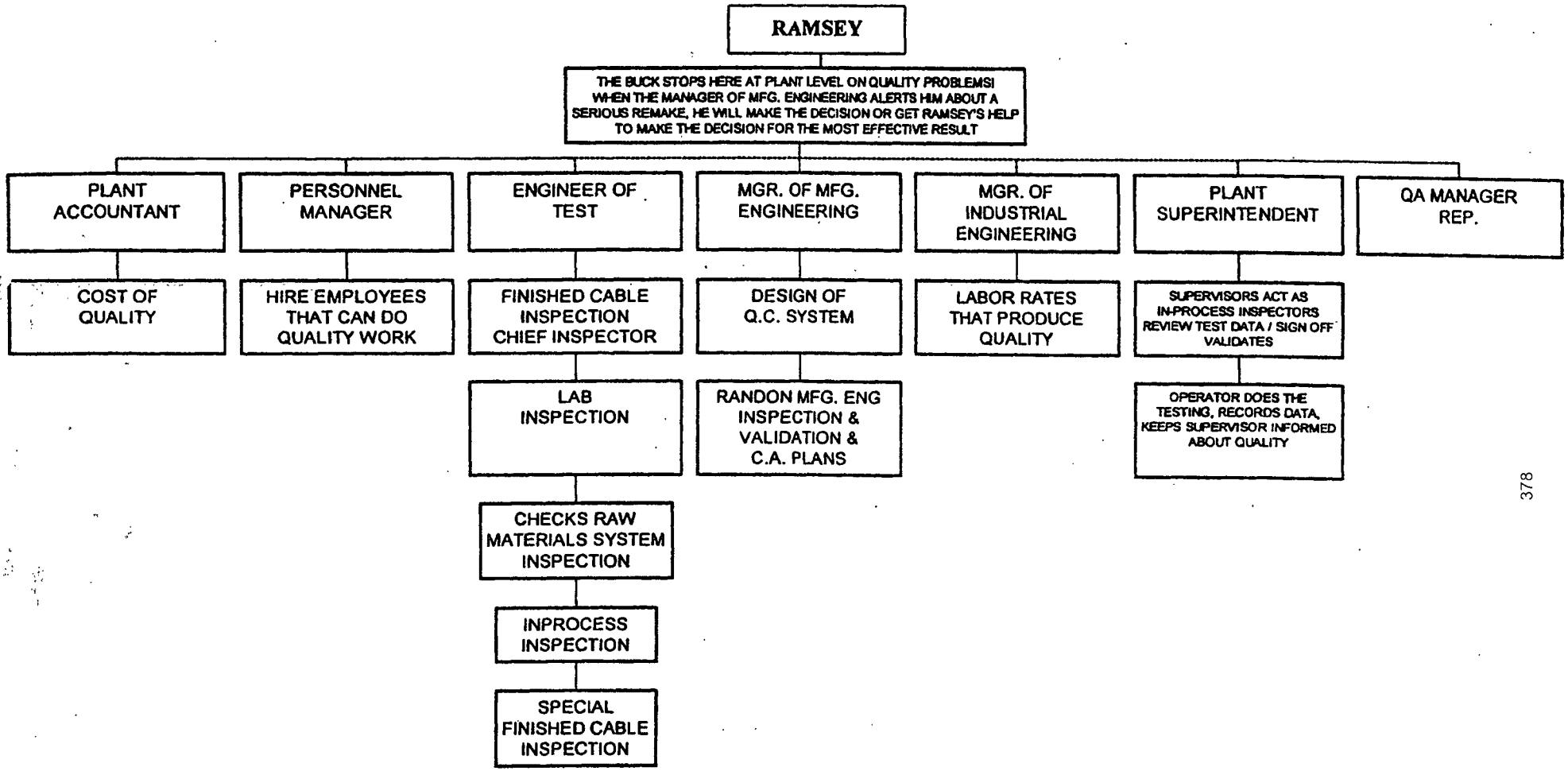
BUILDING MY NEST EGG

WHY IS QUALITY IMPORTANT TO MY FUTURE BESIDES JUST HOLDING MY JOB

1. WHO OWNS THE OKONITE COMPANY – **ANSWER;** THIS STOCK HOLDER
2. WHO ARE THE STOCK HOLDERS IN THE OKONITE COMPANY – **ANSWER;** ALL THE EMPLOYEES, THIS IS THE E.S.O.P. PLAN (**EMPLOYERS STOCK OWNERSHIP PLAN)**
3. AFTER FIVE YEARS STOCK WILL BE PLACED IN RESERVES FOR ME, BASED ON JOB LEVEL AND YEARS OF SERVICES WILL DETERMINE THIS AMOUNT.
4. IF THE COMPANY MAKES MONEY, MY STOCK WILL GROW IN VALUE.
5. MY STOCK VALUE WILL GROW FASTER IN VALUE IF I MAKE FEWER COSTLY MISTAKES (REMAKES AND SCRAPS).
6. FOLLOWING THE QUALITY RULES, I WILL MAKE FEWER, MISTAKES BY HAVING FEWER MISTAKES.
7. IT WILL HELP KEEP CUSTOMERS HAPPY AND BRING THEM BACK.
8. LESS MISTAKES KEEP COST DOWN AND IMPROVES MY RETIREMENT BENEFITS.
9. HIDING MISTAKES AND LETTING THEM GET SHIPPED DESTROYS MY NEXT EGG, BUILDING BAD QUALITY DRIVES CUSTOMERS AWAY.
10. WORKING TOGETHER FOR GOOD QUALITY WILL BE BENEFIT ALL OKONITE EMPLOYEES.

QUALTIY CONTROL AT PLANT LEVEL

WHO IS RESPONSIBLE FOR QUALITY CONTROL AT PLANT LEVEL?



Rev. # 6 05/21/01

Re: general outline for a class on the importance of Okonite quality – Orangeburg Plant # 4

WHAT IS OKONITE QUALITY SYSTEM

WHAT YOU ARE RESPONSIBLE FOR TO MAKE IT WORK

Through continuous improvement Okonite has had a long history of producing electrical cable of all kinds that always exceeds industry standard in reliability and performance going back to 1878.

WE ARE A QUALITY HOUSE

Example: In 1995 Okonite is changing its temperature rating from 90° (194° F) to 105°C (221° F) for its primary insulation Okoguard (G-63). 90°C is industry standard for MV-90 and URO, designs that we make in Orangeburg. (Higher Current Capacity)

Our customers buy from us because of our proven history of quality. We demonstrate this by standing behind the cable with a 40 year warranty that there will be no failure die to manufacturer's defects in that time period.

THE CONTINUATION OF THIS QUALITY IMAGE INSURES OUR JOBS.

WE SELL QUALITY NOT PRICE.

Each department puts into the cable certain quality values that must be there in order to sell the cable and perpetuate our quality image.

The following is a list by department (cost center) of these values that must be upheld:

A. WIRE DRAWING

Absolute value and attribute that must be in the wire.

1. CORRECT METAL: E.T.P.E.C. copper or 1350 alloy aluminum, depending on what the C&R is calling for (rarely some special alloys can be used). Our customer picks the metal based on the electrical power requirements, space limitations, and cost. (CU $1.12/lb., AL (1350) $.81/lb.) Copper is more than 3 times heavier than aluminum for the same solid round wire diameter. Aluminum is about 64% higher in resistance than copper. (CU 100 mils in diameter = 128 mils in aluminum diameter to equalize electrical resistance.)

   Example:

CMA	
10,000	100 mils dia. CU, 1000 ft. long = 30.27 lbs. x $1.12 = $33.90
16,400	128 mils dia. AL, 1000 ft. long = 15.06 lbs. x $ .81 = $12.20

Aluminum is about 64% cheaper for the same resistance as a copper conductor, providing it will fit in the space allotted to the cable. (It's about 30% bigger.) Because aluminum conductors are so much bigger, the cost of the finished cable with equal resistance goes up with aluminum to the point that the finished cable cost difference is something in the neighborhood of about 10% cheaper with aluminum.

2. DIAMETER: (dia.) must be met. The size is given on your C&R, including the range of acceptability. IF we don't give stranding the correct size, they can't make the right conductor size to pass the resistance test and the Cross Sectional Area Requirement.

3. ANNEALING REQUIREMENTS are found on our C&R. Our customers, through standard and specs, specify the anneal. In the case of copper, it is expressed as elongation %, and most cases is around 25 to 30%. This is called soft drawn. With aluminum, there is no anneal required and it is normally called hard drawn, but in some cases 3 / 4 hard anneal is required. In aluminum, the anneal is expressed as tensile strength. Annealing is done to improve flexibility. Generally speaking, soft copper is four times stronger than aluminum (both annealed).

4. FINISH: All drawn wire should be bright, smooth, and relatively free of scratches and gouges, as well as lubricated.

5. PACKAGING: Wire must be well spooled so at the stranding department it will come off without catching or hanging. Wire traversing quality must be monitored and maintained throughout each reel.

If defective wire gets out of drawing, it could be the most expensive remake we can have, depending on how far along in the manufacturing it goes before it's stopped.

DON'T LET IT HAPPEN TO US!

A review of the quality checks that must be completed and passed before the wire is transferred out of the department:

1. correct metal
2. correct diameter
3. correct anneal (HD, AL is no anneal)
4. finish / lubrication
5. packaging (nice, even wind)

B. STRANDING

Absolute values and attributes that must be met before the strand is transferred out of the department.

1. CIRCULAR MIL AREA: The CMA is the most critical value that must be met. The requirements are found in the manufacturing specs and on the C&R. CMA is checked by weight and can be directly compared to the electrical resistance which is a basic design characteristic of the product. With low CMA the cable can become a fire hazard. If it's too high we are giving away the most costly material in our product. We control our metal content between 98% to 98.5% of nominal value. IT MUST PASS CMA!

2. DIAMETER: Three types of conductor (solid, compressed and compact, either copper or aluminum). It is called compressed strand. The diameter is reduced without losing CMA. This diameter reduction is about 3% from nominal which not only saves material, but also guarantees the conductor will fit into the customer's termination devices. Diameter also is critical for further processing. If the strand is either too low or too high it will shut the insulating process down (CV's). It must be within the range given on the C&R. If it is not don't transfer it to the next process without your supervisor's approval, it may have to go on disposition.

3. FILL WEIGHT: When we make filled compressed strand it is done to block ground water entry into the cable during installation, or during the service life of the cable. (Examples: When a fault or damage occurs to a circuit, ground water enters the cable making the length non-useable. With filled strand there is no water entry, so the customer simply cuts the damage out and splices.) The C&R contains the fill weight requirement. This fill weight requirement must be met. If weight is low, water leaks can occur. If weight is high, it can cause problems in the CV department. The manufacturing specs give the water leakage test requirements. IT MUST PASS THE WATER LEAKAGE REQUIREMENTS.

4. IDENTIFICATION: All of the strand made in Orangeburg must have its center wire stamped identifying it as an Okonite product. Requirements are given on the C&R. THIS IS A CUSTOMER REQUIREMENT AND IT MUST BE ON THE CENTER WIRE.

5. LAY: The combination of splitting the conductor into many wires, then twisting them together with a certain length of lay is done to give the conductor flexibility. The customer can then install the cable around bends without kinking and damaging it. The amount of the twist is measured by the length of the lay (distance of one wire to make one convolution). The combined action of compressing and twisting closed the strand so it will process through CV's without fall-ins (drop compound). Without the proper length of lay, the strand is rejectable or it can't be processed in CV and three again it is rejectable. YOU MUST CHECK AND HAVE THE RIGHT LENGTH OF LAY.

6. FINISH: Both copper and aluminum conductors are required to have a bright finish with a minimum of waviness, sawtoothing, gauling, slivers, shavings, and with no high wires or open or gapped strand.

A review of the quality checks that must be completed and pass before the strand is transferred out of the department:

1. CMA weight
2. diameter
3. fill weight (when filled strand)
4. ID (center wire stamp)
5. length of lay
6. finish

C. CV INSULATING: Absolute values and attributes that the insulation system must meet prior to it being transferred to the next production department are listed below:

1. STRAND SCREEN, THE GREAT STRESS EQUALIZER (C-52). THIS COMPONENT OF THE CONSTRUCTION PROLONGS THE LIFE OF THE CABLE. Strand screen wall must be applied in such a manner so that it has the required minimum point and minimum average. It cannot have any drops, cloverleaf, depressions and protrusions. These are absolute values and must be met. Also, the concentricity (max-min difference) must be met, but this is not an absolute requirement. If the conductor screen is required to have some level of bonding to the conductor, this must be accomplished through the gluing processes. FULLY BONDED SCREENS TO ANY SPOT ON THE CONDUCTOR IS NOT ALLOWED AND THE CABLE IS SUBJECT TO REJECTION.

2. INSULATION WALL, THE HEART OF THE PRODUCT: Right now in Orangeburg, the only insulation is Okoguard (G-63). This is the most critical element in our cable designs. It must have the min. pt., min. avg. and the max.-min. difference wall dimensions. If must be smooth, void free, with no pimples or lumps (pre-cure, or cold compound). It cannot have dia. fluctuations (ripples) and must be perfectly clean with no contamination in it or on it. Haze must be an A or B and have no depressions or protrusions in or out of it.

   THIS IS THE STUFF THAT GIVES OUR CABLE THE 40 YEARS DESIGN LIFE. IT'S YOUR JOB SECURITY! DO IT RIGHT!

3. THE INSULATION SCREEN: (the skin of the cable design) Like the human skin, it protects the inner parts of the cable by distributing electrical stress evenly, prolonging cable life. It also collects the static electrical charge that builds up on the outside of the cable, and with the aid of the copper tape or URD wires, it sends if off to the ground avoiding a shocking condition on the outside of the cable surface along with eliminating electronic interference.

   The insulation screen is the most customer sensitive element in the cable designs made in Orangeburg. This is because every customer will have to handle it during the hook up of the cable. A small portion must be removed during termination, and if we do anything to slow them down, the customer will complain about it. This is a big

part of the cost of installing underground cables. The layer is also printed to identify it as semi-conducting and must be removed at terminations.

With all of this in mind, we must meet the customer requirement of concentricity (max.-min. difference), wall thickness and adhesion. The requirements for all other values are found on the C&R. If we do not, the competition will, and we stand the risk of loosing the customer. We also must not forget the insulation surface must look clean after the screen is removed; nothing less than a B haze.

Adhesion of this layer should no be below 8 lbs.

4. THE CURE OF THE C-G-C (C-52 / G-63 / C-53): In order to give the insulation system (C-52 / G-63 / C-53) the properties that will cause it to live up to all the physical and electrical values we have been talking about, we must convert it. This conversion from a soft dough-like material with not strength to a rubber-like material with the strength that one square inch of it will pick u a care and so it cannot melt or deform at a temperature you would cook a meatloaf at. This is done in the CV tube. The CV tube is much like a steam pressure cooker you would use at home. IT MUST PASS THE DEFORMATION AND PHYSICAL TESTS BEFORE IT LEAVES THE CV DEPARTMENT.

A review of the quality checks that must be completed and pass before the insulated conductor is transferred out of the department:

1. bonds (to the conductor if required, screen to the insulation as required)
2. walls – C-52 / G-63 / C-53
3. cure (deformation test) physicals
4. physical appearance
5. print quality (do the scotch tape test)

IF THE INSULATION (C/G/C) IS NOT IN SPEC TO YOUR C&R, DON'T TRANSFER IT TO THE NEXT PRODUCTION OPERATION. Hold it in the department and issue a request for disposition.

DEFECTIVE CV EXTRUSION MUST BE LOCATED.
IT CANNOT GET OUT OF THIS PLANT.

D. PRELIMINARY INSPECTION (A HOLD POINT): Any cable made up to this point that is suspect of having a quality defect must be dispositioned to be sent to spark test; as it is called, to have it cleared or removed.

E. COPPER TAPING OR THE APPLICATION OF THE NEUTRAL RETURN WIRES: Copper tape is applied to drain off the surface charge on the cable to avoid electrical shock and electronic interference. Neutral wires are applied for the same reason as copper tape but with the additional job of completing the circuit back to the power and ground. The requirement for both Cu. tape or neutral wire are found on the C&R and must be met. The copper tape must meet the thickness and lap requirements. The neutral wire must meet the requirement of the individual solid wire size on the average. Neutral

wires must also be applied with sufficient tension to keep the wires tight yet not too tight to dent the cable. CAUTION – BE SURE THE WIRES ARE UP TO THE SIZE REQUIRED BY OUR CUSTOMER. WIRE INDENTS SHOULD ALSO BE MONITORED, 2 MILS MAX. IN THE "G" AND 8 MILS MAX. IN THE C-53.

A review of the quality checks that must be completed and pass before the cable is transferred out of the department:

A. copper tape, thickness, direction and lap
B. copper tape, physical appearance
C. neutral wires, wire size on the average
D. neutral wires, metal coating, no. of wires, length of lay, tension
E. neutral wires, spacing

F. CABLING: Cabling is performed to combine single conductors into multi-conductor cables to cut cable and installation costs. The customer saves by pulling in one reel instead of many, eliminating conduit costs. Also, as in the case of CLX multi-conductor cable core made in our cabling dept., it is fed into its own armor, eliminating conduit costs (tray application). CLX CORE AND SOMETIMES OTHER FINISHED CABLE HAVE VERY PRECISE DIA. REQUIREMENTS AND THESE MUST BE MET! The other requirements such as length of lay, fillers, ground wire and binder tapes are given on the C&R.

A review of the quality checks that must be completed and pass before the cable is transferred out of the department:

1. length of lay (direction)
2. diameter requirement
3. filler content, ground wires, binder tape (direction and lap)

G. PLASTIC JACKET (the protective covering for the cable): MV-90 cables ((UL) approved) normally gets a (PVC) poly vinyl chloride jacket. (UROJ) Underground residential distribution cable insulated with Okoguard normally gets a polyethylene jacket. The cable jacket serves as the protector of the Okoguard. A PVC jacket, since it was used on cable that in most cases goes into or inside the buildings where people live or work, has to be fire resistant. PVC provides this quality along with it being chemical and mechanical damage resistant. On UROJ, which is jacketed with polyethylene, it is to be used outside and must be extremely resistant to chemical and mechanical damage. Since this is the outer covering for the cable, the identifying print is applied to the outside of the jacket. The requirements for the jacket and print are found on your C&R AND MUST BE MET. The jacket should be shiny and new looking. It must no stick to any underlying layer and be well centered. In some cases the dia. will be specified by a customer as well as any other customer requirements that will be indicated on the C&R. THIS ABSOLUTELY MUST BE MET. THE PRINT MUST BE PERFECT AND THE SEQ #'S MUST BE MET. THE PRINT MUST BE PERFECT AND THE SEQ #'S MUST BE CORRECT. WIRE INDENTS SHOULD ALSO BE MONITORED, 2 MILS MAX. IN THE "G" AND 10 MILS MAX. IN THE C-53.

A review of the quality checks that must be completed and pass before the cable is transferred out of the department:

1. min. and average thickness
2. max. – min. difference
3. degree of encapsulation and finish appearance
4. printing and sequential number requirements.
5. depth of indents in the "G" or in the C-53

H. FINAL TEST / PHYSICAL TEST LAB: Since this is an electrical product, we must know that the cable will stand up when the customer puts it into service, both electrically and mechanically over its projected life of 40 years. All the quality values and attributes given above are rechecked again, plus we also check the following:

A.C. Withstand
C.T. (Corona Test) – detects ozone formation sites as well as high ionization points that generate insulation degradation
I.R. (Insulation Resistance)
D.C. Withstand on Specials
C.R. Conductor Resistance
S.C. Shield Continuity

WE MUST LOOK AT EVERY CABLE VERY CAREFULLY AND THAT GOES DOUBLE FOR ANY SAMPLES GOING TO INSPECTION LABS.

I. RECEIVING: When we receive materials going into our cable, receiving must work with the physical test lab to see that they are inspected. DO NOT USE UNAPPROVED RAW MATERIALS IN ANY OF OUR PRODUCTS.

J. SHIPPING: Shipping plays a major role in getting the product to the customer properly. They must identify the right reel with the right labeling. Ends must be sealed and protected. The cable also must be protected and then properly blocked in position on the trucks to avoid damage. Shipping documents must be correct. Final test and shipping must work together to get this done.

STORAGE OF REELS OF CABLE THROUGHOUT THE PLAN AND OUTSIDE MUST BE FLANGE TO FLANGE AND BLOCKED TO PREVENT DAMAGE. IN ALL OPERATIONS GOOD HOUSEKEEPING LEADS TO GOOD QUALITY.

IF IT'S NOT RIGHT, DON'T SHIP IT.

THE OKONITE COMPANY

Ramsey, New Jersey 07446

QUALITY SYSTEM

The Okonite Company's commitment to Total Quality in the design, manufacture, delivery and service of wire and cable products since 1878 has been proven by continuing improvements achieved by dedicated employees for our valued customers. Quality consistency of Okonite cables for industrial, railroad, rapid transit, electric utility generating (both fossil and nuclear) /distribution and military applications are demonstrated by Okonite ESOP employees following planned and systematic procedures which assure customer satisfaction with installation and years of reliable service.

1. ORGANIZATION

The Okonite Company has established and executed a formal Quality Management System since the 1970's, that has exceeded customers expectations. The authority and duties of the personnel and organizations performing quality functions are clearly defined and documented in writing. The Company Quality Organizations (Ramsey Headquarters and Plant levels) are illustrated in Tables A & B.

2. QUALITY SYSTEM

Okonite's Quality System is based on the QA Management criteria of ISO 9001,2, and 3-1994 (self certification) and complies with the requirements of QA Standards 10CFR50 Appendix B, ANSI N45.2, AAR M 1003, ASQC-1, and Mil I 45208.

3. DESIGN CONTROL

Okonite HQ design control is based upon the selection and qualification of raw materials that are used to produce premium standard cable constructions which meet or exceed Okonite and regulatory acceptance test and performance criteria. Customer requirements are satisfied by applying Okonite cable quality standards to meet purchase criteria.

4. PROCUREMENT DOCUMENT CONTROL

Purchase Specifications requiring approved suppliers for raw materials and cable components are prepared by the Research and Engineering Divisions. Purchase of sub-supplier items which require applicable regulatory requirements (necessary to assure quality) is defined by Okonite purchases order for compliance by the supplier.

5. INSTRUCTIONS, PROCEDURES AND DRAWINGS

Above activities affecting quality are assured by written instructions, procedures and/or drawings appropriate to the need. These documents include appropriate quantitative or qualitative acceptance criteria for determining that activities have been achieved.

6. DOCUMENT CONTROL

Procedures are established to control the issuance and updating by authorized personnel of Corporate policies technical and manufacturing specifications to insure an effective Quality System.

7. CONTROL OF PURCHASED MATERIAL

Cable quality is assured by a proven system of Okonite policies and procedures for purchased materials that provide for development and review of quality requirements, materials evaluation, purchase specifications, supplier selection/approvals and incoming materials inspection. Suppliers of materials that have achieved satisfactory performance and are Certified, enter into a Quality Partnership and are exempt from receipt testing.

8. IDENTIFICATION & CONTROL OF MATERIALS, PARTS AND SUBCOMPONENTS

Procedures are established for the identification and control of materials and cable components used during all stages of manufacture. Measures are provided to prevent the use of incorrect or defective materials. Traceability procedures define data records which permit the linking of records from final shipping reels to the customer back to the insulation of the single conductors making up the cable.

9. CONTROL OF SPECIAL PROCESSES

There are no special processes as defined by either 10CFR50 Appendix B (NRC), ANSI N 45.2 or ISO 9001, employed in Okonite wire and cable manufacture.

Continued on Page 4.

The Okonite Company Quality Organization & Designated Functions - Headquarters Level

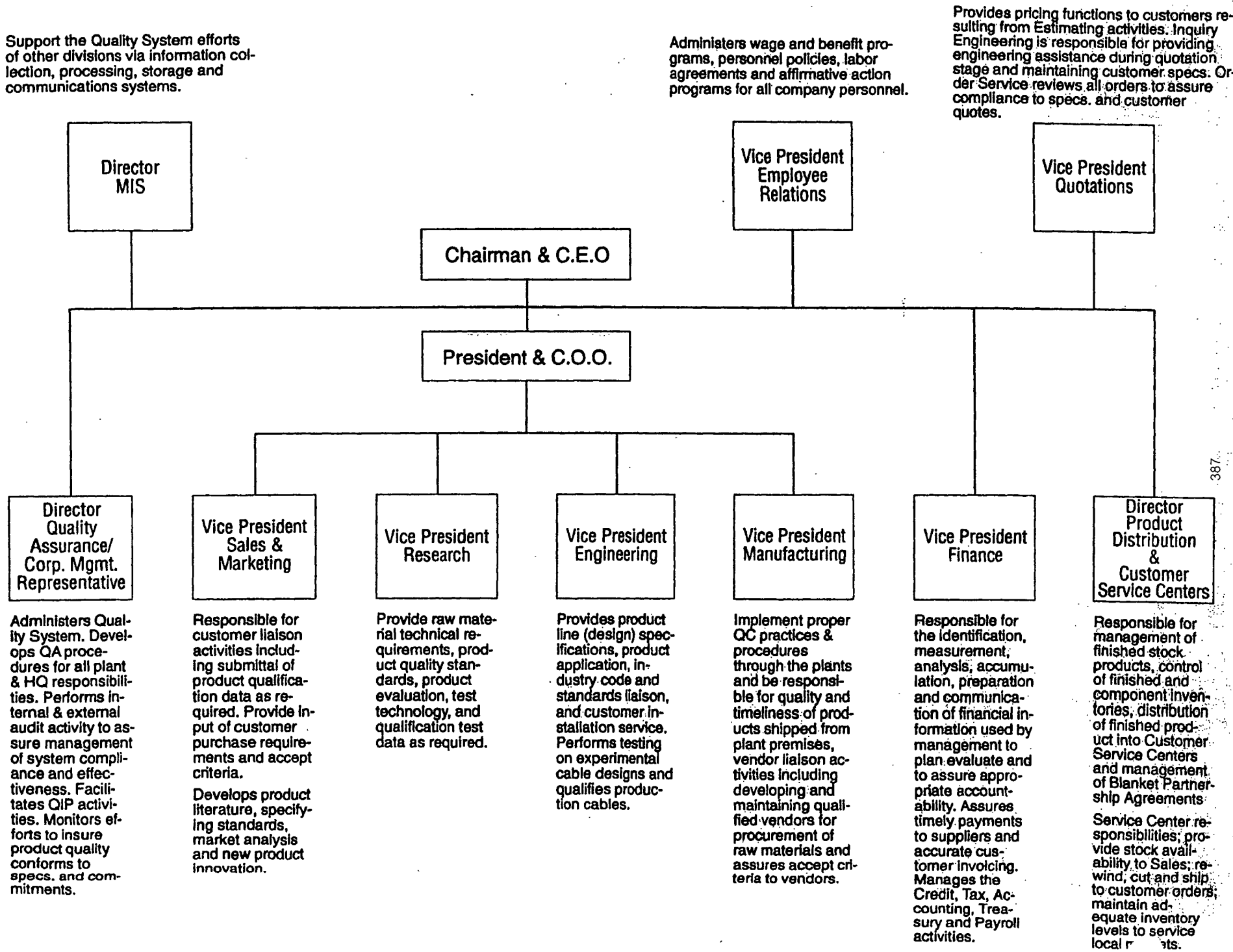
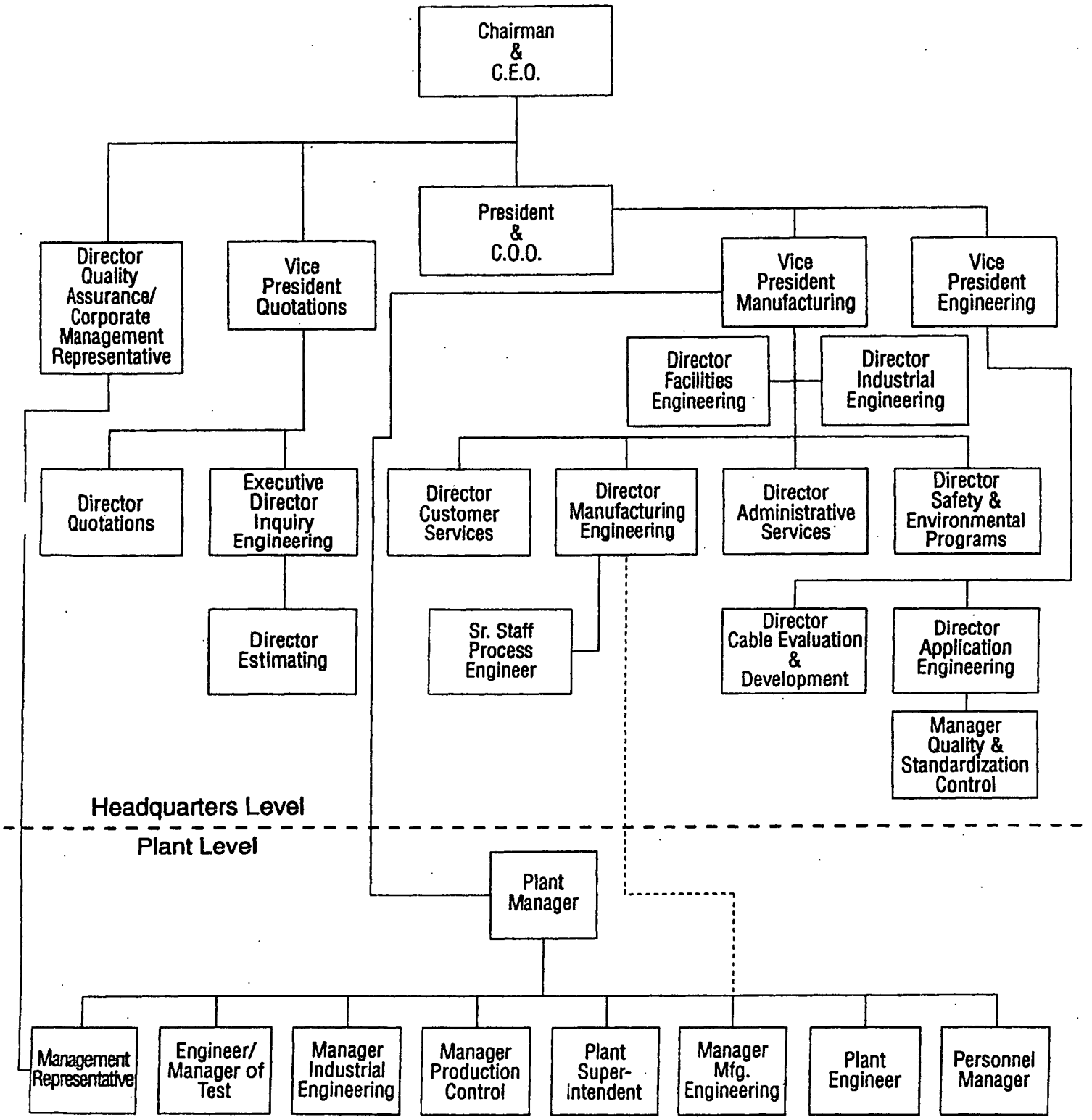


TABLE B.

The Okonite Company Quality Organization



10. INSPECTION

Inspection and testing programs are in effect to insure compliance with appropriate instructions, procedures and/or drawings. Inspections are performed by trained and qualified personnel.

11. TEST CONTROL

Applicable test methods and procedures are documented for determination of physical and electrical properties involving product qualification testing, production, in-process and final acceptance testing to ensure compliance with applicable customer requirements. Testing is performed by trained and qualified personnel.

12. CONTROL OF MEASURING & TEST EQUIPMENT

Measurement devices employed for acceptance/rejection decisions of materials, components and/or finished wire and cables are covered by a calibration maintenance program which includes as-found conditions, frequency, status identification and the use of standards traceable to NIST.

13. HANDLING, STORAGE AND SHIPPING

Handling of materials is accomplished by personnel trained in the use of the appropriate equipment and proper techniques of storage in accordance with quality assurance requirements to prevent damage or deterioration. Specific packaging, marking and loading are used to meet customer and appropriate regulatory and industrial standards.

14. INSPECTION, TEST AND OPERATING STATUS

A product traveler document (C&R) is prepared for each item to be manufactured. This document defines the manufacturing processes involved, the proper sequence of all manufacturing, test and inspection operations required to assure the product complies with applicable specifications. Status of latest satisfactory manufacturing sequence completed is contained on the individual reel of insulated wire/cable.

15. NON-CONFORMING MATERIAL, PARTS AND COMPONENTS

Specific procedures and instructions are established for non-conforming material or product, thereby preventing their use in products which would not meet applicable customer specification requirements.

16. CORRECTIVE ACTION

A system has been established and maintained that focuses on corrective action (C/A) to prevent the recurrence of deficiencies. This system, applicable to departmental procedures as well as product quality, consists of; investigation of non-conforming (N/C) purchased materials, manufactured product and evaluating C/A to prevent recurrence: auditing processes, procedures, customer complaints, etc. to identify adverse trends and initiate C/A to eliminate possible N/C products/services; and follow-up on C/A responses is performed to assess effectiveness of implemented changes.

17. QUALITY RECORDS

Procedures have been established and are maintained that control quality records. Quality records are maintained by each functional activity as a means of providing objective evidence that OKONITE wire/cables meet specified technical and quality requirements. Applicable system records and retention periods are as specified within the Quality Manual.

18. QUALITY AUDITS

Internal audits are performed by Quality Assurance in accordance with established procedures on a scheduled basis that provide ongoing analysis of the effectiveness of the OKONITE Quality System in maintaining compliance to 10CFR50 Appendix B, Quality Assurance Criteria for Nuclear Power Plants and International Standard ISO 9001, Quality Systems. Records of internal audits are maintained along with applicable cause and corrective actions resulting from audit findings.

19. TRAINING

Personnel performing activities affecting quality are qualified for their assigned duties. Training needs are identified and appropriate instruction is provided, as required. Training records are maintained by the Personnel Department.

20. STATISTICAL TECHNIQUES

Statistics are utilized, where appropriate, for process control, data analysis (including process capability), defect prevention, problem identification and solving, product improvement and service improvement.

Richard L Brodeur

DIRECTOR-QUALITY ASSURANCE

The Okonite Company
Orangeburg, South Carolina

Record of Employee Training

Description of Training Program:

This Training Program included the hazardous materials training requirements of the following:

1. The OSHA Hazard Communication Standard
2. The South Carolina Hazardous Waste regulations
3. The Federal Oil Spill Prevention regulations
4. The South Carolina Water Pollution Control regulations

The purpose of the training program was to increase employee awareness of hazardous materials, to explain spill response procedures, and to explain the methods of handling hazardous materials and waste.

Date of Training: Nov. 2, 1995

Employee Name: Allen Smith

Employee Signature: Allen Smith

Trainer Name: James J. Groome, Senior Environmental Engineer, The Okonite Company

Trainer Signature: James J. Groome

10/28/96

CV Quality Training Class

QC TRAINING CLASS ATTENDANCE LOG

THE EMPLOYEES THAT SIGNED BELOW UNDERSTAND THEIR RESPONSIBILITY TO MAINTAIN THE SYSTEM AND WHAT IS EXPECTED OF THEM TO UPHOLD THE OKONITE QUALITY IMAGE.

EMPLOYEE (SIGN)	DATE ATTENDED	COMMENTS
Michael Urbe	10/28/96	
Roger Walker	10/28/96	
Michael Penn	10/28/96	
Ronnie Wade	10/28/96	
Kenneth Dyches	10-28-96	
Bill Markant	10-28-96	
C E W	11	
William Jeff Jr.	10-28-96	
Shawn Johnson	10-28-96	
Jerry Smith	10-28-96	
[illegible]	10-28-96	
[illegible]	10-28-96	
[illegible]	10-30-96	
Steven Gentry	10/30/96	
[illegible]	10/29/96	
[illegible]	10/29/96	
[illegible]	11/1/96	
[illegible]	11-1-96	
[illegible]	11-1-96	
[illegible]	11-1-96	

EMPLOYEE NAME: Allen Smoak

BEGIN TRAINING DATE: _____

QUALIFICATION DATE: _____

TRAINING GUIDE

COST CENTER 11

CV MACHINE OPERATOR

This training guide is intended as an aid to properly train all existing and future Insulation Machine Operators. The check-off section will help ensure proper instruction and review of all operator functions. Each area must be initialed and dated at the time of instruction by the instructor, which may be either the supervisor or another employee; initialed and dated by the trainee when fully understood; and initialed and dated when reviewed by the appropriate supervisor.

When completed one copy of the signed guide will stay with the employee's attendance file, one copy will go to Q.A., and one copy will go to Personnel.

RESPONSIBLE SUPERVISOR: Mike Hatfield

PLANT SUPERINTENDENT: Tom Sanchez

MGR. PLANT Q.A.: _____

8/30/94

TS

	SUPERVISOR	TRAINEE	TRAINER
I. READING THE C&R	MOH	JAS 6-29	
A. GENERAL OVERVIEW OF C&R		JAS 6-29-94	
B. SPECIFIC TO SEQUENCE		JAS 6-29-94	
1. EXTRUSION METHOD (TRIPLE, ETC.)		JAS 6-29-94	
2. LINE SPEED		JAS	
3. WALL O.D. & MIN/MAX DIFFERENCE		JAS	
4. COMPOUND TYPE		JAS	
5. COMPOUND BLEED ALLOWANCE		JAS	
6. SET UP TIME ALLOWANCE		JAS	
7. CUTTING LENGTHS		JAS	
8. SPECIAL INSTRUCTIONS		JAS	
a. PRINTING		JAS	
b. TAPING		JAS	
c. ADHESIVES		JAS	
9. 9-LINE SCRAP		JAS	
10. NEXT SEQUENCE		JAS	
C. CORRELATION BETWEEN C&R & SETUP SHEET		JAS	
II. MANUFACTURING SPECIFICATIONS	MOH		
A. LOCATION OF MFG. SPEC.		JAS	
1. ON LINE		JAS	
2. FOREMANS OFFICE		JAS	
B. PROCESS CONDITIONS		JAS	
C. LINE SPEEDS		JAS	
D. CAPSTAN GEAR SETTINGS		JAS	
E. WATER LEVEL CONTROL		JAS	
F. CURE CHECK PROCEDURE		JAS	
G. SPARK TEST VOLTAGES			
H. LASER GAUGE SET POINTS		JAS	
I. LINE LIMITATIONS		JAS	
J. NITROGEN/STEAM SYSTEM		JAS	
III. LINE COMPONENTS	MOH	JAS	
A. METERING CAPSTAN		JAS	
1. GEARS		JAS	
2. BELTS & BELT PRESSURE		JAS	
B. EXTRUDERS		JAS	
1. BARREL		JAS	
2. ZONE HEATING		JAS	
3. ZONE COOLING		JAS	
4. SCREW TYPES		JAS	
5. AMP/RPM GAUGE		JAS	
6. WATER RESERVOIRS		JAS	
7. FEED POCKET		JAS	
C. HEADS		JAS	
1. WEDGE RING		JAS	
2. DIE HOLDER		JAS	
3. DIE HOLDER RETAINER		JAS	
4. LEADER		JAS	
5. CENTERING BOLTS		JAS	
6. HEATER BANDS		JAS	
7. THERMOCOUPLES		JAS	
8. CLEANING & STORAGE		JAS	

III. LINE COMPONENTS (CONT.)	SUPERVISOR	TRAINEE	TRAINEE
9. HEAD PRESSURE GAUGE	MOM	JAS	
10. ASSEMBLY		JAS	
a. PRECAUTIONS		JAS	
b. ASSEMBLY		JAS	
c. TOOLING & RUN DIMENSIONS		JAS	
D. TOOLING			
1. LANDED VS. NONLANDED	MOM	JAS	
2. CARE & STORAGE		JAS	
3. CONDITION OF TOOLING		JAS	
4. SPACING		JAS	
E. STERLCO UNITS			
1. TEMP. SETTINGS	MOM	JAS	
2. SCREW COOLING HOOKUP		JAS	
3. PROPER CHECK-OUT		JAS	
4. DIE STERLCO		JAS	
F. BLOWBACK TUBE			
1. NITROGEN SYSTEM	MOM	JAS	
2. BLOWBACK ADHESIVE		JAS	
3. EMERGENCY DUMP		JAS	
4. CLEANING SITE GLASS		JAS	
5. NOZZLE GASKETS		JAS	
6. OIL/NITROGEN LINES		JAS	
G. STEAM TUBE			
1. SPLICE BOX	MOM	JAS	
2. SEALS		JAS	
3. WATER LEVEL		JAS	
4. BY-PASS		JAS	
5. SAFETY SWITCH		JAS	
6. MONITOR		JAS	
7. PRESSURE GAUGE		JAS	
H. CONTROL PANEL			
1. DISPLAYS	MOM	JAS	
a. AMP/RPM GAUGES		JAS	
b. TENSION RANGE & GAUGE		JAS	
c. INDICATOR LIGHTS		JAS	
2. SWITCHES		JAS	
a. INDEPENDENT/COORDINATE		JAS	
b. INCREASE/DECREASE		JAS	
3. E-STOP & RESET		JAS	
I. COMPOUND FEED SYSTEM			
1. SHAKERS	MOM	JAS	
2. HOPPERS		JAS	
3. VACUUM PUMP		JAS	
4. FILTERS		JAS	
5. CONTAMINANTS & COVERS		JAS	
J. 401 SYSTEM			
1. PROFILES	MOM	JAS	
2. REACTIONS TO READOUTS & ALARMS	MOM	JAS	
K. COUNTER			
1. DISTANCE TO SEALS	MOM	JAS	
2. DISTANCE TO TAKE-UP	MOM	JAS	

III. LINE COMPONENTS (CONT.)

L. MEASURING DEVICES
- 1. O.D. TAPE
- 2. MICROMETER
- 3. PIN & GAUGES
- 4. MICROSCOPE & COMPARATOR
- 5. LASER OPERATION
- 6. CALIPERS
- 7. LASER SET UP

M. SUPPLEMENTAL EQUIPMENT
- 1. WIRE STRAIGHTENER
  - a. PROPER SET UP
  - b. SIZING
- 2. LUBRICATION DEVICES
  - a. PUMPS
  - b. DRIPPERS

IV. OPERATOR SET UP

A. CURE AND FLOOD PROCEDURE
- 1. TIME REQUIRED FOR CURING
- 2. FLOODING THE TUBE
  - a. MANUALLY
  - b. COMPUTER CONTROLLED ?
- 3. INTERACTION WITH OPERATORS
- 4. OPENING UP

B. PULL AROUND
- 1. SPLICING
  - a. SINGLE CONDUCTOR
  - b. MULTICONDUCTOR
- 2. INTERACTION WITH OPERATORS

C. CHANGING COMPOUND
- 1. EMPTY HOPPER
- 2. BLEED BARREL EMPTY
- 3. RUBBER KNOCK & CLEAN SCREW
- 4. CLEAN COMPOUND STORAGE SYSTEM
- 5. CLEAN VACUUM FILTER SYSTEM

D. HEADS
- 1. CENTERING BOLTS
  - a. CHECK FOR DAMAGE
    - i. INSERTS
    - ii. DIE HOLDER SURFACE
  - b. ANTI-SEIZE COMPOUND
  - c. TIGHTENING
- 2. WEDGE RINGS
  - a. KNOCKING
  - b. CLEANING
  - c. ANTI-SEIZE COMPOUND
- 3. DIE PLACEMENT
  - a. DIE GASKET INSTALLATION
  - b. SEATING
- 4. TIP PLACEMENT
  - a. THREADING
  - b. SPACING

SUPERVISOR	TRAINEE	TRAINEE

IV. OPERATOR SET UP (CONT.)	SUPERVISOR	TRAINEE	TRAINER
D. HEADS (CONT.)			
5. BREAKER PLATES & SCREENS			
a. CORRECT SCREEN ORDER			
b. BREAKER PLATE INSERTION			
6. CENTERING COMPOUND			
a. BLEED OUTS			
7. STRINGING CONDUCTOR THROUGH HEAD			
8. HEAD VACUUM SEALS			
E. TEMPERATURE PROFILES			
1. ZONE SETTINGS			
2. STERLCO SETTINGS			
3. HEAD TEMPERATURE			
4. DIE TEMPERATURE			
5. THERMOCOUPLES			
6. STOCK PROBES			
7. DIE COOLING			
F. BLOWBACK			
1. NITROGEN BOTTLES			
a. CHECKING BOTTLES			
b. CHANGING BOTTLES			
2. GASKETS			
3. ALIGNMENT			
G. STEAM TUBE			
1. NOZZLE ALIGNMENT			
2. TAPING THE NOZZLE			
3. SPLICE BOX			
V. START UP & RUN RESPONSIBILITIES			
A. INTERACTION WITH OPERATOR			
B. START UP OF LINE			
1. STARTING EXTRUDERS			
2. WARMUP PERIOD			
3. OBTAINING DESIRED DIAMETERS			
4. STRIPBACK PROCEDURES			
5. LASER			
a. AUTOMATIC			
b. MANUAL			
C. STEAM TUBE			
1. CLOSING TUBE			
2. STARTING WATER & STEAM			
D. BLOW BACK			
1. CLOSING TUBE			
2. STARTING ADHESIVE PUMP			
3. STARTING NITROGEN			
4. CHECK FOR LEAKS			
E. MAINTAIN LINE			
1. TENSIONS			
2. TEMPERATURES			
3. DIAMETERS & CENTERS			
4. AMP READINGS			
5. OTHER CONTROL READOUTS & INDICATORS			

		SUPERVISOR	TRAINEE	TRAINER
V.	START UP & RUN RESPONSIBILITIES (CONT.)			
	F. MAINTAIN COMPOUND	MWH	JAS	
	1. FEEDING PROPERLY		JAS	
	2. INSPECT FOR CONTAMINATION		JAS	
	3. BREAK DOWN EMPTY BOXES		JAS	
	G. MAINTAIN NECESSARY OILS & MIXTURES		JAS	
	H. MAINTAIN DOCUMENTATION		JAS	
	I. HOUSEKEEPING		JAS	
VI.	DOCUMENTS & Q.C. RESPONSIBILITIES	MWH	JAS	
	A. PRODUCTION REPORTS		JAS	
	1. DIRECT LABOR CODES		JAS	
	2. INDIRECT LABOR CODES		JAS	
	B. C.V. OPERATOR SET-UP SHEET		JAS	
	C. EXTRUDER CHECKLIST (Q-108)		JAS	
	D. REPORTING PROBLEMS & DEFECTS		JAS	
VII.	GOALS & OBJECTIVES			
VIII.	SAFETY	MWH	JAS	
	A. SAFETY GLASSES		JAS	
	B. MATERIAL SAFETY DATA SHEETS		JAS	
	C. NOISE PROTECTION		JAS	
	D. GUARDS & MOVING MACHINERY		JAS	
	E. OIL SPILLAGE & CARE		JAS	
	F. PROPER LIFTING & REEL HANDLING		JAS	
IX.	TRAINING FILMS SEEN			
	A. C.V. OPERATOR TRAINING SLIDES			
	B. RIGHT TO KNOW			
	C. MATTHEWS 5128 PRINTER TRAINING			
	D. _____			
	E. _____			
	F. _____			

Daily Prod. tion Reporting Trainin Checklist

EMPLOYEE NAME: Allen Swab

Manufacturing Spec.

6.5 Production Reporting	Trainee initials	Trainee Date	Trainer initials	Trainer Date	Supervisor initials	Supervisor Date
1.0 General Instructions	JAS	8-29-94				
2.0 Specific Instructions						
2.1 Production Reporting Forms	JAS	8-29-94				
2.2 Paralleling ASA Reporting to Production Sheets	JAS	8-29-94				
2.3 Chronological Reporting of Events	JAS	8-29-94				
2.4 Overview of Direct & Indirect Labor	JAS	8-29-94				
2.5 Direct Labor Accounts / Categories	JAS	8-29-94				
2.6 Essential Reporting Information for Direct Labor	JAS	8-29-94				
2.7 Indirect Labor Coding / Availability of Templates	JAS	8-29-94				
2.8 CC 95 General Plant Indirect Labor	JAS	8-29-94				
2.9 Reporting Start of Elements	JAS	8-29-94				
2.10 Supervisory Responsibilities	JAS	8-29-94				
2.11 Assignment to Another Cost Center	JAS	8-29-94				
2.12 Working in Multiple Cost Centers	JAS	8-29-94				

DAMAGE REPORT

DATE_____ SHIFT_____ EMPLOYEE_____ CLOCK NO._____

TYPE OF COMPANY PROPERTY DAMAGED

___FORK TRUCK	___FINISHED CABLE	___BOX COMPOUND	___TRAILER WALL
___DOCK DOOR	___ALUMINUM COIL	___BOX SCRAP	___TRAILER FLOOR
___AIR JACK	___STEEL COIL	___REEL FLANGE	___TRAILER ROOF
___TAKEUP	___COPPER ROD	___REEL DRUM	___OTHER
___SPARKER BOX	___ALUMINUM ROD	___MECH. EQUIP.	___UNUSED PAPER
___TRAVERSE	___COPPER TAPE	___ELECT. EQUIP.	___BANDING EQUIP.
___AIR HOSE	___BARREL LIQ.MTL.	___STRIP MACH.	___BUILDING

ACTUAL CAUSE OF DAMAGE

___HUMAN ERROR
___MECH. DEFECT
___WRONG SIZE FORK TRUCK SELECTED FOR THE JOB
___NEGLIGANCE
___WEATHER
___ICE
___SNOW
___WATER ON THE FLOOR
___OIL ON THE FLOOR
___HOUSEKEEPING

EMPLOYEE'S STATEMENT

FOREMAN'S STATEMENT

FOREMAN'S CORRECTIVE ACTION

_ENTERED WORK ORDER
_FOLLOWED UP AND CORRECTED HOUSEKEEPING
_DISCUSSED HUMAN ERROR

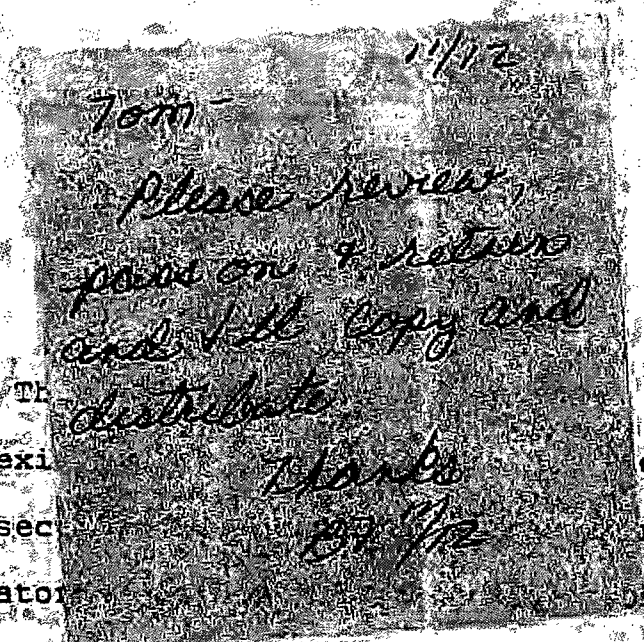
COMMENTS

FOREMAN_____

EMPLOYEE NAME: Allen Smoak

BEGIN TRAINING DATE: 11/1/93

QUALIFICATION DATE: 11/1/94



TRAINING GUIDE

COST CENTER 11

CV MACHINE OPERATOR

This [illegible] as an aid to properly train all existing [illegible] chine Operators. The check-off sec[illegible]nstruction and review of all operator[illegible] be initialed and dated at the time of instruction by the instructor, which may be either the supervisor or another employee; initialed and dated by the trainee when fully understood; and initialed and dated when reviewed by the appropriate supervisor.

When completed one copy of the signed guide will stay with the employee's attendance file, one copy will go to Q.A., and one copy will go to Personnel.

RESPONSIBLE SUPERVISOR: Robert A Ferris 11/12/94

PLANT SUPERINTENDENT: Tom Sorchy 11/13/94

MGR. PLANT Q.A.: _____

	SUPERVISOR	TRAINEE	TRAINER
I. READING THE C&R	RQ7	JAS	RQ7
A. GENERAL OVERVIEW OF C&R		JAS	
B. SPECIFIC TO SEQUENCE		JAS	
1. EXTRUSION METHOD (TRIPLE, ETC.)		JAS	
2. LINE SPEED		JAS	
3. WALL O.D. & MIN/MAX DIFFERENCE		JAS	
4. COMPOUND TYPE		JAS	
5. COMPOUND BLEED ALLOWANCE		JAS	
6. SET UP TIME ALLOWANCE		JAS	
7. CUTTING LENGTHS		JAS	
8. SPECIAL INSTRUCTIONS		JAS	
a. PRINTING		JAS	
b. TAPING		JAS	
c. ADHESIVES		JAS	
9. 9-LINE SCRAP		JAS	
10. NEXT SEQUENCE		JAS	
C. CORRELATION BETWEEN C&R & SETUP SHEET		JAS	
II. MANUFACTURING SPECIFICATIONS	RQ7	JAS	RQ7
A. LOCATION OF MFG. SPEC.		JAS	
1. ON LINE		JAS	
2. FOREMANS OFFICE		JAS	
B. PROCESS CONDITIONS		JAS	
C. LINE SPEEDS		JAS	
D. CAPSTAN GEAR SETTINGS		JAS	
E. WATER LEVEL CONTROL		JAS	
F. CURE CHECK PROCEDURE		JAS	
G. SPARK TEST VOLTAGES		JAS	
H. LASER GAUGE SET POINTS		JAS	
I. LINE LIMITATIONS		JAS	
J. NITROGEN/STEAM SYSTEM		JAS	
III. LINE COMPONENTS	RQ7	JAS	RQ7
A. METERING CAPSTAN		JAS	
1. GEARS		JAS	
2. BELTS & BELT PRESSURE		JAS	
B. EXTRUDERS		JAS	
1. BARREL		JAS	
2. ZONE HEATING		JAS	
3. ZONE COOLING		JAS	
4. SCREW TYPES		JAS	
5. AMP/RPM GAUGE		JAS	
6. WATER RESERVOIRS		JAS	
7. FEED POCKET		JAS	
C. HEADS		JAS	
1. WEDGE RING		JAS	
2. DIE HOLDER		JAS	
3. DIE HOLDER RETAINER		JAS	
4. LEADER		JAS	
5. CENTERING BOLTS		JAS	
6. HEATER BANDS		JAS	
7. THERMOCOUPLES		JAS	
8. CLEANING & STORAGE		JAS	

III. LINE COMPONENTS (CONT.)

- 9. HEAD PRESSURE GAUGE
- 10. ASSEMBLY
  - a. PRECAUTIONS
  - b. ASSEMBLY
  - c. TOOLING & RUN DIMENSIONS

D. TOOLING
- 1. LANDED VS. NONLANDED
- 2. CARE & STORAGE
- 3. CONDITION OF TOOLING
- 4. SPACING

E. STERLCO UNITS
- 1. TEMP. SETTINGS
- 2. SCREW COOLING HOOKUP
- 3. PROPER CHECK-OUT
- 4. DIE STERLCO

F. BLOWBACK TUBE
- 1. NITROGEN SYSTEM
- 2. BLOWBACK ADHESIVE
- 3. EMERGENCY DUMP
- 4. CLEANING SITE GLASS
- 5. NOZZLE GASKETS
- 6. OIL/NITROGEN LINES

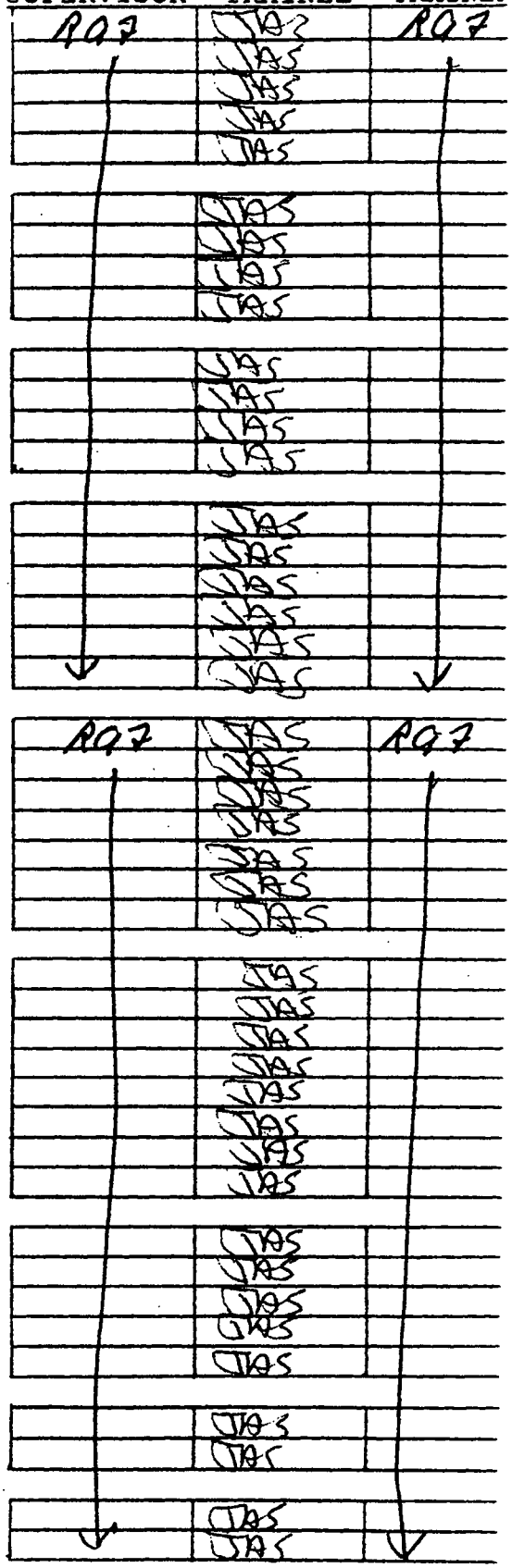
G. STEAM TUBE
- 1. SPLICE BOX
- 2. SEALS
- 3. WATER LEVEL
- 4. BY-PASS
- 5. SAFETY SWITCH
- 6. MONITOR
- 7. PRESSURE GAUGE

H. CONTROL PANEL
- 1. DISPLAYS
  - a. AMP/RPM GAUGES
  - b. TENSION RANGE & GAUGE
  - c. INDICATOR LIGHTS
- 2. SWITCHES
  - a. INDEPENDENT/COORDINATE
  - b. INCREASE/DECREASE
- 3. E-STOP & RESET

I. COMPOUND FEED SYSTEM
- 1. SHAKERS
- 2. HOPPERS
- 3. VACUUM PUMP
- 4. FILTERS
- 5. CONTAMINANTS & COVERS

J. 401 SYSTEM
- 1. PROFILES
- 2. REACTIONS TO READOUTS & ALARMS

K. COUNTER
- 1. DISTANCE TO SEALS
- 2. DISTANCE TO TAKE-UP



III. LINE COMPONENTS (CONT.)

L. MEASURING DEVICES
- 1. O.D. TAPE
- 2. MICROMETER
- 3. PIN & GAUGES
- 4. MICROSCOPE & COMPARATOR
- 5. LASER OPERATION
- 6. CALIPERS
- 7. LASER SET UP

M. SUPPLEMENTAL EQUIPMENT
- 1. WIRE STRAIGHTENER
  - a. PROPER SET UP
  - b. SIZING
- 2. LUBRICATION DEVICES
  - a. PUMPS
  - b. DRIPPERS

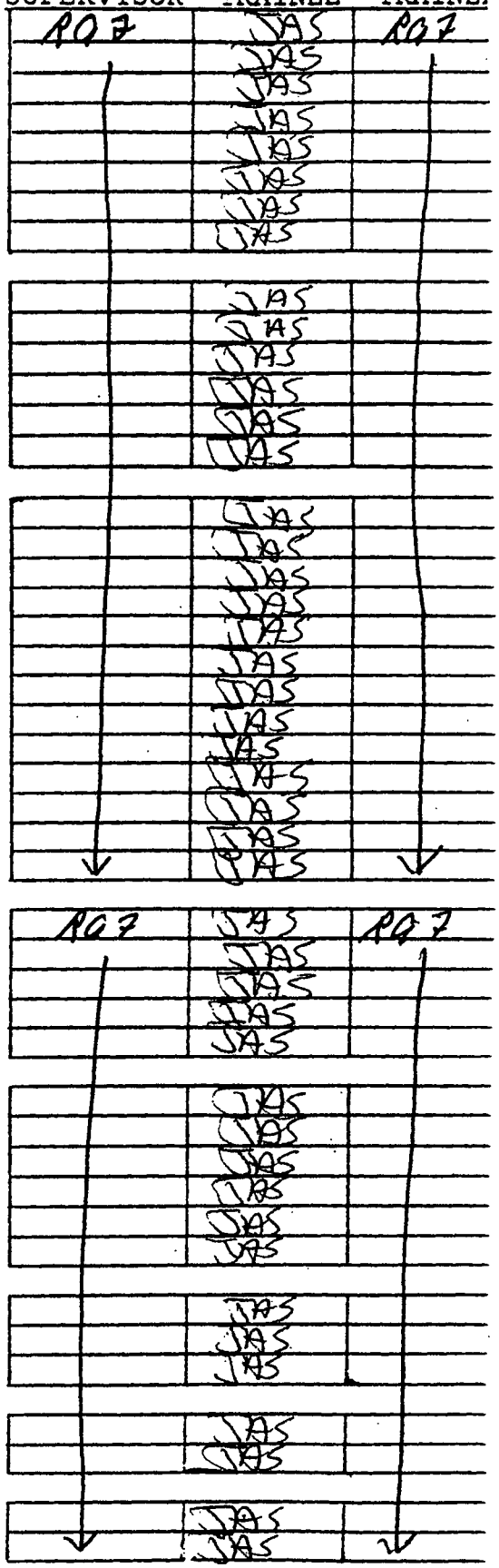
IV. OPERATOR SET UP

A. CURE AND FLOOD PROCEDURE
- 1. TIME REQUIRED FOR CURING
- 2. FLOODING THE TUBE
  - a. MANUALLY
  - b. COMPUTER CONTROLLED
- 3. INTERACTION WITH OPERATORS
- 4. OPENING UP

B. PULL AROUND
- 1. SPLICING
  - a. SINGLE CONDUCTOR
  - b. MULTICONDUCTOR
- 2. INTERACTION WITH OPERATORS

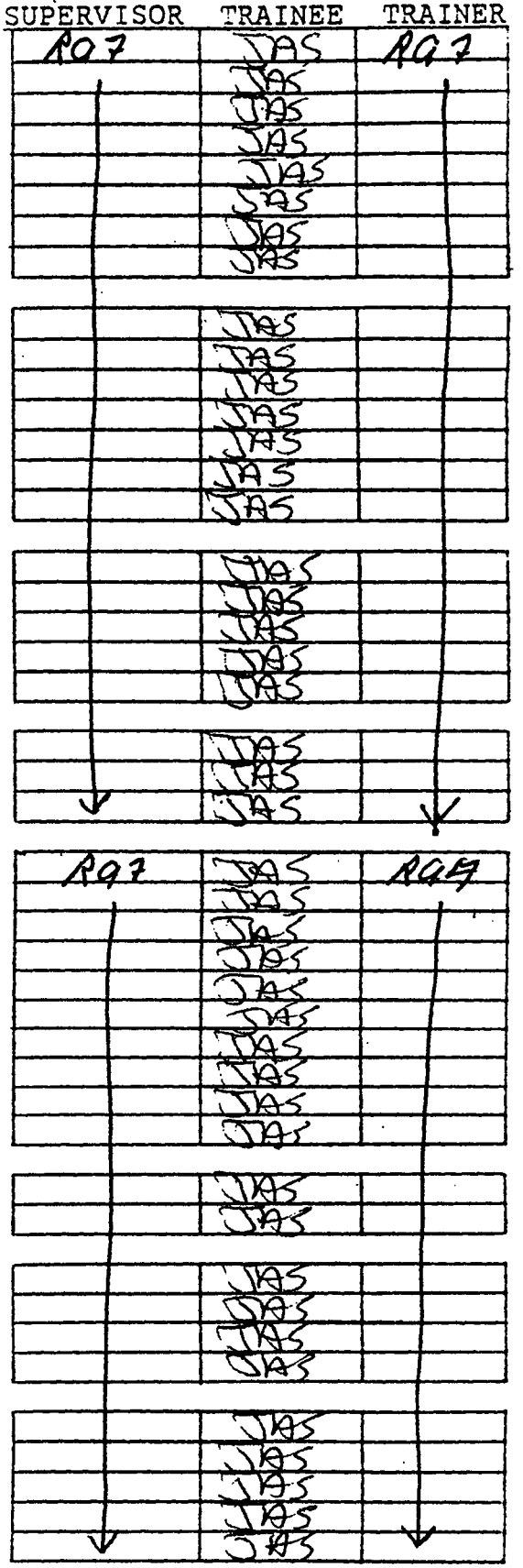
C. CHANGING COMPOUND
- 1. EMPTY HOPPER
- 2. BLEED BARREL EMPTY
- 3. RUBBER KNOCK & CLEAN SCREW
- 4. CLEAN COMPOUND STORAGE SYSTEM
- 5. CLEAN VACUUM FILTER SYSTEM

D. HEADS
- 1. CENTERING BOLTS
  - a. CHECK FOR DAMAGE
    - i. INSERTS
    - ii. DIE HOLDER SURFACE
  - b. ANTI-SEIZE COMPOUND
  - c. TIGHTENING
- 2. WEDGE RINGS
  - a. KNOCKING
  - b. CLEANING
  - c. ANTI-SEIZE COMPOUND
- 3. DIE PLACEMENT
  - a. DIE GASKET INSTALLATION
  - b. SEATING
- 4. TIP PLACEMENT
  - a. THREADING
  - b. SPACING



IV. OPERATOR SET UP (CONT.)
- D. HEADS (CONT.)
  - 5. BREAKER PLATES & SCREENS
    - a. CORRECT SCREEN ORDER
    - b. BREAKER PLATE INSERTION
  - 6. CENTERING COMPOUND
    - a. BLEED OUTS
  - 7. STRINGING CONDUCTOR THROUGH HEAD
  - 8. HEAD VACUUM SEALS
- E. TEMPERATURE PROFILES
  - 1. ZONE SETTINGS
  - 2. STERLCO SETTINGS
  - 3. HEAD TEMPERATURE
  - 4. DIE TEMPERATURE
  - 5. THERMOCOUPLES
  - 6. STOCK PROBES
  - 7. DIE COOLING
- F. BLOWBACK
  - 1. NITROGEN BOTTLES
    - a. CHECKING BOTTLES
    - b. CHANGING BOTTLES
  - 2. GASKETS
  - 3. ALIGNMENT
- G. STEAM TUBE
  - 1. NOZZLE ALIGNMENT
  - 2. TAPING THE NOZZLE
  - 3. SPLICE BOX

V. START UP & RUN RESPONSIBILITIES
- A. INTERACTION WITH OPERATOR
- B. START UP OF LINE
  - 1. STARTING EXTRUDERS
  - 2. WARMUP PERIOD
  - 3. OBTAINING DESIRED DIAMETERS
  - 4. STRIPBACK PROCEDURES
  - 5. LASER
    - a. AUTOMATIC
    - b. MANUAL
- C. STEAM TUBE
  - 1. CLOSING TUBE
  - 2. STARTING WATER & STEAM
- D. BLOW BACK
  - 1. CLOSING TUBE
  - 2. STARTING ADHESIVE PUMP
  - 3. STARTING NITROGEN
  - 4. CHECK FOR LEAKS
- E. MAINTAIN LINE
  - 1. TENSIONS
  - 2. TEMPERATURES
  - 3. DIAMETERS & CENTERS
  - 4. AMP READINGS
  - 5. OTHER CONTROL READOUTS & INDICATORS



	SUPERVISOR	TRAINEE	TRAINER
V. START UP & RUN RESPONSIBILITIES (CONT.)			
F. MAINTAIN COMPOUND	RAZ	JAS	RAZ
1. FEEDING PROPERLY		JAS	
2. INSPECT FOR CONTAMINATION		JAS	
3. BREAK DOWN EMPTY BOXES		JAS	
G. MAINTAIN NECESSARY OILS & MIXTURES		JAS	
H. MAINTAIN DOCUMENTATION		JAS	
I. HOUSEKEEPING		JAS	
VI. DOCUMENTS & Q.C. RESPONSIBILITIES			
A. PRODUCTION REPORTS		JAS	
1. DIRECT LABOR CODES		JAS	
2. INDIRECT LABOR CODES		JAS	
B. C.V. OPERATOR SET-UP SHEET		JAS	
C. EXTRUDER CHECKLIST (Q-108)		JAS	
D. REPORTING PROBLEMS & DEFECTS		JAS	
VII. GOALS & OBJECTIVES		JAS	
VIII. SAFETY			
A. SAFETY GLASSES		JAS	
B. MATERIAL SAFETY DATA SHEETS		JAS	
C. NOISE PROTECTION		JAS	
D. GUARDS & MOVING MACHINERY		JAS	
E. OIL SPILLAGE & CARE		JAS	
F. PROPER LIFTING & REEL HANDLING		JAS	
IX. TRAINING FILMS SEEN			
A. C.V. OPERATOR TRAINING SLIDES		JAS	
B. RIGHT TO KNOW		JAS	
C. MATTHEWS 5128 PRINTER TRAINING		JAS	
D. _____			
E. _____			
F. _____			

Daily Prodi tion Reporting Training Checklist

EMPLOYEE NAME: A. Swoak

Manufacturing Spec.
6.5 Production Reporting

		Trainee		Trainer		Supervisor	
		initials	Date	initials	Date	initials	Date
1.0	**General Instructions**	JAS	11-12-94				
2.0	**Specific Instructions**						
2.1	Production Reporting Forms	JAS					
2.2	Paralleling ASA Reporting to Production Sheets	JAS					
2.3	Chronological Reporting of Events	JAS					
2.4	Overview of Direct & Indirect Labor	JAS					
2.5	Direct Labor Accounts / Categories	JAS					
2.6	Essential Reporting Information for Direct Labor	JAS					
2.7	Indirect Labor Coding / Availability of Templates	JAS					
2.8	CC 95 General Plant Indirect Labor	JAS					
2.9	Reporting Start of Elements	JAS					
2.10	Supervisory Responsibilities	JAS					
2.11	Assignment to Another Cost Center	JAS					
2.12	Working in Multiple Cost Centers	JAS					

Asa system will require re-training when system use is re-instituted. (87)

DAMAGE REPORT

DATE_____ SHIFT_____ EMPLOYEE_____ CLOCK NO._____

TYPE OF COMPANY PROPERTY DAMAGED

___FORK TRUCK	___FINISHED CABLE	___BOX COMPOUND	___TRAILER WALL
___DOCK DOOR	___ALUMINUM COIL	___BOX SCRAP	___TRAILER FLOOR
___AIR JACK	___STEEL COIL	___REEL FLANGE	___TRAILER ROOF
___TAKEUP	___COPPER ROD	___REEL DRUM	___OTHER
___SPARKER BOX	___ALUMINUM ROD	___MECH. EQUIP.	___UNUSED PAPER
___TRAVERSE	___COPPER TAPE	___ELECT. EQUIP.	___BANDING EQUIP.
___AIR HOSE	___BARREL LIQ.MTL.	___STRIP MACH.	___BUILDING

ACTUAL CAUSE OF DAMAGE

_____

_____

_____

_____

_____

___HUMAN ERROR	___ICE
___MECH. DEFECT	___SNOW
___WRONG SIZE FORK TRUCK SELECTED FOR THE JOB	___WATER ON THE FLOOR
___NEGLIGANCE	___OIL ON THE FLOOR
___WEATHER	___HOUSEKEEPING

EMPLOYEE'S STATEMENT

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FOREMAN'S STATEMENT

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FOREMAN'S CORRECTIVE ACTION

___ENTERED WORK ORDER
___FOLLOWED UP AND CORRECTED HOUSEKEEPING
___DISCUSSED HUMAN ERROR

COMMENTS

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FOREMAN_____

Daily Production Reporting Training Checklist

EMPLOYEE NAME: Allen Smock

Manufacturing Spec. 6.5 Production Reporting	Trainee initials	Trainee Date	Trainer initials	Trainer Date	Supervisor initials	Supervisor Date
1.0 General Instructions	A.S	6-29-94	RFS	6-29-94	PAT	6/29
2.0 Specific Instructions						
2.1 Production Reporting Forms	A.S	6-29-94				
2.2 Paralleling ASA Reporting to Production Sheets	A.S	6-29-94				
2.3 Chronological Reporting of Events	A.S	6-29-94				
2.4 Overview of Direct & Indirect Labor	A.S	6-29-94				
2.5 Direct Labor Accounts / Categories	A.S	6-29-94				
2.6 Essential Reporting Information for Direct Labor	A.S	6-29-94				
2.7 Indirect Labor Coding / Availability of Templates	A.S	6-29-94				
2.8 CC 95 General Plant Indirect Labor	A.S	6-29-94				
2.9 Reporting Start of Elements	A.S	6-29-94				
2.10 Supervisory Responsibilities	A.S	6-29-94				
2.11 Assignment to Another Cost Center	A.S	6-29-94				
2.12 Working in Multiple Cost Centers	A.S	6-29-94				

D\Forms\Calendars/2010 O'Brg

THE OKONITE COMPANY EMPLOYEE RECORD

2010

ABSENCE CODE

U - Absence, No Call In
A - Absence, Call In
T - Tardy, 2/10 Hr. or Less
T + Tardy, 3/10 Hr. or More
Q - Early Quit (After 6 Hrs.)
Q + Early Quit (Less Than 6 Hrs. Worked)
S - Sick with Doctor's Excuse
H - Holiday (Including Floating Holiday)
L - Leave of Absence
F - Funeral Absence
V - Vacation
J - Jury Duty
W - Lack of Work
O - Occupational Injury

ALLEN SMOAK
2086 CANNON BRIDGE RD CORDOVA, SC 29039
PHONE: (803)534-9845

DEPT: #11-LG CV
POSITION: PROD OPER-A
DATE OF HIRE: 3/1/93
VACATION: 20 days + Anniv = 21
DATE OF BIRTH: 10/1/68

JANUARY

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
					1	2
3	4	5	6	7	8	9
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17	18	19	20	21	22	23
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FEBRUARY

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MARCH

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409

MAY

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JUNE

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JULY

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AUGUST

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SEPTEMBER

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OCTOBER

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NOVEMBER

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DECEMBER

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CRITICAL INCIDENTS: Record All Facts, Sign & Date
(This is a Record of positive & Negative Situations)

THE OKONITE COMPANY EMPLOYEE RECORD

2009

ABSENCE CODE

U - Absence, No Call In
A - Absence, Call In
T - Tardy, 2/10 Hr. or Less
T + Tardy, 3/10 Hr. or More
Q - Early Quit (After 6 Hrs.)
Q + Early Quit (Less Than 6 Hrs. Worked)
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ALLEN SMOAK
2086 CANNON BRIDGE RD CORDOVA, SC 29039
PHONE: (803)534-9845

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POSITION: PROD OPER-A
DATE OF HIRE: 3/1/93
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FEBRUARY

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MARCH

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MAY

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JUNE

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JULY

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AUGUST

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SEPTEMBER

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OCTOBER

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NOVEMBER

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DECEMBER

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27	28	29	30			

CRITICAL INCIDENTS: Record All Facts, Sign & Date
(This is a Record of positive & Negative Situations)

3/25/09

Talked with Allen about Center being out on #2 Ext. on FO# 58399. He understands that in the Future this cannot happen again, without Leading to Futhur Displainary actions. Pd L.

FORWARD TO PERSONNEL AT YEAR END
THIS FORM WILL BECOME A PERMANENT PART OF EMPLOYEE'S FILE

THE OKONITE COMPANY EMPLOYEE RECORD

2008

ABSENCE CODE

U - Absence, No Call In
A - Absence, Call In
T - Tardy, 2/10 Hr. or Less
T + Tardy, 3/10 Hr. or More
Q - Early Quit (After 6 Hrs.)
Q + Early Quit (Less Than 6 Hrs. Worked)
S - Sick with Doctor's Excuse
H - Holiday (Including Floating Holiday)
L - Leave of Absence
F - Funeral Absence
V - Vacation
J - Jury Duty
W - Lack of Work
O - Occupational Injury

ALLEN SMOAK
2086 CANNON BRIDGE RD CORDOVA, SC 29039
PHONE: (803)534-9845
DEPT: #11-LG CV
POSITION: PROD OPER-A

DATE OF HIRE: 3/1/93
VACATION: 15 days + Anniv = 16
DATE OF BIRTH: 10/1/68

JANUARY

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

FEBRUARY

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	

MARCH

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
						1
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16	17	18	19	20	21	22
23/30	24/31	25	26	27	28	29

APRIL

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
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413

MAY

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
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JUNE

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
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JULY

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
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AUGUST

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
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17	18	19	20	21	22	23
24/31	25	26	27	28	29	30

SEPTEMBER

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
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28	29					

OCTOBER

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
			1	2	3	4
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19	20	21	22	23	24	25
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NOVEMBER

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
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DECEMBER

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
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28	29	30	31			

CRITICAL INCIDENTS: Record All Facts, Sign & Date
(This is a Record of positive & Negative Situations)

L.O.W, left at 10:30am 8-20-08	
Talked to Allen about upstairs checklist and checking out line. On 11-20-08 2nd shift came in and started getting hesitations downstairs. When they checked the line they found the flexon dripper to be out of oil. Allen was the upstairs operator on 1st. On 12-2-08 Allen and Trey started 301, the extruder was out of water and neither Allen or Trey caught heats being high. Allen understands and will fill out hourly checklist and check out line religously. J.C.A 12-2-8- KH 12-2-08	

FORWARD TO PERSONNEL AT YEAR END
THIS FORM WILL BECOME A PERMANENT PART OF EMPLOYEE'S FILE

THE OKONITE COMPANY
EMPLOYEE RECORD
2007

ABSENCE CODE

U - Absence, No Call In
A - Absence, Call In
T - Tardy, 2/10 Hr. or Less
T + Tardy, 3/10 Hr. or More
Q - Early Quit (After 6 Hrs.)
Q + Early Quit (Less Than 6 Hrs. Worked)
S - Sick with Doctor's Excuse
H - Holiday (Including Floating Holiday)
L - Leave of Absence
F - Funeral Absence
V - Vacation
J - Jury Duty
W - Lack of Work
O - Occupational Injury

ALLEN SMOAK
2086 CANNON BRIDGE RD CORDOVA, SC 29039
PHONE: 5315338

DEPT: #11-LG CV
POSITION: PROD OPER-A

DATE OF HIRE: 3/1/93
VACATION: 15 days + Anniv = 16
DATE OF BIRTH: 10/1/68

JANUARY

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
	1	2	3	4	5	6
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14	15	16	17	18	19	20
21	22	23	24	25	26	27
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FEBRUARY

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
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25	26	27	28			

MARCH

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
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18	19	20	21	22	23	24
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APRIL

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
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415

MAY

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
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JUNE

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
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JULY

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
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AUGUST

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
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SEPTEMBER

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
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16	17	18	19	20	21	22
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OCTOBER

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
	1	2	3	4	5	6
7	8	9	10	11	12	13
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NOVEMBER

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
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DECEMBER

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
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16	17	18	19	20	21	22
23/30	24/31	25	26	27	28	29

CRITICAL INCIDENTS: Record All Facts, Sign & Date
(This is a Record of positive & Negative Situations)

ON 6-13-07 Allen S. and crew came in Facing 2 lines down and the 3rd going down @ 11:00am. With no hesitation at all this crew got to work and reset all lines including 4301 Great work Guys!! Chris Mills	
6-20-07 Allen had to leave early to go to the chiropractor. SCH	
12/12/07 Allen did not cut out of a P/O that he was on. Made the lenght 900' longer than it had to be. When I talked with Allen he said he understands but, he had lot going on. J.H.	

FORWARD TO PERSONNEL AT YEAR END
THIS FORM WILL BECOME A PERMANENT PART OF EMPLOYEE'S FILE

THE OKONITE COMPANY
EMPLOYEE RECORD
2006

ABSENCE CODE

U - Absence, No Call In
A - Absence, Call In
T - Tardy, 2/10 Hr. or Less
T + Tardy, 3/10 Hr. or More
Q - Early Quit (After 6 Hrs.)
Q + Early Quit (Less Than 6 Hrs. Worked)
S - Sick with Doctor's Excuse
H - Holiday (Including Floating Holiday)
L - Leave of Absence
F - Funeral Absence
V - Vacation
J - Jury Duty
W - Lack of Work
O - Occupational Injury

ALLEN SMOAK
2086 CANNON BRIDGE RD CORDOVA, SC 29039
PHONE: (803)534-9845 531 5338
DEPT: #11-LG CV
POSITION: PROD OPER-A

DATE OF HIRE: 3/1/93
VACATION: 15 days + Anniv = 16
DATE OF BIRTH: 10/1/68

JANUARY

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
1	2	3	4	5	6	7
8	9	10	11	12	13	14
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FEBRUARY

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
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MARCH

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APRIL

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MAY

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JUNE

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JULY

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23/30	24/31	25	26	27	28	29

AUGUST

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SEPTEMBER

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
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OCTOBER

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
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NOVEMBER

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
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	27	28	29	30		

DECEMBER

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
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24/31	25	26	27		29	30

CRITICAL INCIDENTS: Record All Facts, Sign & Date
(This is a Record of Positive & Negative Situations)

9.14.06 SPOKE W/OPERATOR ABOUT MAKING SURE WE DON'T OVERLOAD THE REELS SEB	

FORWARD TO PERSONNEL AT YEAR END
THIS FC. WILL BECOME A PERMANENT PART OF EMPL E'S FILE

THE OKONITE COMPANY
EMPLOYEE
RECORD
2005

ABSENCE CODE

U - Absence, No Call In
A - Absence, Call In
T - Tardy, 2/10 Hr. or Less
T + Tardy, 3/10 Hr. or More
Q - Early Quit (After 6 Hrs.)
Q + Early Quit (Less Than 6 Hrs. Worked)
S - Sick with Doctor's Excuse
H - Holiday (Including Floating Holiday)
L - Leave of Absence
F - Funeral Absence
V - Vacation
J - Jury Duty
W - Lack of Work
O - Occupational Injury

ALLEN SMOAK
2086 CANNON BRIDGE RD CORDOVA, SC 29039
PHONE: (803) ~~534-9845~~ 531-5338

DEPT: #11-LG CV
POSITION: PROD OPER-A

DATE OF HIRE: 3/1/93
VACATION: 15 days + Anniv = 16
DATE OF BIRTH: 10/1/68

JANUARY

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
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9	10	11	12	13	14	15
16	17	18	19	20	21	22
23/30	24/31	25	26	27	28	29

FEBRUARY

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
		1	2	3	4	5
6	7	8	9	10	11	12
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27	28					

MARCH

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
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APRIL

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MAY

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JUNE

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
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JULY

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
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24/31	25	26	27	28	29	30

AUGUST

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
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SEPTEMBER

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
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OCTOBER

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
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NOVEMBER

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
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DECEMBER

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
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CRITICAL INCIDENTS: Record All Facts, Sign & Date
(This is a Record of Positive & Negative Situations)

FORWARD TO PERSONNEL AT YEAR END
THIS F\ . WILL BECOME A PERMANENT PART OF EMPL :E'S FILE

THE OKONITE COMPANY EMPLOYEE RECORD

2004

ABSENCE CODE

U - Absence, No Call In
A - Absence, Call In
T - Tardy, 2/10 Hr. or Less
T + Tardy, 3/10 Hr. or More
Q - Early Quit (After 6 Hrs.)
Q + Early Quit (Less Than 6 Hrs. Worked)
S - Sick with Doctor's Excuse
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L - Leave of Absence
F - Funeral Absence
V - Vacation
J - Jury Duty
W - Lack of Work
O - Occupational Injury

ALLEN SMOAK
2086 CANNON BRIDGE RD CORDOVA, SC 29039
PHONE: (803)534-9845 S31 S338
DEPT: #11-LG CV
POSITION: PROD OPER-A

DATE OF HIRE: 3/1/93
VACATION: 15 days + Anniv = 16
DATE OF BIRTH: 10/1/68

JANUARY

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
				1	2	3
4	5	6	7	8	9	10
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18	19	20	21	22	23	24
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FEBRUARY

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
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MARCH

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
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APRIL

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
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421

MAY

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
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23/30	24/31	25	26	27	28	29

JUNE

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
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JULY

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
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AUGUST

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
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SEPTEMBER

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
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OCTOBER

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17	18	19	20	21	22	23
24/31	25	26	27	28	29	30

NOVEMBER

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
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DECEMBER

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
			1	2	3	4
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26	27	28	29		31	

CRITICAL INCIDENTS: Record All Facts, Sign & Date
(This is a Record of Positive & Negative Situations)

THE OKONITE COMPANY EMPLOYEE RECORD

2003

ABSENCE CODE

U - Absence, No Call In
A - Absence, Call In
T - Tardy, 2/10 Hr. or Less
T + Tardy, 3/10 Hr. or More
Q - Early Quit (After 6 Hrs.)
Q + Early Quit (Less Than 6 Hrs. Worked)
S - Sick with Doctor's Excuse
H - Holiday (Including Floating Holiday)
L - Leave of Absence
F - Funeral Absence
V - Vacation
J - Jury Duty
W - Lack of Work
O - Occupational Injury

ALLEN SMOAK
2086 CANNON BRIDGE RD CORDOVA SC 29039
PHONE: (803)534-9845 H/O
DEPT: #11-LG CV
POSITION: PROD OPER-A

Home:

DATE OF HIRE: 3/1/93
VACATION: 15 days + Anniv = 16
DATE OF BIRTH: 10/1/68

JANUARY

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

FEBRUARY

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	

MARCH

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23/30	24/31	25	26	27	28	29

APRIL

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

423

MAY

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

JUNE

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

JULY

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

AUGUST

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24/31	25	26	27	28	29	30

SEPTEMBER

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

OCTOBER

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

NOVEMBER

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23/30	24	25	26	27	28	29

DECEMBER

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

CRITICAL INCIDENTS: Record All Facts, Sign & Date 424
(This is a Record of Positive & Negative Situations)

Counseled Allen on missing 4 days. He understands HR109. CW

FORWARD TO PERSONNEL AT YEAR END
THIS FO WILL BECOME A P ENT PART OF EMPLO E'S FILE

THE OKONITE COMPANY EMPLOYEE RECORD

2002

ABSENCE CODE

U - Absence, No Call In
A - Absence, Call In
T - Tardy, 2/10 Hr. or Less
T + Tardy, 3/10 Hr. or More
Q - Early Quit (After 6 Hrs.)
Q + Early Quit (Less Than 6 Hrs. Worked)
S - Sick with Doctor's Excuse
H - Holiday (Including Floating Holiday)
L - Leave of Absence
F - Funeral Absence
V - Vacation
J - Jury Duty
W - Lack of Work
O - Occupational Injury

ALLEN SMOAK
2076 CANNON BRIDGE RD CORDOVA SC 29039
PHONE: (803)534-9845

DEPT: #11- LG CV
POSITION: PROD OPER-A
DATE OF HIRE: 3/1/93
VACATION: 15 days + Anniv = 16
DATE OF BIRTH: 10/1/68

JANUARY

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	A	25	26
27	28	29	30	31		

FEBRUARY

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28		

MARCH

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24/31	25	26	27	28	29	30

APRIL

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
A	22	23	24	25	26	27
28	29	30				

425

MAY

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

JUNE

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23/30	24	25	26	27	28	29

JULY

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

AUGUST

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

SEPTEMBER

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

OCTOBER

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

NOVEMBER

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
4	25	26	27	28	29	30

DECEMBER

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

CRITICAL INCIDENTS: Record All Facts, Sign & Date
(This is a Record of Positive & Negative Situations)

1/24/02 - Allen called off. Father in hospital. (M)

2/28/02 Counseled Allen for missing 4 days. (M) A.S.

4/22/02 - Allen called off sick. Stomach virus.

5/14/02 Allen Brought to My attention that He cut the cable In wrong place He knows what He done wrong and will Make sure It de's Not Happen again.
J Bihl A.S.

FORWARD TO PERSONNEL AT YEAR END
THIS FORM WILL BECOME A PERMANENT PART OF EMPL E'S FILE

THE OKONITE COMPANY EMPLOYEE RECORD

2001

ABSENCE CODE

U - Absence, No Call In
A - Absence, Call In
T - Tardy, 2/10 Hr. or Less
T + Tardy, 3/10 Hr. or More
Q - Early Quit (After 6 Hrs.)
Q + Early Quit (Less Than 6 Hrs. Worked)
S - Sick with Doctor's Excuse
H - Holiday (Including Floating Holiday)
L - Leave of Absence
F - Funeral Absence
V - Vacation
J - Jury Duty
W - Lack of Work
O - Occupational Injury

ALLEN SMOAK
1626 SHILLINGS BRIDGE RD. ORANGEBURG SC 29115
PHONE: (803)531-5512

DEPT: #11- LG CV
POSITION: PROD OPER-A
DATE OF HIRE: 3/1/93
VACATION: 15 days + Anniv = 16
DATE OF BIRTH: 10/1/68

JANUARY

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

FEBRUARY

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28			

MARCH

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

APRIL

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

427

MAY

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

JUNE

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

JULY

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

AUGUST

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

SEPTEMBER

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23/30	24		26	27	28	29

OCTOBER

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

NOVEMBER

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

DECEMBER

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23/30	24/31	25	26		28	29

CRITICAL INCIDENTS: Record All Facts, Sign & Date
(This is a Record of Positive & Negative Situations)

73610
73620
73630
73650

FORWARD TO PL EL AT YEAR END
THIS F M WILL BECOME A PERMANENT PART OF EMP EE'S FILE

THE OKONITE COMPANY EMPLOYEE RECORD

2000

ABSENCE CODE

U - Absence, No Call In
A - Absence, Call In
T - Tardy, 2/10 Hr. or Less
T + Tardy, 3/10 Hr. or More
Q - Early Quit (After 6 Hrs.)
Q + Early Quit (Less Than 6 Hrs. Worked)
S - Sick with Doctor's Excuse
H - Holiday (Including Floating Holiday)
L - Leave of Absence
F - Funeral Absence
V - Vacation
J - Jury Duty
W - Lack of Work
O - Occupational Injury

JAMES A SMOAK
1626 SHILLINGS BRIDGE RD.ORANGEBURG, SC 29115
PHONE: ~~(803)531-3512~~

DEPT: #11- LG CV / PROD OPER-A
DATE OF HIRE: 03/01/93
VACATION: 15 days + Anniv = 16
DATE OF BIRTH: 10/01/68

803 534-9845

JANUARY

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23/30	24/31	25	26	27	28	29

FEBRUARY

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29				

MARCH

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
			1	2	3	4
A	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

APRIL

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23/30	24	25	26	27	28	29

MAY

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

JUNE

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

JULY

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23/30	24/31	25	26	27	28	29

AUGUST

429

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

SEPTEMBER

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

OCTOBER

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

NOVEMBER

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

DECEMBER

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24/31	25	26	27	28	29	30

CRITICAL INCIDENTS: Record All Facts, Sign & Date
(This is a Record of Positive & Negative Situations)

3-5-00 - Allen call-L j2, cont Diss.

FORWARD TO PERSONNEL AT YEAR END
THIS FORM WILL BECOME A PERMANENT PART OF EMPLOYEE'S FILE

THE OKONITE COMPANY EMPLOYEE RECORD

1999

ABSENCE CODE

U - Absence, No Call In
A - Absence, Call In
T - Tardy, 2/10 Hr. or Less
T + Tardy, 3/10 Hr. or More
Q - Early Quit (After 6 Hrs.)
Q + Early Quit (Less Than 6 Hrs. Worked)
S - Sick with Doctor's Excuse

H - Holiday (Including Floating Holiday)
L - Leave of Absence
F - Funeral Absence
V - Vacation
J - Jury Duty
W - Lack of Work
O - Occupational Injury

Name Allen Smoak
Address 1626 Shillings Bridge Rd
Aiken, 29115
Phone 531-5512
Dept. #11 Position Prod Oper A
Date of Hire 3-1-93
1999 Vacation 11 days
Birth Date 10-1-68

JANUARY

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24/31	25	26	27	28	29	30

FEBRUARY

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28						

MARCH

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
V	22	23	24	25	26	27
28	29	30	31			

APRIL

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	431

MAY

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23/30	24/31	25	26	27	28	29

JUNE

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

JULY

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

AUGUST

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

SEPTEMBER

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
V	20	21	22	23	24	25
26	27	28	29	30		

OCTOBER

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24/31	25	26	27	28	29	30

NOVEMBER

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

DECEMBER

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

CRITICAL INCIDENTS: Record All Facts, Sign & Date
(This is a Record of Positive & Negative Situations)

-O There has been a manning shortage due to training for a couple of weeks & Allen along w/ 2 others have done a good job & are appreciated for their patience, cooperation & hard work, until we are fully manned.

AB

FORWARD TO PERSONNEL AT YEAR END
THIS FORM WI[illegible]ECOME A PERMANENT PART OF EMPLOYEE'S [illegible]E

THE OKONITE COMPANY EMPLOYEE RECORD

1998

ABSENCE CODE

U - Absence, No Call In
A - Absence, Call In
T - Tardy, 2/10 Hr. or Less
T + Tardy, 3/10 Hr. or More
Q - Early Quit (After 6 Hrs.)
Q + Early Quit (Less Than 6 Hrs. Worked)
S - Sick with Doctor's Excuse
H - Holiday (Including Floating Holiday)
L - Leave of Absence
F - Funeral Absence
V - Vacation
J - Jury Duty
W - Lack of Work
O - Occupational Injury

Name Allen Smoak
Address 1626 Shillings Bridge Dr Irmo, 29115
Phone 531-5512
Dept. #11 Position Prod Oper. A
Date of Hire 3-01-93
1998 Vacation
Birth Date 10-01-68

JANUARY

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
				1	2	3
4	5	6	7	8	(9)	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

FEBRUARY

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

MARCH

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

APRIL

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	(Q)	23	(A)	25
26	27	28	29	30		433

MAY

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
					1	2
3	4	(5) Q+	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	(22)	23
24/31	25	26	27	28	29	30

JUNE

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	(25)	26	27
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JULY

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AUGUST

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NOVEMBER

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DECEMBER

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CRITICAL INCIDENTS: Record All Facts, Sign & Date
(This is a Record of Positive & Negative Situations)

1-9-98
Allen cut middle finger while installing Supersack. J.H.

4-22-98 Allen left early for Dentist Appt. pw 4-23-98

6-25-98 Allen left early due to illness. 6-26-98 pw

6-29-98 - Allen left early for Dr. Appt.

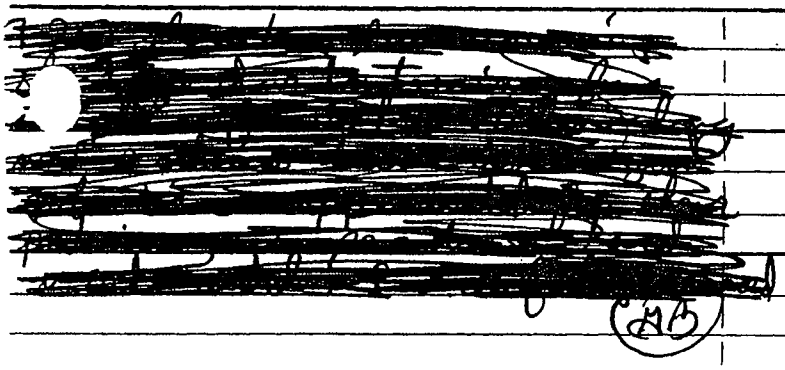
6-30-98 - Allen left early for Dr. Appt. → problem w/ Gastsurger

7-1-98 - Allen left early for Dr. Appt.

7-27-98 - Allen left early due to illness.

10-28-98 Counseled Allen on proper way to Fill out F-1 tags & the importance of it for audits. He understands & will be careful. 10-29-98 - Allens wife got into car wreck & had to leave & come back in. Importance of this procedure. pw

11-18-98 Allen called off sick today 11-25-98 pw



AB

FORWARD TO PERSONNEL AT YEAR END
THIS FORM W BECOME A PERMANENT PART OF EMPLOYEE LE

THE OKONITE COMPANY EMPLOYEE RECORD

1997

ABSENCE CODE

U - Absence; No Call In
A - Absence; Call In
T - Tardy, 2/10 Hr. or Less
T + Tardy, 3/10 Hr. or More
Q - Early Quit (After 6 Hrs.)
Q + Early Quit (Less Than 6 Hrs. Worked)
S - Sick with Doctor's Excuse
H - Holiday (Including Floating Holiday)
L - Leave of Absence
F - Funeral Absence
V - Vacation
J - Jury Duty
W - Lack of Work
O - Occupational Injury

* Lack of work excused

Name Allen Smoak
Address 1626 Shillings Bridge Rd
Obrg, SC 29115
Phone 531-5512
Dept. #11-CV Position Prod Op-A
Date of Hire 3-1-93
1997 Vacation
Birth Date 10-1-68

JANUARY

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CRITICAL INCIDENTS: Record All Facts, Sign & Date
(This is a Record of Positive & Negative Situations)

FORWARD TO PERSONNEL AT YEAR END
THIS FORM W . BECOME A PERMANENT PART OF EMPLOYEE' . LE

THE OKONITE COMPANY EMPLOYEE RECORD

1996

ABSENCE CODE

U - Absence, No Call In
A - Absence, Call In
T - Tardy, 2/10 Hr. or Less
T + Tardy, 3/10 Hr. or More
Q - Early Quit (After 6 Hrs.)
Q + Early Quit (Less Than 6 Hrs. Worked)
S - Sick with Doctor's Excuse
H - Holiday (Including Floating Holiday)
L - Leave of Absence
F - Funeral Absence
V - Vacation
J - Jury Duty
W - Lack of Work
O - Occupational Injury

Name Allen Smoak
Address 1626 Shellings Bridge Rd
Orangeburg, SC 29115
Phone 531-5512
Dept. #11-CV Position Prod Oper-A
Date of Hire 3-1-93
1996 Vacation
Birth Date 10-1-68

JANUARY

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DECEMBER

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CRITICAL INCIDENTS: Record All Facts, Sign & Date
(This is a Record of Positive & Negative Situations)

- 96
Counseled Allen on Importance of good attendance. Reviewed HR 109 with Allen.
3absence + 3 TardQ = 4 Gregg Clark C. J. Smith

7/22/96 I WOULD LIKE TO PERSONALLY AND PROFESSIONALLY COMMEND ALLEN FOR HIS LEVEL HEADEDNESS AND ATTENTION TO DETAIL DURING BOILER PROBLEMS EXPERIENCED ON 7/21/96. DURING 4 BOILER TRIP-OUTS I WAS ABLE TO REDUCE/INCREASE LINE SPEED OF 4301 WITH ALLENS HELP AND THE ONLY NEGATIVE TO COME OUT OF IT WAS ONE STRIPPED MULT. RESULTS COULD HAVE BEEN MUCH WORSE IF ALLEN HAD NOT BEEN IN CONTROL OF THE SITUATION. THANKS FOR THE ASSISTANCE + A JOB WELL DONE

7-12-96
Counseled Allen on Attendance policy. Reviewed HR109. It should be noted that he has 2 absences and 6 tardies. two of which were after his last conseling. They were due to car problems (taking to shop which does not open until 8AM and were discussed with me prior to occurance.
Gregg Clark
Allen Smith

FORWARD TO PERSONNEL AT YEAR END
THIS FORM WI[illegible] BECOME A PERMANENT PART OF EMPLOYEE'S [illegible]LE

THE OKONITE COMPANY EMPLOYEE RECORD

1995

ABSENCE CODE

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A - Absence, Call In
T - Tardy, 2/10 Hr. or Less
T + Tardy, 3/10 Hr. or More
Q - Early Quit (After 6 Hrs.)
Q + Early Quit (Less Than 6 Hrs. Worked)
S - Sick with Doctor's Excuse
H - Holiday (Including Floating Holiday)
L - Leave of Absence
F - Funeral Absence
V - Vacation
J - Jury Duty
W - Lack of Work
O - Occupational Injury

* - APPROVED - LACK OF WORK

Name J. Allen Smoak
Address 740 Stillings Bridge Rd
Orangeburg, SC 29115
Phone 531 5512
Dept. 11-CY Position Prod Oper-A
Date of Hire 03-01-93
1995 Vacation
Birth Date 10-01-68

JANUARY

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FEBRUARY

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AUGUST

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OCTOBER

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NOVEMBER

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DECEMBER

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CRITICAL INCIDENTS: Record All Facts, Sign & Date
(This is a Record of Positive & Negative Situations)

FORWARD TO PERSONNEL AT YEAR END
THIS FORM WILL BECOME A PERMANENT PART OF EMPLOYEE'S FILE

THE OKONITE COMPANY
EMPLOYEE RECORD
1994

ABSENCE CODE

U - Absence, No Call In
A - Absence, Call In
T - Tardy, 2/10 Hr. or Less
T+ Tardy, 3/10 Hr. or More
Q - Early Quit (After 6 Hrs.)
Q+ Early Quit (Less Than 6 Hrs. Worked)
S - Sick with Doctor's Excuse
H - Holiday (Including Floating Holiday)
L - Leave of Absence
F - Funeral Absence
V - Vacation
J - Jury Duty
W - Lack of Work
O - Occupational Injury

Name J. Allen Smoak
Address 2076 Cannon Bridge Rd.
Cordova, SC 29039
Phone 534-9845
Dept. _____ Position _____
Date of Hire 3-1-93
1994 Vacation _____
Birth Date 10-1-68

JANUARY

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
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FEBRUARY

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MARCH

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AUGUST

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OCTOBER

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NOVEMBER

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DECEMBER

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CRITICAL INCIDENTS: Record All Facts, Sign & Date
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To whom it may concern: 11/18/94

During the last 6 weeks plant personnel such as myself, Greg Cook and others have taken on the responsibility of training 6 CV operators & putting the 302 into production. During this period of time Allen has been of great assistance to myself & the trainees. He has demonstrated outstanding levels of dedication to his job and the Oconto company. He has shown signs of good leadership and instructional skills and should be considered for advancement when the time arises as he will be a great asset to the Oconto company.

Sincerely
Bob Ferris 11/18/94

FORWARD TO PERSONNEL AT YEAR END
THIS FORM WILL BECOME A PERMANENT PART OF EMPLOYEE FILE

HOU Y PERFORMANCE EVALUATIO ORM

EMPLOYEE NAME : Allen Smoak JOB TITLE: A-Operator

DATE OF HIRE: 3/1/1993

R SON: 30 Days 60 Days 90 Days 6 Mos. Ann: 16 YEARS

1. QUANTITY

2	3	4	5	6	7	8	9	10
Seldom completes an acceptable amount of work.	Production below average. Does just enough to get by. Needs to work more rapidly.		Usually produces an average volume of work. Works steadily.			Produces a high quantity of work. A thorough and careful worker.		Consistently high production. Works with speed and accuracy. Does more than expected.
☐	☐	☐	☐	☐	☒	☐	☐	☐

2. QUALITY

2	3	4	5	6	7	8	9	10
Constantly commits errors	Work often needs excessive inspection. Makes more errors than should.		Makes an acceptable amount of errors. Quality is above minimum standards.			Seldom makes errors. Does good work; is accurate.		Does excellent work. Does more than expected.
☐	☐	☐	☐	☒	☐	☐	☐	☐

3. KNOWLEDGE

2	3	4	5	6	7	8	9	10
Afi sufficient instructions, has inadequate knowledge of job and procedures. Fails to grasp anything but most elementary concepts of job.	Work not accurate at times. Sometimes slow to grasp details required. Has acquired limited knowledge of job		Good knowledge of job and procedures. Needs normal amount of instructions. Has working knowledge of job.			Thorough knowledge of job and procedures. Has good understanding of both job and details required. Well informed.		Thoroughly knows and follows correct procedures. Has comprehensive understanding of all phases of job. Excellent grasp of detail.
☐	☐	☐	☐	☐	☒	☐	☐	☐

4. DEPENDABILITY

2	3	4	5	6	7	8	9	10
Requires constant supervision. Lacks follow through. Cannot be depended upon.	Requires more than normal supervision. Is easily distracted.		Works steadily and requires only normal supervision. Follows instructions well.			Works well and steadily with minimum supervision. Follows instructions and shows initiative.		Is a self-starter who is resourceful and self-reliant. Requires little or no supervision. Follows instructions with great accuracy.
☐	☐	☐	☐	☐	☒	☐	☐	☐

5. WORKING RELATIONS

2	3	4	5	6	7	8	9	10
Does not cooperate. Gets along poorly with coworkers.	Lacks interest in assignments. Shows reluctance to cooperate.		Assumes share of work. Usually good team worker. Cooperates with other workers.			Is responsive to assignments and cooperates well. Always ready to do the job willingly.		Tactful and courteous. Very effective in dealing with coworkers.
☐	☐	☐	☐	☐	☐	☒	☐	☐

6. ATTENDANCE

2	3	4	5	6	7	8	9	10
Frequently unexcused lateness or absences from work. Very poor attendance record.	Absent or tardy rather frequently.		Usually on time; not often absent, only when necessary.			Has very good attendance record; rarely absent or tardy.		Almost never late or absent. Always accepts reasonable overtime work, if offered.
☐	☐	☐	☐	☐	☐	☒	☐	☐

7. SAFETY

2	3	4	5	6	7	8	9	10
Has continuous accidents and has to be reminded constantly to follow safety rules and regulations.	Has had several occupational accidents and has been reminded on several occasions to follow the safety rules and regulations.		Follows all safety rules and regulations. Had occupational accidents.			Had no occupational accidents and follows all safety rules and regulations. Promotes safety awareness among co-workers.		No occupational accidents, follows safety rules and regulations. Promotes safety awareness among co-workers. Advises Supervisors of potential hazards.
☐	☐	☐	☐	☐	☒	☐	☐	☐

8. HOUSEKEEPING

2	3	4	5	6	7	8	9	10
Requires constant supervision and does not clean work area.	Requires more than normal supervision. Seldom cleans up work area.		Clean work area without much follow up from supervision.			Consistently keeps work area clean above established housekeeping standards without any follow up from supervision.		Exceeds all housekeeping requirements in work area and recommends areas for improvements.
☐	☐	☐	☐	☒	☐	☐	☐	☐

9. ATTENTIVENESS

2	3	4	5	6	7	8	9	10
Has difficulty understanding points discussed. Attention wanders.	Understands only after additional explanation. Short attention span.		Attentive and understands with average ability.			Very attentive; quick to understand.		Extremely attentive and anticipates course of work.
☐	☐	☐	☐	☐	☒	☐	☐	☐

OVERALL RATING

7 ABOVE AVERAGE

Definition

EMPLOYEE'S SIGNATURE _____ DATE: 3-12-9

SUPERVISOR'S SIGNATURE _____ DATE: 3/12/09

DEPT MGR.S SIGNATURE _____ DATE: 3/16/09

PERSONNEL MGR'S SIGNATURE _____ DATE: 3/16/09

HOU' Y PERFORMANCE EVALUATION 'ORM

EMPLOYEE NAME : Allen Smoak JOB TITLE: Prod oper - a

DATE OF HIRE: 3/1/1993

I.._ASON: 30 Days _____ 60 Days _____ 90 Days _____ 6 Mos. _____ Ann: 15 YEARS

1. QUANTITY

2	3	4	5	6	7	8	9	10
Seldom completes an acceptable amount of work.	Production below average. Does just enough to get by. Needs to work more rapidly.		Usually produces an average volume of work. Works steadily.		Produces a high quantity of work. A thorough and careful worker.		Consistently high production. Works with speed and accuracy. Does more than expected.	
☐	☐	☐	☐	☐	☒	☐	☐	☐

2. QUALITY

2	3	4	5	6	7	8	9	10
Constantly commits errors	Work often needs excessive inspection. Makes more errors than should.		Makes an acceptable amount of errors. Quality is above minimum standards.			Seldom makes errors. Does good work; is accurate.		Does excellent work. Does more than expected.
☐	☐	☐	☐	☐	☐	☒	☐	☐

3. KNOWLEDGE

2	3	4	5	6	7	8	9	10
At sufficient instructions, has inadequate knowledge of job and procedures. Fails to grasp anything but most elementary concepts of job.	Work not accurate at times. Sometimes slow to grasp details required. Has acquired limited knowledge of job		Good knowledge of job and procedures. Needs normal amount of instructions. Has working knowledge of job.			Thorough knowledge of job and procedures. Has good understanding of both job and details required. Well informed.		Thoroughly knows and follows correct procedures. Has comprehensive understanding of all phases of job. Excellent grasp of detail.
☐	☐	☐	☐	☐	☐	☒	☐	☐

I. DEPENDABILITY

2	3	4	5	6	7	8	9	10
Requires constant supervision. Lacks follow through. Cannot be depended upon.	Requires more than normal supervision. Is easily distracted.		Works steadily and requires only normal supervision. Follows instructions well.			Works well and steadily with minimum supervision. Follows instructions and shows initiative.		Is a self-starter who is resourceful and self-reliant. Requires little or no supervision. Follows instructions with great accuracy.
☐	☐	☐	☐	☐	☐	☒	☐	☐

5. WORKING RELATIONS

2	3	4	5	6	7	8	9	10
Does not cooperate. Gets along poorly with coworkers.	Lacks interest in assignments. Shows reluctance to cooperate.		Assumes share of work. Usually good team worker. Cooperates with other workers.			Is responsive to assignments and cooperates well. Always ready to do the job willingly.		Tactful and courteous. Very effective in dealing with coworkers.
☐	☐	☐	☐	☐	☐	☐	☒	☐

6. ATTENDANCE

2	3	4	5	6	7	8	9	10
Frequently unexcused lateness or absences from work. Very poor attendance record.	Absent or tardy rather frequently.		Usually on time; not often absent, only when necessary.			Has very good attendance record; rarely absent or tardy.		Almost never late or absent. Always accepts reasonable overtime work, if offered.
☐	☐	☐	☐	☐	☒	☐	☐	☐

7. SAFETY

2	3	4	5	6	7	8	9	10
Has continuous accidents and has to be reminded constantly to follow safety rules and regulations.	Has had several occupational accidents and has been reminded on several occasions to follow the safety rules and regulations.		Follows all safety rules and regulations. Had occupational accidents.			Had no occupational accidents and follows all safety rules and regulations. Promotes safety awareness among co-workers.		No occupational accidents, follows safety rules and regulations. Promotes safety awareness among co-workers. Advises Supervisors of potential hazards.
☐	☐	☐	☐	☐	☐	☒	☐	☐

8. HOUSEKEEPING

2	3	4	5	6	7	8	9	10
Requires constant sup ion and does not cl work area.	Requires more than normal supervision. Seldom cleans up work area.		Clean work area without much follow up from supervision.			Consistently keeps work area clean above established housekeeping standards without any follow up from supervision.		Exceeds all housekeeping requirements in work area and recommends areas for improvements.
☐	☐	☐	☐	☐	☒	☐	☐	☐

9. ATTENTIVENESS

2	3	4	5	6	7	8	9	10
Has difficulty understanding points discussed. Attention wanders.	Understands only after additional explanation. Short attention span.		Attentive and understands with average ability.			Very attentive; quick to understand.		Extremely attentive and anticipates course of work.
☐	☐	☐	☐	☐	☐	☒	☐	☐

OVERALL RATING

☒ 8 EXCELLENT

Definition

EMPLOYEE'S SIGNATURE _____ DATE: 3/17/2008

SUPERVISOR'S SIGNATURE _____ DATE: 3/17/2008

DEPT MGR.S SIGNATURE _____ DATE: 3/17/08

PERSONNEL MGR'S SIGNATURE _____ DATE: 3/18/08

HOURLY PERFORMANCE EVALUATION FORM

EMPLOYEE NAME : Allen Smoak JOB TITLE: Prod. Oper A

DATE OF HIRE: 3/1/1993

REASON: 30 Days _____ 60 Days _____ 90 Days _____ 6 Mos. _____ Ann: 14 YEARS

1. QUANTITY

2	3	4	5	6	7	8	9	10
Seldom completes an acceptable amount of work.	Production below average. Does just enough to get by. Needs to work more rapidly.		Usually produces an average volume of work. Works steadily.			Produces a high quantity of work. A thorough and careful worker.		Consistently high production. Works with speed and accuracy. Does more than expected.
☐	☐	☐	☐	☐	☐	☐	X	☐

2. QUALITY

2	3	4	5	6	7	8	9	10
Constantly commits errors	Work often needs excessive inspection. Makes more errors than should.		Makes an acceptable amount of errors. Quality is above minimum standards.			Seldom makes errors. Does good work; is accurate.		Does excellent work. Does more than expected.
☐	☐	☐	☐	☐	☐	☐	☐	X

3. KNOWLEDGE

2	3	4	5	6	7	8	9	10
Aft sufficient instructions, has inadequate knowledge of job and procedures. Fails to grasp anything but most elementary concepts of job.	Work not accurate at times. Sometimes slow to grasp details required. Has acquired limited knowledge of job		Good knowledge of job and procedures. Needs normal amount of instructions. Has working knowledge of job.			Thorough knowledge of job and procedures. Has good understanding of both job and details required. Well informed.		Thoroughly knows and follows correct procedures. Has comprehensive understanding of all phases of job. Excellent grasp of detail.
☐	☐	☐	☐	☐	☐	☐	☐	X

4. DEPENDABILITY

2	3	4	5	6	7	8	9	10
equires constant upervision. Lacks follow rough. Cannot be pended upon.	Requires more than normal supervision. Is easily distracted.		Works steadily and requires only normal supervision. Follows instructions well.			Works well and steadily with minimum supervision. Follows instructions and shows initiative.		Is a self-starter who is resourceful and self-reliant. Requires little or no supervision. Follows instructions with great accuracy.
☐	☐	☐	☐	☐	☐	☐	X	☐

5. WORKING RELATIONS

2	3	4	5	6	7	8	9	10
Does not cooperate. Gets along poorly with coworkers.	Lacks in at in assignments. Shows reluctance to cooperate.		Assumes share of work. Usually good team worker. Cooperates with other workers.			Is responsive to assignments and cooperates well. Always ready to do the job willingly.		Tactful and courteous. Very effective in dealing with coworkers.
								X

6. ATTENDANCE

2	3	4	5	6	7	8	9	10
Frequently unexcused lateness or absences from work. Very poor attendance record.	Absent or tardy rather frequently.		Usually on time; not often absent, only when necessary.			Has very good attendance record; rarely absent or tardy.		Almost never late or absent. Always accepts reasonable overtime work, if offered.
							X	

7. SAFETY

2	3	4	5	6	7	8	9	10
Has continuous accidents and has to be reminded constantly to follow safety rules and regulations.	Has had several occupational accidents and has been reminded on several occasions to follow the safety rules and regulations.		Follows all safety rules and regulations. Had occupational accidents.			Had no occupational accidents and follows all safety rules and regulations. Promotes safety awareness among co-workers.		No occupational accidents, follows safety rules and regulations. Promotes safety awareness among co-workers. Advises Supervisors of potential hazards.
						X		

8. HOUSEKEEPING

2	3	4	5	6	7	8	9	10
Requires constant sur sion and does not cl p work area.	Requires more than normal supervision. Seldom cleans up work area.		Clean work area without much follow up from supervision.			Consistently keeps work area clean above established housekeeping standards without any follow up from supervision.		Exceeds all housekeeping requirements in work area and recommends areas for improvements.
						X		

9. ATTENTIVENESS

2	3	4	5	6	7	8	9	10
Has difficulty understanding points discussed. Attention wanders.	Understands only after additional explanation. Short attention span.		Attentive and understands with average ability.			Very attentive; quick to understand.		Extremely attentive and anticipates course of work.
								X

OVERALL RATING

9 EXCELLENT

Definition

EMPLOYEE'S SIGNATURE Allen Sweet DATE: 3-22-07

SUPERVISOR'S SIGNATURE [illegible] DATE: 3-22-07

MGR.S SIGNATURE [illegible] DATE: 3-26-07

PERSONNEL MGR'S SIGNATURE [illegible] DATE: 3/27/07

HO' LY PERFORMANCE EVALUATIO'' FORM

EMPLOYEE NAME : ALLEN SMOAK JOB TITLE: OPERATOR A

DATE OF HIRE: 3/1/1993

REASON: 30 Days _____ 60 Days _____ 90 Days _____ 6 Mos. _____ Ann: 13 YEARS

1. QUANTITY

2	3	4	5	6	7	8	9	10
Seldom completes an acceptable amount of work.	Production below average. Does just enough to get by. Needs to work more rapidly.		Usually produces an average volume of work. Works steadily.			Produces a high quantity of work. A thorough and careful worker.		Consistently high production. Works with speed and accuracy. Does more than expected.
☐	☐	☐	☐	☐	☐	☐	X	☐

2. QUALITY

2	3	4	5	6	7	8	9	10
Constantly commits errors	Work often needs excessive inspection. Makes more errors than should.		Makes an acceptable amount of errors. Quality is above minimum standards.			Seldom makes errors. Does good work; is accurate.		Does excellent work. Does more than expected.
☐	☐	☐	☐	☐	☐	☐	☐	X

3. KNOWLEDGE

2	3	4	5	6	7	8	9	10
Aft sufficient instructions, has inadequate knowledge of ob and procedures. Fails o grasp anything but nost elementary oncepts of job.	Work not accurate at times. Sometimes slow to grasp details required. Has acquired limited knowledge of job		Good knowledge of job and procedures. Needs normal amount of instructions. Has working knowledge of job.			Thorough knowledge of job and procedures. Has good understanding of both job and details required. Well informed.		Thoroughly knows and follows correct procedures. Has comprehensive understanding of all phases of job. Excellent grasp of detail.
☐	☐	☐	☐	☐	☐	☐	X	☐

. DEPENDABILITY

2	3	4	5	6	7	8	9	10
equires constant ipervision. Lacks follow rough. Cannot be pended upon.	Requires more than normal supervision. Is easily distracted.		Works steadily and requires only normal supervision. Follows instructions well.			Works well and steadily with minimum supervision. Follows instructions and shows initiative.		Is a self-starter who is resourceful and self-reliant. Requires little or no supervision. Follows instructions with great accuracy.
☐	☐	☐	☐	☐	☐	☐	☐	X

5. WORKING RELATIONS

2	3	4	5	6	7	8	9	10
Does not cooperate. Gets along poorly with coworkers.	Lacks interest in assignments. Shows reluctance to cooperate.		Assumes share of work. Usually good team worker. Cooperates with other workers.			responsive to assignments and cooperates well. Always ready to do the job willingly.		Tactful and courteous. Very effective in dealing with coworkers.
☐	☐	☐	☐	☐	☐	☐	☒	☐

6. ATTENDANCE

2	3	4	5	6	7	8	9	10
Frequently unexcused lateness or absences from work. Very poor attendance record.	Absent or tardy rather frequently.		Usually on time; not often absent, only when necessary.			Has very good attendance record; rarely absent or tardy.		Almost never late or absent. Always accepts reasonable overtime work, if offered.
☐	☐	☐	☐	☐	☐	☐	☐	☒

7. SAFETY

2	3	4	5	6	7	8	9	10
Has continuous accidents and has to be reminded constantly to follow safety rules and regulations.	Has had several occupational accidents and has been reminded on several occasions to follow the safety rules and regulations.		Follows all safety rules and regulations. Had occupational accidents.			Had no occupational accidents and follows all safety rules and regulations. Promotes safety awareness among co-workers.		No occupational accidents, follows safety rules and regulations. Promotes safety awareness among co-workers. Advises Supervisors of potential hazards.
☐	☐	☐	☐	☐	☒	☐	☐	☐

8. HOUSEKEEPING

2	3	4	5	6	7	8	9	10
Requires constant supervision and does not clean work area.	Requires more than normal supervision. Seldom cleans up work area.		Clean work area without much follow up from supervision.			Consistently keeps work area clean above established housekeeping standards without any follow up from supervision.		Exceeds all housekeeping requirements in work area and recommends areas for improvements.
☐	☐	☐	☐	☐	☐	☐	☒	☐

9. ATTENTIVENESS

2	3	4	5	6	7	8	9	10
Has difficulty understanding points discussed. Attention wanders.	Understands only after additional explanation. Short attention span.		Attentive and understands with average ability.			Very attentive; quick to understand.		Extremely attentive and anticipates course of work.
☐	☐	☐	☐	☐	☐	☐	☐	☒

OVERALL RATING

9 EXCELLENT

Definition

EMPLOYEE'S SIGNATURE Allen Swash DATE: 3-8-06

SUPERVISOR'S SIGNATURE [signature] DATE: 3.8.06

DEPT. MGR.S SIGNATURE [signature] DATE: 3-9-06

PERSONNEL MGR'S SIGNATURE [signature] DATE: 3/10/06

5. WORKING RELATIONS

Does not cooperate. Gets along poorly with coworkers.	Lacks interest in assignments. Shows reluctance to cooperate.	Assumes share of work. Usually good team worker. Cooperates with other workers.	Is responsive to assignments and cooperates well. Always ready to do the job willingly.	Tactful and courteous. Very effective in dealing with coworkers.
☐	☐	☐	9	☐

6. ATTENDANCE

Frequently unexcused lateness or absences from work. Very poor attendance record.	Absent or tardy rather frequently.	Usually on time; not often absent, only when necessary.	Has very good attendance record; rarely absent or tardy.	Almost never late or absent. Always accepts reasonable overtime work, if offered.
☐	☐	☐	10	☐

7. SAFETY

Has continuous accidents and has to be reminded constantly to follow safety rules and regulations.	Has had several occupational accidents and has been reminded on several occasions to follow the safety rules and regulations.	Follows all safety rules and regulations. Had ___ (#) occupational accidents.	Had no occupational accidents and follows all safety rules and regulations. Promotes safety awareness among co-workers.	No occupational accidents, follows safety rules and regulations. Promotes safety awareness among co-workers. Advises Supervisors of potential hazards.
☐	☐	☐	8	☐

8 JSEKEEPING

Requires constant supervision and does not clean up work area.	Requires more than normal supervision. Seldom cleans up work area.	Clean work area without much follow up from supervision.	Consistently keeps work area clean above established housekeeping standards without any follow up from supervision.	Exceeds all housekeeping requirements in work area and recommends areas for improvements.
☐	☐	☐	8	☐

9. ATTENTIVENESS

Has difficulty understanding points discussed. Attention wanders.	Understands only after additional explanation. Short attention span.	Attentive and understands with average ability.	Very attentive; quick to understand.	Extremely attentive and anticipates course of work.
☐	☐	☐	8	☐

OVERALL RATING

8

Definition

OYEE'S SIGNATURE Allen Swoak DATE: 7/30/05

UPERVISOR'S SIGNATURE [signature] DATE: 7/30/05

EPT. MGR.'S SIGNATURE [signature] DATE: 8-2-05

ERSONNEL MGR.'S SIGNATURE [signature] DATE: 8/3/05

HOUP'Y PERFORMANCE EVALUATION F' M

EMPLOYEE NAME: Allen Smoak JOB TITLE: Oper - A
DATE OF HIRE: 3/1/93

RF' ION: (X) 30 Days___ 60 Days___ 90 Days___ 6 Mos.___ Ann. 12

1. QUANTITY

Seldom completes an acceptable amount of work.	Production below average. Does just enough to get by. Needs to work more rapidly.	Usually produces an average volume of work. Works steadily.	Produces a high quantity of work. A thorough and careful worker.	Consistently high production. Works with speed and accuracy. Does more than expected.
☐	☐	☐	☒	☐

2. QUALITY

Constantly commits errors.	Work often needs excessive inspection. Makes more errors than should.	Makes an acceptable amount of errors. Quality is above minimum standards.	Seldom makes errors. Does good work; is accurate.	Does excellent work. Does more than expected.
☐	☐	☐	☒	☐

3. KNOWLEDGE

After sufficient in ctions, has in ate knowledge of job and procedures. Fails to grasp anything but most elementary concepts of job.	Work not accurate at times. Sometimes slow to grasp details required. Has acquired limited knowledge of job.	Good knowledge of job and procedures. Needs normal amount of instructions. Has working knowledge of job.	Thorough knowledge of job and procedures. Has good understanding of both job and details required. Well informed.	Thoroughly knows and follows correct procedures. Has comprehensive understanding of all phases of job. Excellent grasp of detail.
☐	☐	☐	☒	☐

. DEPENDABILITY

equires constant upervision. Lacks follow rough. Cannot be epended upon.	Requires more than normal supervision. Is easily distracted.	Works steadily and requires only normal supervision. Follows instructions well.	Works well and steadily with minimum supervision. Follows instructions and shows initiative.	Is a self-starter who is resourceful and self-reliant. Requires little or no supervision. Follows instructions with great accuracy.
☐	☐	☐	☒	☐

5. WORKING RELATIONS

Does not cooperate. Gets along poorly with coworkers.	Lacks in ;st in assignments. Shows reluctance to cooperate.	Assumes share of work. Usually good team worker. Cooperates with other workers.	responsive to assignments and cooperates well. Always ready to do the job willingly.	Tactful and courteous. Very effective in dealing with coworkers.
				10

6. ATTENDANCE

Frequently unexcused lateness or absences from work. Very poor attendance record.	Absent or tardy rather frequently.	Usually on time; not often absent, only when necessary.	Has very good attendance record; rarely absent or tardy.	Almost never late or absent. Always accepts reasonable overtime work, if offered.
			8	

7. SAFETY

Has continuous accidents and has to be reminded constantly to follow safety rules and regulations.	Has had several occupational accidents and has been reminded on several occasions to follow the safety rules and regulations.	Follows all safety rules and regulations. Had ___ (#) occupational accidents.	Had no occupational accidents and follows all safety rules and regulations. Promotes safety awareness among co-workers.	No occupational accidents, follows safety rules and regulations. Promotes safety awareness among co-workers. Advises Supervisors of potential hazards.
			8	

8 USEKEEPING

Requires constant supervision and does not clean up work area.	Requires more than normal supervision. Seldom cleans up work area.	Clean work area without much follow up from supervision.	Consistently keeps work area clean above established housekeeping standards without any follow up from supervision.	Exceeds all housekeeping requirements in work area and recommends areas for improvements.
			8	

9. ATTENTIVENESS

Has difficulty understanding points discussed. Attention wanders.	Understands only after additional explanation. Short attention span.	Attentive and understands with average ability.	Very attentive; quick to understand.	Extremely attentive and anticipates course of work.
				10

OVERALL RATING

9 Excellent
Definition

EMPLOYEE'S SIGNATURE James A. Swank DATE: 3/6/04

SUPERVISOR'S SIGNATURE [signature] DATE: 3/6/04

DEPT. MGR.'S SIGNATURE [signature] DATE: 3/8/04

PERSONNEL MGR.'S SIGNATURE [signature] DATE: 3/8/04

453

HOUR[illegible] PERFORMANCE EVALUATION FORM

EMPLOYEE NAME: Allen Smoak JOB TITLE: CV OP.
DATE OF HIRE: 3/1/93

RE[illegible]SON: (X) 30 Days___ 60 Days___ 90 Days___ 6 Mos.___ Ann. X

1. [illegible]ANTITY

Seldom completes an acceptable amount of work.	Production below average. Does just enough to get by. Needs to work more rapidly.	Usually produces an average volume of work. Works steadily.	Produces a high quantity of work. A thorough and careful worker.	Consistently high production. Works with speed and accuracy. Does more than expected.
☐	☐	☐	☐	10

2. QUALITY

Constantly commits errors.	Work often needs excessive inspection. Makes more errors than should.	Makes an acceptable amount of errors. Quality is above minimum standards.	Seldom makes errors. Does good work; is accurate.	Does excellent work. Does more than expected.
☐	☐	☐	☐	10

3. KNOWLEDGE

After sufficient ir[illegible]ctions, has in[illegible]te knowledge of job and procedures. Fails to grasp anything but most elementary concepts of job.	Work not accurate at times. Sometimes slow to grasp details required. Has acquired limited knowledge of job.	Good knowledge of job and procedures. Needs normal amount of instructions. Has working knowledge of job.	Thorough knowledge of job and details required. Well informed.	Thoroughly knows and follows correct procedures. Has comprehensive understanding of all phases of job. Excellent grasp of detail.
☐	☐	☐	☐	10

4. DEPENDABILITY

Requires constant supervision. Lacks follow through. Cannot be depended upon.	Requires more than normal supervision. Is easily distracted.	Works steadily and requires only normal supervision. Follows instructions well.	Works well and steadily with minimum supervision. Follows instructions and shows initiative.	Is a self-starter who is resourceful and self-reliant. Requires little or no supervision. Follows instructions with great accuracy.
☐	☐	☐	☐	10

5. WORKING RELATIONS

Does not cooperate. Gets along poorly with coworkers.	Lacks interes in assignments. Shows reluctance to cooperate.	Assumes share of work. Usually good team worker. Cooperates with other workers.	Is ponsive to assignments and cooperates well. Always ready to do the job willingly.	Tactful and courteou Very effective in deal with coworkers.
				10

6. ATTENDANCE

Frequently unexcused lateness or absences from work. Very poor attendance record.	Absent or tardy rather frequently.	Usually on time; not often absent, only when necessary.	Has very good attendance record; rarely absent or tardy.	Almost never late or absent. Always accepts reasonable overtime work, if offered.
			9	

7. SAFETY

Has continuous accidents and has to be reminded constantly to follow safety rules and regulations.	Has had several occupational accidents and has been reminded on several occasions to follow the safety rules and regulations.	Follows all safety rules and regulations. Had ___ (#) occupational accidents.	Had no occupational accidents and follows all safety rules and regulations. Promotes safety awareness among co-workers.	No occupational accidents, follows safety rules and regulations. Promotes safety awareness among co-workers. Advises Supervisors of potential hazards.
			9	10

8. EKEEPING

Requires constant supervision and does not clean up work area.	Requires more than normal supervision. Seldom cleans up work area.	Clean work area without much follow up from supervision.	Consistently keeps work area clean above established housekeeping standards without any follow up from supervision.	Exceeds all housekeeping requirements in work area and recommends areas for improvements.
		7		

. ATTENTIVENESS

as difficulty nderstanding points iscussed. Attention anders.	Understands only after additional explanation. Short attention span.	Attentive and understands with average ability.	Very attentive; quick to understand.	Extremely attentive and anticipates course of work.
		8		10

OVERALL RATING

10 Outstanding

Definition

OKE

EE'S SIGNATURE [signature] DATE: 3/5/03

JPERVISOR'S SIGNATURE [signature] DATE: 3/5/03

PT. MGR.'S SIGNATURE [signature] DATE:

RSONNEL MGR.'S SIGNATURE [signature] DATE: 3/18/03

HOURLY PERFORMANCE EVALUATION FORM

EMPLOYEE NAME: Allen Smock JOB TITLE: _____

DATE OF HIRE: _____

REASON: (X) 30 Days___ 60 Days___ 90 Days___ 6 Mos.___ Ann.X

1. QUANTITY

Seldom completes an acceptable amount of work.	Production below average. Does just enough to get by. Needs to work more rapidly.	Usually produces an average volume of work. Works steadily.	Produces a high quantity of work. A thorough and careful worker.	Consistently high production. Works with speed and accuracy. Does more than expected.
☐	☐	☐	☐	☒ 10

2. QUALITY

Constantly commits errors.	Work often needs excessive inspection. Makes more errors than should.	Makes an acceptable amount of errors. Quality is above minimum standards.	Seldom makes errors. Does good work; is accurate.	Does excellent work. Does more than expected.
☐	☐	☐	☐	☒ 10

3. KNOWLEDGE

After sufficient instructions, has inadequate knowledge of job and procedures. Fails to grasp anything but most elementary concepts of job.	Work not accurate at times. Sometimes slow to grasp details required. Has acquired limited knowledge of job.	Good knowledge of job and procedures. Needs normal amount of instructions. Has working knowledge of job.	Thorough knowledge of job and procedures. Has good understanding of both job and details required. Well informed.	Thoroughly knows and follows correct procedures. Has comprehensive understanding of all phases of job. Excellent grasp of detail.
☐	☐	☐	☐	☒ 10

4. DEPENDABILITY

Requires constant supervision. Lacks follow through. Cannot be depended upon.	Requires more than normal supervision. Is easily distracted.	Works steadily and requires only normal supervision. Follows instructions well.	Works well and steadily with minimum supervision. Follows instructions and shows initiative.	Is a self-starter who is resourceful and self-reliant. Requires little or no supervision. Follows instructions with great accuracy.
☐	☐	☐	☐	☒ 10

. WORKING RELATIONS

)oes not cooperate. Gets long poorly with oworkers.	Lacks interes. in assignments. Shows reluctance to cooperate.	Assumes share of work. Usually good team worker. Cooperates with other workers.	Is . ponsive to assignments and cooperates well. Always ready to do the job willingly.	Tactful and courteous. Very effective in dealing with coworkers.
☐	☐	☐	☐	6

i. ATTENDANCE

Frequently unexcused ateness or absences from vork. Very poor ittendance record.	Absent or tardy rather frequently.	Usually on time; not often absent, only when necessary.	Has very good attendance record; rarely absent or tardy.	Almost never late or absent. Always accepts reasonable overtime work, if offered.
☐	☐	☐	9	☐

I. SAFETY

Has continuous accidents ind has to be reminded constantly to follow safety ules and regulations.	Has had several occupational accidents and has been reminded on several occasions to follow the safety rules and regulations.	Follows all safety rules and regulations. Had 0 (#) occupational accidents.	Had no occupational accidents and follows all safety rules and regulations. Promotes safety awareness among co-workers.	No occupational accidents, follows safety rules and regulations. Promotes safety awareness among co-workers. Advises Supervisors of potential hazards.
☐	☐	7	☐	☐

i. H :KEEPING

Requires constant upervision and does not lean up work area.	Requires more than normal supervision. Seldom cleans up work area.	Clean work area without much follow up from supervision.	Consistently keeps work area clean above established housekeeping standards without any follow up from supervision.	Exceeds all housekeeping requirements in work area and recommends areas for improvements.
☐	☐	7	☐	☐

. ATTENTIVENESS

as difficulty nderstanding points scussed. Attention anders.	Understands only after additional explanation. Short attention span.	Attentive and understands with average ability.	Very attentive; quick to understand.	Extremely attentive and anticipates course of work.
☐	☐	☐	☐	10

OVERALL RATING

9 Excellent
Definition

(4)(5)

fi EE'S SIGNATURE [signature] DATE:

/PERVISOR'S SIGNATURE [signature] DATE: 3/13/02

:PT. MGR.'S SIGNATURE [signature] DATE: 3/14/02

:RSONNEL MGR.'S SIGNATURE [signature] DATE: 3/14/02

457

HOU[illegible] Y PERFORMANCE EVALUATION F[illegible]M

:MPLOYEE NAME: Allen Smoak JOB TITLE: POA

DATE OF HIRE: 3-1-93

:E[illegible]ON: (X) 30 Days___ 60 Days___ 90 Days___ 6 Mos.___ Ann. 9

QUANTITY

:ldom completes an :ceptable amount of ork.	Production below average. Does just enough to get by. Needs to work more rapidly.	Usually produces an average volume of work. Works steadily.	Produces a high quantity of work. A thorough and careful worker.	Consistently high production. Works with speed and accuracy. Does more than expected.
☐	☐	☐	☐	10

. QUALITY

onstantly commits rors.	Work often needs excessive inspection. Makes more errors than should.	Makes an acceptable amount of errors. Quality is above minimum standards.	Seldom makes errors. Does good work; is accurate.	Does excellent work. Does more than expected.
☐	☐	☐	☐	10

. KNOWLEDGE

.ft[illegible] sufficient n[illegible] tions, has [illegible]te knowledge of b and procedures. Fails grasp anything but most ementary concepts of b.	Work not accurate at times. Sometimes slow to grasp details required. Has acquired limited knowledge of job.	Good knowledge of job and procedures. Needs normal amount of instructions. Has working knowledge of job.	Thorough knowledge of job and procedures. Has good understanding of both job and details required. Well informed.	Thoroughly knows and follows correct procedures. Has comprehensive understanding of all phases of job. Excellent grasp of detail.
☐	☐	☐	☐	10

DEPENDABILITY

quires constant ervision. Lacks follow ough. Cannot be ended upon.	Requires more than normal supervision. Is easily distracted.	Works steadily and requires only normal supervision. Follows instructions well.	Works well and steadily with minimum supervision. Follows instructions and shows initiative.	Is a self-starter who is resourceful and self-reliant. Requires little or no supervision. Follows instructions with great accuracy.
☐	☐	☐	☐	10

5. WORKING RELATIONS

Does not cooperate. Gets along poorly with coworkers.	Lacks interest in assignments. Shows reluctance to cooperate.	Assumes share of work. Usually good team worker. Cooperates with other workers.	Is responsive to assignments and cooperates well. Always ready to do the job willingly.	Tactful and courteou Very effective in dealir with coworkers.
☐	☐	☐	8	☐

6. ATTENDANCE

Frequently unexcused lateness or absences from work. Very poor attendance record.	Absent or tardy rather frequently.	Usually on time; not often absent, only when necessary.	Has very good attendance record; rarely absent or tardy.	Almost never late or absent. Always accepts reasonable overtime work, if offered.
☐	☐	☐	9	☐

7. SAFETY

Has continuous accidents and has to be reminded constantly to follow safety rules and regulations.	Has had several occupational accidents and has been reminded on several occasions to follow the safety rules and regulations.	Follows all safety rules and regulations. Had ___ (#) occupational accidents.	Had no occupational accidents and follows all safety rules and regulations. Promotes safety awareness among co-workers.	No occupational accidents, follows safety rules and regulations. Promotes safety awareness among co-workers. Advises Supervisors of potential hazards.
☐	☐	7	☐	☐

USEKEEPING

Requires constant supervision and does not clean up work area.	Requires more than normal supervision. Seldom cleans up work area.	Clean work area without much follow up from supervision.	Consistently keeps work area clean above established housekeeping standards without any follow up from supervision.	Exceeds all housekeeping requirements in work area and recommends areas for improvements.
☐	☐	7	☐	☐

9. ATTENTIVENESS

Has difficulty understanding points discussed. Attention wanders.	Understands only after additional explanation. Short attention span.	Attentive and understands with average ability.	Very attentive; quick to understand.	Extremely attentive and anticipates course of work.
☐	☐	☐	8	☐

OVERALL RATING 8

Definition

E. OYEE'S SIGNATURE _____ DATE: 9/15/01

SUPERVISOR'S SIGNATURE _____ DATE: 9/15/01

DEPT. MGR.'S SIGNATURE _____ DATE: 9/17/01

PERSONNEL MGR.'S SIGNATURE _____ DATE: 9/17/01

HOURLY PERFORMANCE EVALUATION FORM

EMPLOYEE NAME: Allen Smock JOB TITLE: POA

DATE OF HIRE: 3-1-93

REASON: (X) 30 Days___ 60 Days___ 90 Days___ 6 Mos.___ Ann. 8

1. QUANTITY

Seldom completes an acceptable amount of work.	Production below average. Does just enough to get by. Needs to work more rapidly.	Usually produces an average volume of work. Works steadily.	Produces a high quantity of work. A thorough and careful worker.	Consistently high production. Works with speed and accuracy. Does more than expected.
☐	☐	7	☐	☐

2. QUALITY

Constantly commits errors.	Work often needs excessive inspection. Makes more errors than should.	Makes an acceptable amount of errors. Quality is above minimum standards.	Seldom makes errors. Does good work; is accurate.	Does excellent work. Does more than expected.
☐	☐	☐	8	☐

3. KNOWLEDGE

After sufficient instructions, has adequate knowledge of job and procedures. Fails to grasp anything but most elementary concepts of job.	Work not accurate at times. Sometimes slow to grasp details required. Has acquired limited knowledge of job.	Good knowledge of job and procedures. Needs normal amount of instructions. Has working knowledge of job.	Thorough knowledge of job and procedures. Has good understanding of both job and details required. Well informed.	Thoroughly knows and follows correct procedures. Has comprehensive understanding of all phases of job. Excellent grasp of detail.
☐	☐	☐	8	☐

4. DEPENDABILITY

Requires constant supervision. Lacks follow through. Cannot be depended upon.	Requires more than normal supervision. Is easily distracted.	Works steadily and requires only normal supervision. Follows instructions well.	Works well and steadily with minimum supervision. Follows instructions and shows initiative.	Is a self-starter who is resourceful and self-reliant. Requires little or no supervision. Follows instructions with great accuracy.
☐	☐	☐	8	☐

H RLY PERFORMANCE EVALUATIO ORM

EMPLOYEE NAME: James Smoak JOB TITLE: Prod. Op A
DATE OF HIRE: 3-1-93

E. N: (X) 30 Days___ 60 Days___ 90 Days___ 6 Mos.___ Ann. 7yrs.

QUANTITY				
eldom completes an cceptable amount of ork.	Production below average. Does just enough to get by. Needs to work more rapidly.	Usually produces an average volume of work. Works steadily.	Produces a high quantity of work. A thorough and careful worker.	Consistently high production. Works with speed and accuracy. Does more than expected.
			8	
QUALITY				
onstantly commits rors.	Work often needs excessive inspection. Makes more errors than should.	Makes an acceptable amount of errors. Quality is above minimum standards.	Seldom makes errors. Does good work; is accurate.	Does excellent work. Does more than expected.
			8	
KNOWLEDGE				
't sufficient st. ions. has dequate knowledge of and procedures. Fails grasp anything but most nentary concepts of	Work not accurate at times. Sometimes slow to grasp details required. Has acquired limited knowledge of job.	Good knowledge of job and procedures. Needs normal amount of instructions. Has working knowledge of job.	Thorough knowledge of job and procedures. Has good understanding of both job and details required. Well informed.	Thoroughly knows and follows correct procedures. Has comprehensive understanding of all phases of job. Excellent grasp of detail.
			9	
EPENDABILITY				
uires constant vision. Lacks follow igh. Cannot be ded upon.	Requires more than normal supervision. Is easily distracted.	Works steadily and requires only normal supervision. Follows instructions well.	Works well and steadily with minimum supervision. Follows instructions and shows initiative.	Is a self-starter who is resourceful and self-reliant. Requires little or no supervision. Follows instructions with great accuracy.
			9	

5. WORKING RELATIONS

Does not cooperate. Gets along poorly with coworkers.	Lacks interest in assignments. Shows reluctance to cooperate.	Assumes share of work. Usually good team worker. Cooperates with other workers.	Is responsive to assignments and cooperates well. Always ready to do the job willingly.	Tactful and courteou: Very effective in dealin with coworkers.
☐	☐	☐	8	☐

6. ATTENDANCE

Frequently unexcused lateness or absences from work. Very poor attendance record.	Absent or tardy rather frequently.	Usually on time; not often absent, only when necessary.	Has very good attendance record; rarely absent or tardy.	Almost never late or absent. Always accepts reasonable overtime work, if offered.
☐	☐	☐	9	☐

7. SAFETY

Has continuous accidents and has to be reminded constantly to follow safety rules and regulations.	Has had several occupational accidents and has been reminded on several occasions to follow the safety rules and regulations.	Follows all safety rules and regulations. Had ___ (#) occupational accidents.	Had no occupational accidents and follows all safety rules and regulations. Promotes safety awareness among co-workers.	No occupational accidents, follows safety rules and regulations. Promotes safety awareness among co-workers. Advises Supervisors of potential hazards.
☐	☐	7	☐	☐

8. HOUSEKEEPING

Requires constant supervision and does not clean up work area.	Requires more than normal supervision. Seldom cleans up work area.	Clean work area without much follow up from supervision.	Consistently keeps work area clean above established housekeeping standards without any follow up from supervision.	Exceeds all housekeeping requirements in work area and recommends areas for improvements.
☐	☐	7	☐	☐

9. ATTENTIVENESS

Has difficulty understanding points discussed. Attention wanders.	Understands only after additional explanation. Short attention span.	Attentive and understands with average ability.	Very attentive; quick to understand.	Extremely attentive and anticipates course of work.
☐	☐	☐	8	☐

OVERALL RATING

8 Excellent
Definition

EMPLOYEE'S SIGNATURE Allen Lund DATE: 5-2-00

SUPERVISOR'S SIGNATURE [signature] DATE: 4-6-00

DEPT. MGR.'S SIGNATURE [signature] DATE: 4-6-00

PERSONNEL MGR.'S SIGNATURE [signature] DATE: 5/4/00

HOUF ' PERFORMANCE EVALUATION F M

MPLOYEE NAME: Allen Smoak JOB TITLE: Prod Oper-A

DATE OF HIRE: 3-1-93

EF N: (X) 30 Days___ 60 Days___ 90 Days___ 6 Mos.___ Ann. 6yrs

QUANTITY

ldom completes an ceptable amount of ork.	Production below average. Does just enough to get by. Needs to work more rapidly.	Usually produces an average volume of work. Works steadily.	Produces a high quantity of work. A thorough and careful worker.	Consistently high production. Works with speed and accuracy. Does more than expected.
☐	☐	☐	8	☐

QUALITY

nstantly commits ors.	Work often needs excessive inspection. Makes more errors than should.	Makes an acceptable amount of errors. Quality is above minimum standards.	Seldom makes errors. Does good work; is accurate.	Does excellent work. Does more than expected.
☐	☐	☐	8	☐

KNOWLEDGE

te sufficient st ons, has dequa knowledge of and procedures. Fails rasp anything but most nentary concepts of	Work not accurate at times. Sometimes slow to grasp details required. Has acquired limited knowledge of job.	Good knowledge of job and procedures. Needs normal amount of instructions. Has working knowledge of job.	Thorough knowledge of job and procedures. Has good understanding of both job and details required. Well informed.	Thoroughly knows and follows correct procedures. Has comprehensive understanding of all phases of job. Excellent grasp of detail.
☐	☐	☐	9	☐

EPENDABILITY

uires constant vision. Lacks follow igh. Cannot be ided upon.	Requires more than normal supervision. Is easily distracted.	Works steadily and requires only normal supervision. Follows instructions well.	Works well and steadily with minimum supervision. Follows instructions and shows initiative.	Is a self-starter who is resourceful and self-reliant. Requires little or no supervision. Follows instructions with great accuracy.
☐	☐	☐	9	☐

5. WORKING RELATIONS

Does not cooperate. Gets along poorly with coworkers.	Lacks interest in assignments. Shows reluctance to cooperate.	Assumes share of work. Usually good team worker. Cooperates with other workers.	Is responsive to assignments and cooperates well. Always ready to do the job willingly.	Tactful and courteous. Very effective in dealing with coworkers.
☐	☐	☐	☒ 9	☐

6. ATTENDANCE

Frequently unexcused lateness or absences from work. Very poor attendance record.	Absent or tardy rather frequently.	Usually on time; not often absent, only when necessary.	Has very good attendance record; rarely absent or tardy.	Almost never late or absent. Always accepts reasonable overtime work, if offered.
☐	☐	☐	☒ 8	☐

7. SAFETY

Has continuous accidents and has to be reminded constantly to follow safety rules and regulations.	Has had several occupational accidents and has been reminded on several occasions to follow the safety rules and regulations.	Follows all safety rules and regulations. Had ___ (#) occupational accidents.	Had no occupational accidents and follows all safety rules and regulations. Promotes safety awareness among co-workers.	No occupational accidents, follows safety rules and regulations. Promotes safety awareness among co-workers. Advises Supervisors of potential hazards.
☐	☐	☐	☒ 8	☐

8. HOUSEKEEPING

Requires constant supervision and does not clean up work area.	Requires more than normal supervision. Seldom cleans up work area.	Clean work area without much follow up from supervision.	Consistently keeps work area clean above established housekeeping standards without any follow up from supervision.	Exceeds all housekeeping requirements in work area and recommends areas for improvements.
☐	☐	☒ 7	☐	☐

9. ATTENTIVENESS

Has difficulty understanding points discussed. Attention wanders.	Understands only after additional explanation. Short attention span.	Attentive and understands with average ability.	Very attentive; quick to understand.	Extremely attentive and anticipates course of work.
☐	☐	☐	☒ 9	☐

OVERALL RATING

☒ 8 Excellent
Definition

EMPLOYEE'S SIGNATURE [signature] DATE: 2-25-99

SUPERVISOR'S SIGNATURE [signature] DATE: 2-25-99

DEPT. MGR.'S SIGNATURE [signature] DATE: 2-25-99

PERSONNEL MGR.'S SIGNATURE Don K. Carver DATE: 2-26-99

HOURLY PERFORMANCE EVALUATION FORM

EMPLOYEE NAME: Allen Smoak JOB TITLE: Prod Oper-A
DATE OF HIRE: 3-1-93

REVIEW: (X) 30 Days___ 60 Days___ 90 Days___ 6 Mos.___ Ann. 5yrs

. QUANTITY				
eldom completes an cceptable amount of ork.	Production below average. Does just enough to get by. Needs to work more rapidly.	Usually produces an average volume of work. Works steadily.	Produces a high quantity of work. A thorough and careful worker.	Consistently high production. Works with speed and accuracy. Does more than expected.
☐	☐	☐	9	☐
. QUALITY -				
onstantly commits rors.	Work often needs excessive inspection. Makes more errors than should.	Makes an acceptable amount of errors. Quality is above minimum standards.	Seldom makes errors. Does good work; is accurate.	Does excellent work. Does more than expected.
☐	☐	☐	9	☐
KNOWLEDGE				
fter sufficient st ons, has ideq. knowledge of and procedures. Fails grasp anything but most mentary concepts of .	Work not accurate at times. Sometimes slow to grasp details required. Has acquired limited knowledge of job.	Good knowledge of job and procedures. Needs normal amount of instructions. Has working knowledge of job.	Thorough knowledge of job and procedures. Has good understanding of both job and details required. Well informed.	Thoroughly knows and follows correct procedures. Has comprehensive understanding of all phases of job. Excellent grasp of detail.
☐	☐	☐	9	☐
DEPENDABILITY				
quires constant rvision. Lacks follow ugh. Cannot be nded upon.	Requires more than normal supervision. Is easily distracted.	Works steadily and requires only normal supervision. Follows instructions well.	Works well and steadily with minimum supervision. Follows instructions and shows initiative.	Is a self-starter who is resourceful and self-reliant. Requires little or no supervision. Follows instructions with great accuracy.
☐	☐	☐	9	☐

5. WORKING RELATIONS

Does not cooperate. Gets along poorly with coworkers.	Lacks interest in assignments. Shows reluctance to cooperate.	Assumes share of work. Usually good team worker. Cooperates with other workers.	Is responsive to assignments and cooperates well. Always ready to do the job willingly.	Tactful and courteous Very effective in dealing with coworkers.
☐	☐	☐	9	☐

6. ATTENDANCE

Frequently unexcused lateness or absences from work. Very poor attendance record.	Absent or tardy rather frequently.	Usually on time; not often absent, only when necessary.	Has very good attendance record; rarely absent or tardy.	Almost never late or absent. Always accepts reasonable overtime work, if offered.
☐	☐	☐	9	☐

7. SAFETY

Has continuous accidents and has to be reminded constantly to follow safety rules and regulations.	Has had several occupational accidents and has been reminded on several occasions to follow the safety rules and regulations.	Follows all safety rules and regulations. Had 1 (#) occupational accidents.	Had no occupational accidents and follows all safety rules and regulations. Promotes safety awareness among co-workers.	No occupational accidents, follows safety rules and regulations. Promotes safety awareness among co-workers. Advises Supervisors of potential hazards.
☐	☐	7	☐	☐

8 USEKEEPING

Requires constant supervision and does not clean up work area.	Requires more than normal supervision. Seldom cleans up work area.	Clean work area without much follow up from supervision.	Consistently keeps work area clean above established housekeeping standards without any follow up from supervision.	Exceeds all housekeeping requirements in work area and recommends areas for improvements.
☐	☐	7	☐	☐

9. ATTENTIVENESS

Has difficulty understanding points discussed. Attention wanders.	Understands only after additional explanation. Short attention span.	Attentive and understands with average ability.	Very attentive; quick to understand.	Extremely attentive and anticipates course of work.
☐	☐	☐	8	☐

OVERALL RATING

8 excellent
Definition

OYEE'S SIGNATURE A. Sosa DATE: 3-12-98

SUPERVISOR'S SIGNATURE [signature] DATE: 3-12-98

DEPT. MGR.'S SIGNATURE [signature] DATE: 3-13-98

PERSONNEL MGR.'S SIGNATURE (A) Mark Carver DATE: 3-13-98

GREGG CLARK

H RLY PERFORMANCE EVALUATIOI ORM

EMPLOYEE NAME: Allen Smoak JOB TITLE: Prod Oper-A

DATE OF HIRE: 3-1-93

A ASON: (X) 30 Days___ 60 Days___ 90 Days___ 6 Mos.___ Ann. X (4 years)

1. QUANTITY

Seldom completes an acceptable amount of work.	Production below average. Does just enough to get by. Needs to work more rapidly.	Usually produces an average volume of work. Works steadily.	Produces a high quantity of work. A thorough and careful worker.	Consistently high production. Works with speed and accuracy. Does more than expected.
☐	☐	☒ 6	☐	☐

2. QUALITY

Constantly commits errors.	Work often needs excessive inspection. Makes more errors than should.	Makes an acceptable amount of errors. Quality is above minimum standards.	Seldom makes errors. Does good work; is accurate.	Does excellent work. Does more than expected.
☐	☐	☒ 7	☐	☐

3. KNOWLEDGE

r sufficient instructions, has inadequate knowledge of job and procedures. Fails to grasp anything but most elementary concepts of job.	Work not accurate at times. Sometimes slow to grasp details required. Has acquired limited knowledge of job.	Good knowledge of job and procedures. Needs normal amount of instructions. Has working knowledge of job.	Thorough knowledge of job and procedures. Has good understanding of both job and details required. Well informed.	Thoroughly knows and follows correct procedures. Has comprehensive understanding of all phases of job. Excellent grasp of detail.
☐	☐	☒	8 ☒	☐

4. DEPENDABILITY

Requires constant supervision. Lacks follow through. Cannot be depended upon.	Requires more than normal supervision. Is easily distracted.	Works steadily and requires only normal supervision. Follows instructions well.	Works well and steadily with minimum supervision. Follows instructions and shows initiative.	Is a self-starter who is resourceful and self-reliant. Requires little or no supervision. Follows instructions with great accuracy.
☐	☐	☒ 7	☐	☐

5. WORKING RELATIONS

Does not cooperate. Gets along poorly with coworkers.	Lacks interest in assignments. Shows reluctance to cooperate.	Assumes share of work. Usually good team worker. Cooperates with other workers.	Is responsive to assignments and cooperates well. Always ready to do the job willingly.	Tactful and courteous Very effective in dealing with coworkers.
☐	☐	☒ 7	☐	☐

6. ATTENDANCE

Frequently unexcused lateness or absences from work. Very poor attendance record.	Absent or tardy rather frequently.	Usually on time; not often absent, only when necessary.	Has very good attendance record; rarely absent or tardy.	Almost never late or absent. Always accepts reasonable overtime work, if offered.
☐	☐	☒ 6	☐	☐

7. SAFETY

Has continuous accidents and has to be reminded constantly to follow safety rules and regulations.	Has had several occupational accidents and has been reminded on several occasions to follow the safety rules and regulations.	Follows all safety rules and regulations. Had ___ (#) occupational accidents.	Had no occupational accidents and follows all safety rules and regulations. Promotes safety awareness among co-workers.	No occupational accidents, follows safety rules and regulations. Promotes safety awareness among co-workers. Advises Supervisors of potential hazards.
☐	☐	☐	☒ 8	☐

8. HOUSEKEEPING

Requires constant supervision and does not clean up work area.	Requires more than normal supervision. Seldom cleans up work area.	Clean work are without much follow up from supervision.	Consistently keeps work area clean above established housekeeping standards without any follow up from supervision.	Exceeds all housekeeping requirements in work area and recommends areas fo improvements.
☐	☐	☒ 6	☐	☐

9. ATTENTIVENESS

Has difficulty understanding points discussed. Attention wanders.	Understands only after additional explanation. Short attention span.	Attentive and understands with average ability.	Very attentive; quick to understand.	Extremely attentive ar anticipates course work.
☐	☐	☒ 7	☐	☐

OVERALL RATING

~~9~~ ~~8~~ 7 Above Average
Definition

EMPLOYEE'S SIGNATURE A. Lead DATE: 3-20-97

SUPERVISOR'S SIGNATURE Gary Clark DATE: 3-19-97

DEPT. MGR.'S SIGNATURE Tom Finchy DATE: 3-20-97

PERSONNEL MGR.'S SIGNATURE D. Don K. Carver DATE: 3-24-97

G. Clark

HOURLY PERFORMANCE EVALUATION FORM

EMPLOYEE NAME: Allen Smoak JOB TITLE: Prod. Oper. - A
DATE OF HIRE: 3-1-93

REASON: (X) 30 Days___ 60 Days___ 90 Days___ 6 Mos.___ Ann. X 3 yrs.

. QUANTITY

eldom completes an cceptable amount of ork.	Production below average. Does just enough to get by. Needs to work more rapidly.	Usually produces an average volume of work. Works steadily.	Produces a high quantity of work. A thorough and careful worker.	Consistently high production. Works with speed and accuracy. Does more than expected.
☐	☐	7	☐	☐

. QUALITY

Constantly commits rors.	Work often needs excessive inspection. Makes more errors than should.	Makes an acceptable amount of errors. Quality is above minimum standards.	Seldom makes errors. Does good work; is accurate.	Does excellent work. Does more than expected.
☐	☐	☐	8	☐

. KNOWLEDGE

fter sufficient nstructions, has dequate knowledge of b and procedures. Fails grasp anything but most mentary concepts of b.	Work not accurate at times. Sometimes slow to grasp details required. Has acquired limited knowledge of job.	Good knowledge of job and procedures. Needs normal amount of instructions. Has working knowledge of job.	Thorough knowledge of job and procedures. Has good understanding of both job and details required. Well informed.	Thoroughly knows and follows correct procedures. Has comprehensive understanding of all phases of job. Excellent grasp of detail.
☐	☐	☐	8	☐

DEPENDABILITY

quires constant ervision. Lacks follow ough. Cannot be eeded upon.	Requires more than normal supervision. Is easily distracted.	Works steadily and requires only normal supervision. Follows instructions well.	Works well and steadily with minimum supervision. Follows instructions and shows initiative.	Is a self-starter who is resourceful and self-reliant. Requires little or no supervision. Follows instructions with great accuracy.
☐	☐	7	☐	☐

. WORKING RELATIONS

oes not cooperate. Gets long poorly with coworkers.	Lacks interest in assignments. Shows reluctance to cooperate.	Assumes share of work. Usually good team worker. Cooperates with other workers.	Is responsive to assignments and cooperates well. Always ready to do the job willingly.	Tactful and courteous. Very effective in dealing with coworkers.
		7		

5. ATTENDANCE

Frequently unexcused ateness or absences from work. Very poor ttendance record.	Absent or tardy rather frequently.	Usually on time; not often absent, only when necessary.	Has very good attendance record; rarely absent or tardy.	Almost never late or absent. Always accepts reasonable overtime work, if offered.
		7		

'. SAFETY

las continuous accidents nd has to be reminded constantly to follow safety ules and regulations.	Has had several occupational accidents and has been reminded on several occasions to follow the safety rules and regulations.	Follows all safety rules and regulations. Had ___ (#) occupational accidents.	Had no occupational accidents and follows all safety rules and regulations. Promotes safety awareness among co-workers.	No occupational accidents, follows safety rules and regulations. Promotes safety awareness among co-workers. Advises Supervisors of potential hazards.
			8	

. HOUSEKEEPING

equires constant upervision and does not lean up work area.	Requires more than normal supervision. Seldom cleans up work area.	Clean work are without much follow up from supervision.	Consistently keeps work area clean above established housekeeping standards without any follow up from supervision.	Exceeds all housekeeping requirements in work area and recommends areas for improvements.
		5		

ATTENTIVENESS

as difficulty derstanding points scussed. Attention nders.	Understands only after additional explanation. Short attention span.	Attentive and understands with average ability.	Very attentive; quick to understand.	Extremely attentive and anticipates course of work.
			8	

OVERALL RATING

7 ABOVE AVERAGE
Definition

PLOYEE'S SIGNATURE R. Smith DATE: _____

PERVISOR'S SIGNATURE Tracy Clark DATE: 4-11-96

PT. MGR.'S SIGNATURE Tom Sandy DATE: 4-15-96

OKONITE

PERFORMANCE EVALUATION FORM

Bob F.

mployee Name: James A. Smoak Job Title: Prod Oper - B

ate of Hire: 3/1/93 (X)30 days __ 60 days __ 90 days __ 6 mos __ Ann. X (From date of hire) 2 yrs

How would you evaluate the employee's quantity performance?

(X) Excellent ___ Good ✓ Poor ___ Comments: _____

Quality Standards ?

(X) Excellent ___ Good ✓ Poor ___ Comments: _____

I. Safety Standards ?

(X) Excellent ___ Good ✓ Poor ___ Comments: _____

. Housekeeping on the job ? FAIR

(X Excellent ___ Good ___ ~~Poor~~ ___ Comments: Needs improvement, CV department is not 95% tour ready and this is a direct reflection of employee mind-set on housekeeping

. Attendance ?

(X) Excellent ___ Good ✓ Poor ___ Comments: _____

. Overall Rating ?

X) Excellent ___ Good ✓ Poor ___ Comments: Two areas need improvement; a) Develop sense of urgency for CV personnel as re-starts after w/e effort of Dept. B) Housekeeping

nployee: James Smoak Date: 2-28-95

pervisor: Robert A Ferris Date: 2/27/95

p~~a~~tment Manager: Tom Sinclair Date: 02/28/95

:sonnel Manager: Don K. Carver Date: 3/1/95

nt Manager: _____ Date: _____

PERFORMANCE EVALUATION RATINGS

Excellent - Employees whose performance generally exceeds the job requirements.

Good - Employees who are performing most of the responsibilities of their job but need further development in certain areas.

Poor - Employees whose performance is poor quality; quantity; safety; etc.

OKONITE

PERFORMANCE EVALUATION FORM

Employee Name: James A. Smoak Job Title: Prod. Oper-B

Date of Hire: 3/4/93 (✓) 30 days ___ 60 days ___ 90 days ___ 6 mos. ✓ Ann. ___ (From date of hire)

I. How would you evaluate the employee's quantity performance?
(✓) Excellent _____ Good ✓ Poor _____ Comments: _____

II. Quality Standards?
(✓) Excellent ✓ Good _____ Poor _____ Comments: Extremely attentive to quality at any task performed.

III. Safety Standards?
(✓) Excellent ✓ Good _____ Poor _____ Comments: Practices safety to the letter.

IV. Housekeeping on the job?
(✓) Excellent _____ Good ✓ Poor _____ Comments: _____

V. Attendance?
(✓) Excellent _____ Good ✓ Poor _____ Comments: _____

VI. Overall rating ?
(✓) Excellent ✓ Good _____ Poor _____ Comments: I look for Allen to be a long term employee with good future growth potential

Employee: Allen Smoak Date: 8/27/93

Supervisor: R.A. Ferris Date: 8/25/93

Department Manager: _____ Date: _____

PERFORMANCE EVALUATION RATINGS

.cellent - Employees whose performance generally exceeds the job requirements.

Good - Employees who are performing most of the responsibilities of their job but need further development in certain areas.

Poor - Employees whose performance is poor quality; quantity; safety; etc.

OKONITE

PERFORMANCE EVALUATION FORM

Employee Name: James A Smoak Job Title: Prod. Oper.-B

Date of Hire: 3/4/93 (✓) 30 days___ 60 days___ 90 days ✓ 6 mos.___ Ann.___ (From date of hir

I. How would you evaluate the employee's quantity performance?
(✓) Excellent _____ Good ✓ Poor _____ Comments: _____

II. Quality Standards?
(✓) Excellent ✓ Good _____ Poor _____ Comments: Employee is an extremely quality conscious individual.

III. Safety Standards?
(✓) Excellent _____ Good ✓ Poor _____ Comments: _____

IV. Housekeeping on the job?
(✓) Excellent _____ Good ✓ Poor _____ Comments: _____

V. Attendance?
(✓) Excellent _____ Good ✓ Poor _____ Comments: _____

VI. Overall rating ?
(✓) Excellent _____ Good ✓ Poor _____ Comments: Employee works well on his own, & directs others as well when training

Employee: Allen Smoak Date: _____

Supervisor: R.A. Ferris Date: 6/1/93

Department Manager: R.A. Ferris Date: 6/1/93

Personnel Manager: Don L. Carver Date: 6/14/93

Plant Manager: _____ Date: _____

PE\ ORMANCE EVALUATION \ .TINGS

Excellent - Employees whose performance generally exceeds the job requirements.

`ood - Employees who are performing most of the responsibilities of their job but need further development in certain areas.

Poor - Employees whose performance is poor quality; quantity; safety; etc.

OKONITE

PERFORMANCE EVALUATION FORM

Employee Name: James A. Smoak Job Title: Prod. Oper-B

Date of Hire: 3/1/93 (✓) 30 days ___ 60 days ✓ 90 days ___ 6 mos. ___ Ann. ___ (From date of hire)

I. How would you evaluate the employee's quantity performance?
(✓) Excellent _____ Good ✓ Poor _____ Comments: _____

II. Quality Standards?
(✓) Excellent _____ Good ✓ Poor _____ Comments: _____

III. Safety Standards?
(✓) Excellent _____ Good ✓ Poor _____ Comments: _____

IV. Housekeeping on the job?
(✓) Excellent ✓ Good _____ Poor _____ Comments: Allen is an extremely neat worker, wherever he is assigned to work.

V. Attendance?
(✓) Excellent _____ Good ✓ Poor _____ Comments: _____

VI. Overall rating ?
(✓) Excellent _____ Good ✓ Poor _____ Comments: Allen has very good work habits and is very helpful to everyone he works with.

Employee: James A. Smoak Date: _____

Supervisor: Robert D. A. Ferris Date: 5/3/93

Department Manager: _____ Date: _____

Personnel Manager: Don K. Carver Date: 5/3/93

Plant Manager: _____ Date: _____

PERFORMANCE EVALUATION RATINGS

Excellent - Employees whose performance generally exceeds the job requirements.

)od - Employees who are performing most of the responsibilities of their job but need further development in certain areas.

Poor - Employees whose performance is poor quality; quantity; safety; etc.

OKONITE

PERFORMANCE EVALUATION FORM

Employee Name: James A. Smoak Job Title: Rod. Oper-B

Date of Hire: 3-1-93 (✓) 30 days ✓ 60 days ___ 90 days ___ 6 mos. ___ Ann. ___ (From date of hire)

I. How would you evaluate the employee's quantity performance?
(✓) Excellent _____ Good ✓ Poor _____ Comments: _____

II. Quality Standards?
(✓) Excellent _____ Good ✓ Poor _____ Comments: _____

III. Safety Standards?
(✓) Excellent _____ Good ✓ Poor _____ Comments: Meets ALL Company Implemented Guide lines.

IV. Housekeeping on the job?
(✓) Excellent _____ Good ✓ Poor _____ Comments: _____

V. Attendance?
(✓) Excellent _____ Good ✓ Poor _____ Comments: _____

VI. Overall rating ?
(✓) Excellent _____ Good ✓ Poor _____ Comments: _____

Employee: Allen Smoak Date: 3/31/93

Supervisor: Robert D A Ferris Date: 3/31/93

Department Manager: _____ Date: _____

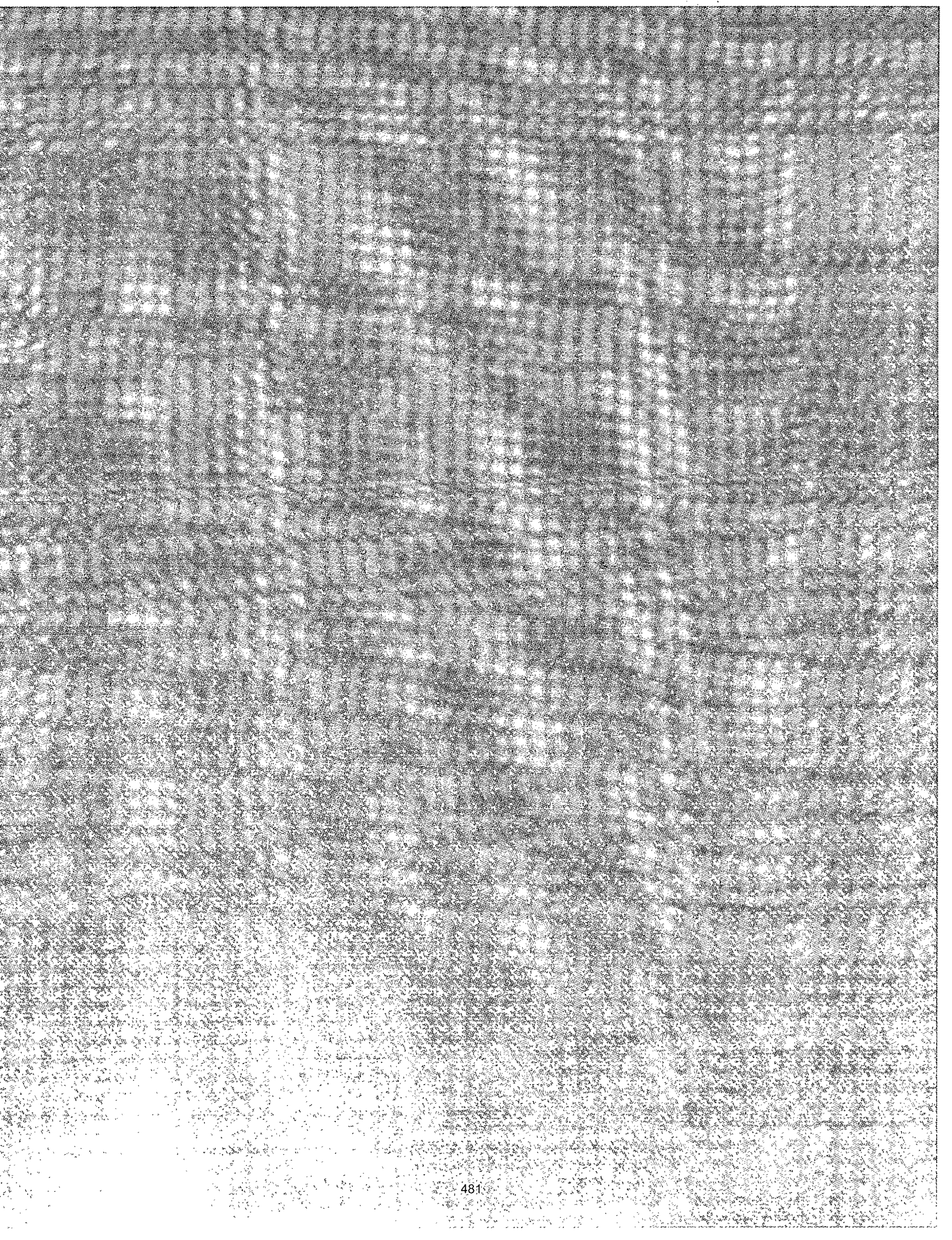
Personnel Manager: Don K Carver Date: 3/31/93

PERFORMANCE EVALUATION RATINGS

Excellent - Employees whose performance generally exceeds the job requirements.

Good - Employees who are performing most of the responsibilities of their job but need further development in certain areas.

Poor - Employees whose performance is poor quality; quantity; safety; etc.



SOUTH CAROLINA DEPARTMENT
OF EMPLOYMENT AND WORKFORCE
Post Office Box 995
Columbia, South Carolina 29202

I certify that the attached is a true copy of the records pertaining to James Smoak, xxx-xx-8198.

Margaret A. Knox

Margaret A. Knox
SC Department of Employment & Workforce

Columbia, South Carolina
December 5, 2012

SSN Wage Record Inquiry

SSN [redacted]-8198

Name	Acct #	Employer Name	Report Type	Year	Qtr - 1	Qtr - 2	Qtr - 3	Qtr - 4
JAMES ALLEN SMOAK	430312	HUSQVARNA CONSUMER OUTDOOR PRODUCTS NA	Original	2012	$5,416.90	$3,850.06	$3,301.40	
JAMES ALLEN SMOAK	430312	HUSQVARNA CONSUMER OUTDOOR PRODUCTS NA	Original	2011		$4,404.78	$3,684.03	$3,389.39
JAMES ALLEN SMOAK	[redacted]	[redacted]	Original	2010	$3,933.28	$1,473.11		
JAMES ALLEN SMOAK	[redacted]	[redacted]	Original	2009	$8,298.54	$9,474.83	$9,147.30	$7,668.01
JAMES ALLEN SMOAK	[redacted]	[redacted]	Original	2008	$15,914.41	$13,204.32	$9,361.76	$8,151.84
JAMES ALLEN SMOAK	[redacted]	[redacted]	Original	2007	$17,041.34	$12,959.30	$13,930.45	$10,666.18
JAMES ALLEN SMOAK	[redacted]	[redacted]	Original	2006	$14,276.10	$13,104.63	$12,858.12	$13,891.58
JAMES ALLEN SMOAK	[redacted]	[redacted]	Original	2005	$14,839.51	$11,959.20	$12,191.74	$10,962.60
JAMES ALLEN SMOAK	[redacted]	[redacted]	Original	2004				$11,380.80

12/04/12 C L A I M A N T P R O F I L E D A T A

SSN: [redacted] 8198 0 CURRENT PROGRAM: 01 BYB: 10/31/12 BYE: 10/30/13
NAME: JAMES SMOAK CLAIM TAKER : 000
ADDR: 4053 PLOW RD LOCAL OFFICE: 380
CITY: ORANGEBURG ST: SC ZIP: 29115 I.C. PROG CDE: 00
PHONE: 803 533 9697 CO: 075 ENTRY DATE : 11/07/12
LIABLE STATE: 45 ADDR CHG DATE: FILE DATE : 11/07/12

SOC CODE : 00000000 UNCONVERTED: ACTIVE ISSUES: 0
LAST OCCUPATION: CHILD SUP PCT: MONETARY COMP: Y
EDUCATION CODE: CHILD SUP EFF: OVERPAY BAL : .00
SEVERANCE IND : U EB EFFECTIVE: PRIOR BYE DTE: 10/30/12
SEVERANCE AMT : .00 DUA #: -DRSC REQUAL IND : Y
PENSION IND : N CLAIM TYPE: P EUC EFFECTIVE:
SOC SEC AMT : .00 F/S WITHHOLDING: N EUC FILE DATE:
OTHER PENSION AMT: .00 PAYMENT OPTION: DC EUC ELIG IND :
WBA : 208.00 METHOD OF FILING: P EUC2 EFF DATE:
TOTAL POSSIBLE: 4,160.00 PAID TO DATE: 624.00 BALANCE: 3,536.00

CLAIM STATUS : REGULAR ACTIVE CLAIM TRANSACTION OPTION:

12/04/12 B E N E F I T P A Y M E N T H I S T O R Y

SSN: [redacted] 8198 0 NAME: JAMES SMOAK BYE: 10/30/13
BENEFITS WBA: 208.00 UI MBA : 4160.00 BALANCE: 3536.00

GM CDE	PO DOI	CWE	ENTRY DATE	BY	CHECK DOI	PAYMENT OPTION	CHK/SEQ NUMBER	PAY TYPE	AMOUNT PAID	UNR FLG	DISQ REAS	TOTAL AMOUNT
01	112812	112512	112812	P	112812		2842236	04	208.00	0	00	208.00
01	112112	111812	112112	P	112112		2840281	04	208.00	0	00	208.00
01	111412	111112	111412	P	112112		2840280	01	208.00	0	00	208.00
01	110712	110412	110712	P			0000000	10	.00	0	00	.00

FOR MORE THAN 12 PAYMENTS DEPRESS PF2 TRANSACTION OPTION:

UCB 104-Bp
2-93

SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE

INITIAL DETERMINATION OF STATUS AS AN INSURED WORKER

WORKFORCE CENTER 385

EFFECTIVE DATE 10/31/12

DATE FILED 11/07/12

DATE PREPARED 11/07/12

105 [redacted]-8198

JAMES SMOAK
4053 PLOW RD
ORANGEBURG SC 29115

POTENTIAL BENEFITS ESTABLISHED

MILITARY ASSIGNMENTS

WEEKLY BENEFIT AMOUNT 208.00

MAXIMUM TOTAL BENEFITS 4160.00

BENEFIT YEAR ENDS 10/30/13

SEE BACK FOR CLAIMANT INFORMATION

EMPLOYMENT RECORD			BASE PERIOD QUARTERLY EARNINGS							
EMPLOYER	ACCOUNT NO.		YEAR	*QTR.	YEAR	*QTR.	YEAR	*QTR.	YEAR	*QTR.
			2011	03	2011	04	2012	01	2012	02
HUSQVARNA CONSUMER O	430312	0		.00		3389.39		5416.90		3850.06
BASE QUARTER TOTAL				.00		3389.39		5416.90		3850.06

*QTR.
1.-JAN.,FEB.,MAR. 3.-JULY,AUG.,SEPT.
2.-APR.,MAY,JUNE 4.-OCT.,NOV.,DEC.

UCB-103B
REV. 7/10

SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE
P. O. BOX 995, COLUMBIA, S. C. 29202

154

DETERMINATION OF ELIGIBILITY FOR BENEFITS					
CLAIMANT'S NAME		SOCIAL SECURITY NUMBER	WFC. NO.	TYPE	CATEGORY
JAMES SMOAK		[redacted]-8198	380	I	01
WEEKLY BENEFIT AMOUNT	MAXIMUM BENEFIT AMOUNT	EFFECTIVE DATE	BENEFIT YEAR ENDS		DATE OF NOTICE
$ 208.00	$ 4,160.00	10/31/12	10/30/13		11/21/12

It has been determined that you are eligible without disqualification for unemployment compensation. This determination is made based on the South Carolina Code and on evidence available at the time of this notice.

☐ The last separation was from a non-liable employer.

JAMES SMOAK
4053 PLOW RD
ORANGEBURG , SC 29115

MAILING DATE 11/26/2012

IMPORTANT:

THIS DETERMINATION WILL BE THE FINAL DECISION OF THE DEPARTMENT UNLESS YOU FILE AN APPEAL SETTING FORTH IN DETAIL THE GROUNDS FOR APPEAL WITHIN TEN (10) CALENDAR DAYS, INCLUDING WEEKENDS AND HOLIDAYS, FROM THE MAILING DATE SHOWN ABOVE. IF THE TENTH (10TH) DAY FALLS ON A SATURDAY, SUNDAY, OR HOLIDAY, THE APPEAL PERIOD IS EXTENDED TO THE NEXT BUSINESS DAY. YOUR APPEAL MAY BE FILED IN PERSON AT ANY WORKFORCE CENTER OR BY MAIL TO THE "APPEAL TRIBUNAL," AT THE ADDRESS BELOW OR BY FAX (803) 737 - 0287. FOR ADDITIONAL INFORMATION OR ASSISTANCE IN FILING AN APPEAL, YOU MAY CONTACT YOUR LOCAL WORKFORCE CENTER OR THE APPEALS DEPARTMENT AT (803) 737 - 2520.

UCB-103B
Rev. 7/10

APPEAL TRIBUNAL
P. O. BOX 995
COLUMBIA, S.C. 29202

SOUTH CAROLINA
DEPARTMENT OF EMPLOYMENT AND WORKFORCE
P. O. BOX 995
COLUMBIA, S. C. 28202
OFFICIAL BUSINESS

FORWARDING SERVICE REQUESTED
UI-5 UCB-103B

JAMES SMOAK
4053 PLOW RD
ORANGEBURG , SC 29115

UCB-103B
REV. 7/10

SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE
P. O. BOX 995, COLUMBIA, S. C. 29202

155

DETERMINATION OF ELIGIBILITY FOR BENEFITS					
CLAIMANT'S NAME		SOCIAL SECURITY NUMBER	WFC. NO.	TYPE	CATEGORY
JAMES	SMOAK	[redacted]-8198	380	I	01

WEEKLY BENEFIT AMOUNT	MAXIMUM BENEFIT AMOUNT	EFFECTIVE DATE	BENEFIT YEAR ENDS	DATE OF NOTICE
$ 208.00	$ 4,160.00	10/31/12	10/30/13	11/21/12

It has been determined that you are eligible without disqualification for unemployment compensation. This determination is made based on the South Carolina Code and on evidence available at the time of this notice.

☐ The last separation was from a non-liable employer.

HUSQVARNA CONSUMER OUTDOOR PRODUCTS
C/O TALX UC EXPRESS
PO BOX 182366
COLUMBUS OH 43218

MAILING DATE 11/26/2012

IMPORTANT:

THIS DETERMINATION WILL BE THE FINAL DECISION OF THE DEPARTMENT UNLESS YOU FILE AN APPEAL SETTING FORTH IN DETAIL THE GROUNDS FOR APPEAL WITHIN TEN (10) CALENDAR DAYS, INCLUDING WEEKENDS AND HOLIDAYS, FROM THE MAILING DATE SHOWN ABOVE. IF THE TENTH (10TH) DAY FALLS ON A SATURDAY, SUNDAY, OR HOLIDAY, THE APPEAL PERIOD IS EXTENDED TO THE NEXT BUSINESS DAY. YOUR APPEAL MAY BE FILED IN PERSON AT ANY WORKFORCE CENTER OR BY MAIL TO THE "APPEAL TRIBUNAL," AT THE ADDRESS BELOW OR BY FAX (803) 737 - 0287. FOR ADDITIONAL INFORMATION OR ASSISTANCE IN FILING AN APPEAL, YOU MAY CONTACT YOUR LOCAL WORKFORCE CENTER OR THE APPEALS DEPARTMENT AT (803) 737 - 2520.

UCB-103B
Rev. 7/10

APPEAL TRIBUNAL
P. O. BOX 995
COLUMBIA, S.C. 29202

SOUTH CAROLINA
DEPARTMENT OF EMPLOYMENT AND WORKFORCE
P. O. BOX 995
COLUMBIA, S. C. 29202
OFFICIAL BUSINESS

FORWARDING SERVICE REQUESTED
UI-5 UCB-103B

HUSQVARNA CONSUMER OUTDOOR PRODUCTS
C/O TALX UC EXPRESS
PO BOX 182366
COLUMBUS OH 43218

UCB101I
REV. 07/02

SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE

NAME: JAMES A SMOAK SSN: [redacted]-8198 BYE: 10/30/12

CLAIMSTAKER ID: WFC #: 380 FILED: 08/09/12 EFF DATE: 08/05/12

MAILING ADDRESS: 4053 PLOW RD

CITY: ORANGEBURG STATE: SC ZIP: 29115

OTHER NAME: JAMES A SMOAK

[X]	1-UI	[ ]	4-UI/UCFE/UCX	[ ]	7-UCX	[ ]	NEW	[ ] TRANSITIONAL
[ ]	2-UI/UCFE	[ ]	5-UCFE	[ ]	8-CW	[X]	ADDITIONAL	[ ] R-ADD
[ ]	3-UI/UCX	[ ]	6-UCFE/UCX	[ ]	OTHER	[ ]	CONTINUED	

BONA FIDE EMPLOYER NAME & PAYROLL ADDRESS INFORMATION:

NAME: HUSQVARNA CONSUMER OUTDOOR PRODUCTS NA

STREET: PO BOX 182366

CITY: COLUMBUS ST: OH ZIP: 43218

DATES OF EMPLOYMENT:

FROM:	TO:
03/18/11	08/03/12

EMP. ACCT. # 430312

BONA FIDE EMPLOYER LOCAL ADDRESS INFORMATION:

STREET:

CITY: ORANGEBURG ST: SC ZIP: PHONE #: (800) 366-6660

SEPARATION REASON: [X] LOW [ ] VQ [ ] DISCHARGE [ ] STILL WORKING

ISSUE CODES: 09

LIABLE EMPLOYER INFORMATION:

NAME: HUSQVARNA CONSUMER OUTDOOR PRO EMP. ACCT # 430312

JOB LOCATION (CITY/STATE): COLUMBUS, OH

DATES OF EMPLOYMENT:

FROM:	TO:
03/18/11	08/03/12

SEPARATION REASON: [ ] LOW [ ] VQ [ ] DISCHARGE [ ] STILL WORKING

NARRATIVE REASON FOR SEPARATION FROM LIABLE EMPLOYER:

12/04/12 C L A I M A N T P R O F I L E D A T A

SSN: [redacted] 8198 1 CURRENT PROGRAM: 01 BYB: 10/31/11 BYE: 10/30/12
NAME: JAMES SMOAK CLAIM TAKER : 099
ADDR: 4053 PLOW RD LOCAL OFFICE: 380
CITY: ORANGEBURG ST: SC ZIP: 29115 I.C. PROG CDE: 00
TELE: 803 347 0231 CO: 075 ENTRY DATE : 11/14/11
LIABLE STATE: 45 ADDR CHG DATE: FILE DATE : 11/14/11

SOC CODE : 00000000 UNCONVERTED: ACTIVE ISSUES: 0
LAST OCCUPATION: CHILD SUP PCT: MONETARY COMP: Y
EDUCATION CODE: CHILD SUP EFF: OVERPAY BAL : .00
SEVERANCE IND : U EB EFFECTIVE: PRIOR BYE DTE: 07/03/12
SEVERANCE AMT : .00 DUA #: -DRSC REQUAL IND : Y
PENSION IND : N CLAIM TYPE: T EUC EFFECTIVE:
SOC SEC AMT : .00 F/S WITHHOLDING: N EUC FILE DATE:
OTHER PENSION AMT: .00 PAYMENT OPTION: DC EUC ELIG IND :
WBA : 169.00 METHOD OF FILING: T EUC2 EFF DATE:
TOTAL POSSIBLE: 2,696.00 PAID TO DATE: 1,625.00 BALANCE: 1,071.00

ALTERNATE BASE PERIOD
CLAIM STATUS : REGULAR ACTIVE CLAIM TRANSACTION OPTION:

12/04/12 B E N E F I T P A Y M E N T H I S T O R Y

SSN: [redacted]8198 1 NAME: JAMES SMOAK BYE: 10/30/12
BENEFITS WBA: 169.00 UI MBA : 2696.00 BALANCE: 1071.00
ALTERNATE BASE PERIOD

GM CDE	PO DOI	CWE	ENTRY DATE	BY	CHECK DOI	PAYMENT OPTION	CHK/SEQ NUMBER	PAY TYPE	AMOUNT PAID	UNR FLG	DISQ REAS	TOTAL AMOUNT
01	102312	101412	102312	O	102312	DD	1710887	08	48.00	0	00	48.00
00	092312	092912					0000000	00	.00	0	00	.00
01	091712	092212	092312	T	092312	DD	1490197	01	169.00	0	00	169.00
01	091712	091512	091712	O			0000000	14	.00	0	00	.00
01	090212	090812	091712	O			0000000	14	.00	0	00	.00
01	082712	090112	090212	T	090212	DD	1346935	01	169.00	0	00	169.00
01	081912	082512	082712	T	082712	DD	1318396	01	169.00	0	00	169.00
01	081212	081812	081912	T	081912	DD	1249158	01	169.00	0	00	169.00
01	080912	081112	081212	T	081612	DD	1235986	01	169.00	0	00	169.00
01	071112	070812	071112	P	071112		2809934	04	169.00	0	00	169.00
01	070512	070112	070512	P	070512		2807005	04	169.00	0	00	169.00
01	062712	062412	062712	P	062712		2805029	04	169.00	0	00	169.00

FOR MORE THAN 12 PAYMENTS DEPRESS PF2 TRANSACTION OPTION:

12/04/12 B E N E F I T P A Y M E N T H I S T O R Y

SSN: [redacted] 8198 1 NAME: JAMES SMOAK BYE: 10/30/12
BENEFITS WBA: 169.00 UI MBA : 2696.00 BALANCE: 1071.00
ALTERNATE BASE PERIOD

GM DE	PO DOI	CWE	ENTRY DATE	BY	CHECK DOI	PAYMENT OPTION	CHK/SEQ NUMBER	PAY TYPE	AMOUNT PAID	UNR FLG	DISQ REAS	TOTAL AMOUNT
01	010512	010112	010512	P			0000000	14	.00	0	00	.00
01	122811	122511	122811	P			0000000	14	.00	0	00	.00
01	122111	121811	122111	P			0000000	14	.00	0	00	.00
01	121411	121111	121411	P			0000000	14	.00	0	00	.00
01	120711	120411	120711	P			0000000	14	.00	0	00	.00
01	120111	112711	120111	P	120111		2735563	04	169.00	0	00	169.00
01	112211	112011	112211	P			0000000	14	.00	0	00	.00
01	111811	111311	111811	P	111811		2728409	06	56.00	0	00	56.00
01	111411	110611	111411	P			0000000	10	.00	0	00	.00

FOR MORE THAN 12 PAYMENTS DEPRESS PF2 TRANSACTION OPTION:

12/04/12 T E L E P H O N E R E S P O N S E H I S T O R Y

SSN: [redacted] 8198 1 NAME: JAMES SMOAK BYE: 10/30/12

CWE	RESPONSE: DATE	TIME	REFUSE	ABLE	EARNINGS	AMOUNT
09/22/12	09/23/12	081359	NO	YES	NO	163.20
09/01/12	09/02/12	093223	NO	YES	NO	.00
08/25/12	08/27/12	093238	NO	YES	NO	.00
08/18/12	08/19/12	080040	NO	YES	NO	.00
08/11/12	08/12/12	095055	NO	YES	NO	.00

TRANSACTION OPTION:

UCB 104-Bp
2-93

SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE

INITIAL DETERMINATION OF STATUS AS AN INSURED WORKER

WORKFORCE CENTER 385

EFFECTIVE DATE 10/31/11 DATE FILED 11/14/11

DATE PREPARED 11/14/11

105 [redacted]-8198

JAMES SMOAK
4053 PLOW RD
ORANGEBURG SC 29115

POTENTIAL BENEFITS ESTABLISHED

WEEKLY BENEFIT AMOUNT .00

MAXIMUM TOTAL BENEFITS .00

BENEFIT YEAR ENDS 10/30/12

MILITARY ASSIGNMENTS

INSUFFICIENT WAGES

SEE BACK FOR CLAIMANT INFORMATION

EMPLOYMENT RECORD			BASE PERIOD QUARTERLY EARNINGS							
EMPLOYER	ACCOUNT NO.		YEAR	*QTR.	YEAR	*QTR.	YEAR	*QTR.	YEAR	*QTR.
			2010	03	2010	04	2011	01	2011	02
HUSQVARNA CONSUMER O	430312	0		.00		.00		.00		4404.78
BASE QUARTER TOTAL				.00		.00		.00		4404.78

*QTR.
1.-JAN.,FEB.,MAR. 3.-JULY,AUG.,SEPT.
2.-APR.,MAY,JUNE 4.-OCT.,NOV.,DEC.

UCB 104-A 20WK
7-11

SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE

INITIAL DETERMINATION OF STATUS AS AN INSURED WORKER

WORKFORCE CENTER 380

EFFECTIVE DATE 10/31/11

DATE FILED 11/14/11

DATE PREPARED 11/18/11

RECONSIDERED

O

[redacted]-8198

JAMES SMOAK
4053 PLOW RD

ORANGEBURG SC 29115

*BENEFITS YOU MAY BE ELIGIBLE FOR:

MILITARY ASSIGNMENTS

WEEKLY BENEFIT AMOUNT 169.00

MAXIMUM TOTAL BENEFITS 2696.00

BENEFIT YEAR ENDS 10/30/12

* This statement establishes that you have the necessary wages to qualify for unemployment insurance. However, to receive benefits your job separation must also be considered. If you qualify, this is the maximum you may be entitled to receive.

SEE BACK FOR CLAIMANT INFORMATION

EMPLOYMENT RECORD			ALTERNATE BASE PERIOD QUARTERLY EARNINGS							
EMPLOYER	ACCOUNT NO.		YEAR	*QTR.	YEAR	*QTR.	YEAR	*QTR.	YEAR	*QTR.
			2010	04	2011	01	2011	02	2011	03
HUSQVARNA CONSUMER O	430312			.00		.00		4404.78		3684.03
ALTERNATE BASE QUARTER TOTAL				.00		.00		4404.78		3684.03

*QTR.
1.-JAN.,FEB.,MAR. 3.-JULY,AUG.,SEPT.
2.-APR.,MAY,JUNE 4.-OCT.,NOV.,DEC.

UCB-103B
REV. 7/10

SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE
P. O. BOX 995, COLUMBIA, S. C. 29202

225

DETERMINATION OF ELIGIBILITY FOR BENEFITS					
CLAIMANT'S NAME		SOCIAL SECURITY NUMBER	WFC. NO.	TYPE	CATEGORY
JAMES SMOAK		[redacted]-8198	380	I	01
WEEKLY BENEFIT AMOUNT	MAXIMUM BENEFIT AMOUNT	EFFECTIVE DATE	BENEFIT YEAR ENDS		DATE OF NOTICE
$ 169.00	$ 2,696.00	10/31/11	10/30/12		11/18/11

It has been determined that you are eligible without disqualification for unemployment compensation. This determination is made based on the South Carolina Code and on evidence available at the time of this notice.

☐ The last separation was from a non-liable employer.

JAMES SMOAK
4053 PLOW RD
ORANGEBURG , SC 29115

MAILING DATE 11/21/2011

IMPORTANT:

THIS DETERMINATION WILL BE THE FINAL DECISION OF THE DEPARTMENT UNLESS YOU FILE AN APPEAL SETTING FORTH IN DETAIL THE GROUNDS FOR APPEAL WITHIN TEN (10) CALENDAR DAYS, INCLUDING WEEKENDS AND HOLIDAYS, FROM THE MAILING DATE SHOWN ABOVE. IF THE TENTH (10TH) DAY FALLS ON A SATURDAY, SUNDAY, OR HOLIDAY, THE APPEAL PERIOD IS EXTENDED TO THE NEXT BUSINESS DAY. YOUR APPEAL MAY BE FILED IN PERSON AT ANY WORKFORCE CENTER OR BY MAIL TO THE "APPEAL TRIBUNAL," AT THE ADDRESS BELOW OR BY FAX (803) 737 - 0287. FOR ADDITIONAL INFORMATION OR ASSISTANCE IN FILING AN APPEAL, YOU MAY CONTACT YOUR LOCAL WORKFORCE CENTER OR THE APPEALS DEPARTMENT AT (803) 737 - 2520.

UCB-103B
Rev. 7/10

APPEAL TRIBUNAL
P. O. BOX 995
COLUMBIA, S.C. 29202

SOUTH CAROLINA
DEPARTMENT OF EMPLOYMENT AND WORKFORCE
P. O. BOX 995
COLUMBIA, S. C. 29202
OFFICIAL BUSINESS

FORWARDING SERVICE REQUESTED
UI-5 UCB-103B

JAMES SMOAK
4053 PLOW RD
ORANGEBURG , SC 29115

UCB-103B
REV. 7/10

SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE
P. O. BOX 995, COLUMBIA, S. C. 29202

226

DETERMINATION OF ELIGIBILITY FOR BENEFITS					
CLAIMANT'S NAME		SOCIAL SECURITY NUMBER	WFC. NO.	TYPE	CATEGORY
JAMES	SMOAK	[redacted]-8198	380	I	01

WEEKLY BENEFIT AMOUNT	MAXIMUM BENEFIT AMOUNT	EFFECTIVE DATE	BENEFIT YEAR ENDS	DATE OF NOTICE
$ 169.00	$ 2,696.00	10/31/11	10/30/12	11/18/11

It has been determined that you are eligible without disqualification for unemployment compensation. This determination is made based on the South Carolina Code and on evidence available at the time of this notice.

☐ The last separation was from a non-liable employer.

HUSQVARNA CONSUMER OUTDOOR PRODUCTS
C/O TALX UC EXPRESS
PO BOX 182366
COLUMBUS OH 43218

MAILING DATE 11/21/2011

IMPORTANT:

THIS DETERMINATION WILL BE THE FINAL DECISION OF THE DEPARTMENT UNLESS YOU FILE AN APPEAL SETTING FORTH IN DETAIL THE GROUNDS FOR APPEAL WITHIN TEN (10) CALENDAR DAYS, INCLUDING WEEKENDS AND HOLIDAYS, FROM THE MAILING DATE SHOWN ABOVE. IF THE TENTH (10TH) DAY FALLS ON A SATURDAY, SUNDAY, OR HOLIDAY, THE APPEAL PERIOD IS EXTENDED TO THE NEXT BUSINESS DAY. YOUR APPEAL MAY BE FILED IN PERSON AT ANY WORKFORCE CENTER OR BY MAIL TO THE "APPEAL TRIBUNAL," AT THE ADDRESS BELOW OR BY FAX (803) 737 - 0287. FOR ADDITIONAL INFORMATION OR ASSISTANCE IN FILING AN APPEAL, YOU MAY CONTACT YOUR LOCAL WORKFORCE CENTER OR THE APPEALS DEPARTMENT AT (803) 737 - 2520.

UCB-103B
Rev. 7/10

APPEAL TRIBUNAL
P. O. BOX 995
COLUMBIA, S.C. 29202

SOUTH CAROLINA
DEPARTMENT OF EMPLOYMENT AND WORKFORCE
P. O. BOX 995
COLUMBIA, S. C. 29202
OFFICIAL BUSINESS

FORWARDING SERVICE REQUESTED
UI-5 UCB-103B

HUSQVARNA CONSUMER OUTDOOR PRODUCTS
C/O TALX UC EXPRESS
PO BOX 182366
COLUMBUS OH 43218

SC Department of Employment and Workforce
Initial Claims Application

Filing location: Home
Office location: ORANGEBURG
Claim creator: Claimant
Worked under a different name: No

Ethnicity

Claimant Hispanic or Latino: No

Claimant

Claimant's name: James Allen Smoak
Date of birth: 10/1/1968
Gender: Male
US citizen: Yes

Aliases

Alias type: SocialSecurityCard
Name: James Allen Smoak

Alias type: Current
Name: James Allen Smoak

Race(s)

* White

Addresses

Address type: physical
Address: 4053 PLOW RD ORANGEBURG, SC 29115-9042
United States address: Yes

Address type: mailing
Address: 4053 PLOW RD ORANGEBURG, SC 29115-9042
United States address: Yes

Telephone Number

Telephone number type: Home
Telephone number: 803 3470231 Ext:

Alien Information

Alien card number: None
Expiration date: No

Veteran Information

Service branch: None

Date entered:

Date released:

Character of service: None

Reason for separation:

Completed first full term of service: No

In the National Guard or a Reserve Unit and served on active duty during a period of war or in a campaign or expedition: No

Served on active duty in the military for a period of more than 180 days: No

Separated from military in the last 48 months: No

Accured days lost: No

Accured leave: 0
(Item #16 on DD-214)

Pay grade:
(Item #4b on DD-214)

Retired from military service: No

Have a service related disability: No

Percent disabled: 0%

Awarded a campaign badge or ribbon for service during a conflict: No

Badges and ribbons: None

Will receive pension: No

Worked in the last 18 months: Yes

Employer Name: HUSQVARNA CONSUMER OUTDOOR PRODUCTS NA

Employer delivery address: PO BOX 182366

Employer city: COLUMBUS

Employer state: OH

Employer zip code: 43218

Employer telephone number: 8003666660

Worked for this employer: Yes

Worked part-time only: No

Hire date: 3/18/2011

Termination date: 8/3/2012

Type of work: Assemblers and Fabricators, All Other

Earned at least $2,608.00: Yes

Occupational license required: No

Job city: Orangeburg

Job state: South Carolina

Job duties: worked on production line making lawn mower parts

Discharge reason: Lack of Work

Discharge explanation: laid off

Federal employer: No

Received SF8 form: No

Payroll office address based on SF8: No

Job Registration

Spouse of a veteran: No
Spouse of a deceased veteran with a total disability rating: No
Spouse of a 100% total disabled veteran: No
Spouse of a veteran killed in the line of duty: No
Spouse of a MIA or POW: No
Worked on a farm: No
Worked in a food processing plant: No

Farm Worker Information

Earned at least half income performing farm work in the last 12 months: No
Employed all year in farm work: No
Traveled to perform farm work: No
Worked at least 25 days or parts of days during the last 12 months performing farm work: No

Food Processing Information

Earned at least half income performing food processing in the last 12 months: No
Employed all year in food processing: No
Traveled to perform food processing: No
Worked at least 25 days or parts of days during the last 12 months performing food processing: No

Do you have a valid driver's license: Yes

Driver License Classes

* D Regular Operator's License

Commercial Driver License Classes

* None

Commerical Driver License Restrictions

* None

Additional Claim Information

Filed UI claim outside SC in the last 18 months: No
Worked in state outside SC in the last 18 months: No
Filed claim for Trade Readjustment Allowances(TRA): No
Filed claim for Disaster Unemployment Assistance(DUA): No
Receive or have received Federal-Funded assistance: No
Receive or have received retirement: No
Receive or have received federal civilian employee benefits: No
Receive or have received federal military employee benefits: No
Claimant wants taxes withheld from unemployment benefits: No

Extra Earned Income

Pension amount: $0.00
Pension paid by:
Employer pension contribution percentage:
Pension effective date:

Retirement amount: $0.00
Retirement paid by:
Employer retirement contribution percentage:
Retirement effective date:

Disability amount: $0.00
Disability paid by:
Disability effective date:

Social security amount: $0.00
Social security effective date:

Job Eligibility

Only available for part-time work: No
Part-time work explanation: None

Willing to relocate: No

Can begin work immediately: Yes

Children or dependants in household who require care during working hours: Not Applicable

Children or dependent care explanation: None

Self-Employed: No
Self-Employed job title:

Child or spouse of employer: No
Owner or corporate officer of a business: No

Will be recalled to last job: Yes
Date of recall to last job: 9/5/2012

Have a health condition that limits ability to accept full-time work now or in the future: No

Health status explanation: None

Willing to look for other types of work: Yes

Kind of Jobs Seeking

Chemical Plant and System Operators
Years of experience: 17
Years of training: 17

Machinists
Years of experience: 17
Years of training: 17

Last Job

Number of miles traveled to work on last job: 10 - 20
Rate of pay on last job: $12.00
Unit of pay on last job: Hourly

Job Schedule Availability

Monday
Start time: 6:00 AM
End time: 3:30 PM

Tuesday
Start time: 6:00 AM
End time: 3:30 PM

Wednesday
Start time: 6:00 AM
End time: 3:30 PM

Thursday
Start time: 6:00 AM
End time: 3:30 PM

Friday
Start time: 6:00 AM
End time: 3:30 PM

Saturday
Start time: 6:00 AM
End time: 3:30 PM

New Job

Miles willing to travel to work: Greater than 20
Minimum wage you will accept on next job: $12.00
Unit of pay on next job: Hourly

Job Schedule Availability

Sunday
Start time: 6:00 AM
End time: 3:30 PM

Monday
Start time: 6:00 AM
End time: 3:30 PM

Tuesday
Start time: 6:00 AM
End time: 3:30 PM

Wednesday
Start time: 6:00 AM
End time: 3:30 PM

Thursday
Start time: 6:00 AM
End time: 3:30 PM

Friday
Start time: 6:00 AM
End time: 3:30 PM

Work Counties

Bamberg
County FIPS: 9

Barnwell
County FIPS: 11

Calhoun
County FIPS: 17

Lexington
County FIPS: 63

Orangeburg
County FIPS: 75

Richland
County FIPS: 79

Last grade completed: Two Years of College or Vocational School
Currently attending school: No
Planning to attend school: No

Current School Information

Name of school: None
School location:
When did you start school:

School Schedule

Willing to change school/training schedule for a full-time job: No
Willing to quit school/training schedule for a full-time job: No

Future School Information

Name of school: None
Location of school:
When are you planning to attend school:

School Schedule

Willing to change school/training schedule for a full-time job: No
Willing to quit school/training schedule for a full-time job: No

Transportation Methods

- Automobile

Benefit Payment Method

Benefit payment type: Direct Deposit
Bank name: FIRST CITIZENS BANK
Account type: Checking
Account number: [redacted]
Routing number: [redacted]
Debit card agreement accepted: No
Direct deposit agreement accepted: Yes

SC Department of Employment and Workforce
SIDES NET101 Employer Response

Response due date: 8/20/2012

Created Date: 8/16/2012

Employer name: HUSQVARNA CONSUMER OUTDOOR PRODUCTS NA

Employer account number: 430312

SSN: [redacted]8198

Claim effective date: 8/5/2012

Employer's statement of claimant's first day of work: 3/18/2011

Employer's statement of claimant's last day of work: 8/3/2012

Total earned wages available:
Wages Available

Total earned wages: $22,468.14

Paid employee variable rate amount: Yes

Employer's reason for claimant's separation:
LACKOFWORK

Explain why the claimant is no longer employed:
The claimant has been separated due to lack of work.

Review complete date: 8/9/2012

Fact finding interview type: No Interview

Preparer providing separation response information: TPA

Preparer's company name: TALX UC eXpress

Preparer's telephone number and ext: 61465834593459

Preparer's contact name: Stephanie Festog

Preparer's contact title: Unemployment State Consultant

Preparer's fax number: 8008141707

Preparer's email address: sfestog@talx.com

Amended response number to a previously submitted response: Original Response

State GUID: 785678a1af824980b021ed25ad1b83a0

Broker transaction number: 800820

Claim number: 232753

BPC-128
REV..2/11

SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE
DETERMINATION OF OVERPAYMENT

TO: JAMES SMOAK S.S. NO.: [redacted]-8198 DATE: 09/27/12
4053 PLOW RD
ORANGEBURG SC 29115

OVERPAYMENT TYPE: ☐ FRAUD ☒ NONFRAUD

AMOUNT OVERPAID: 121.00 WEEKS OVERPAID: 09/22/12 TO 09/22/12 BYE: 10/30/12

An overpayment determination has been made on your unemployment insurance claim in accordance with Section 41-41-20 of the South Carolina Code. You have received benefits to which you were NOT entitled. See items checked below.

☐ You were paid benefits during a disqualification or a period of ineligibility.

☐ A revision in your base period wages resulted in a reduction of your weekly benefit entitlement.

☐ Earnings were not deducted. ☐ Pension was not deducted.

☐ Your claim was withdrawn.

☐ You knowingly withheld information to obtain or increase your benefits.

☒ Other:

BENEFIT PAYMENT CONTROL

MAILING DATE 09/28/2012

☐ If this box is checked and the overpayment is non-fraud, you may request a waiver of the overpayment.

IMPORTANT: THIS DETERMINATION WILL BE THE FINAL DECISION OF THE DEPARTMENT UNLESS YOU FILE AN APPEAL AND/OR REQUEST FOR WAIVER WITHIN TEN (10) CALENDAR DAYS, INCLUDING WEEKENDS AND HOLIDAYS, FROM THE MAILING DATE SHOWN ABOVE. IF THE TENTH (10TH) DAY FALLS ON A SATURDAY, SUNDAY, OR HOLIDAY, THE APPEAL PERIOD IS EXTENDED TO THE NEXT BUSINESSDAY. YOUR REQUEST FOR WAIVER MUST BE FILED IN PERSON AT ANY LOCAL WORKFORCE CENTER. IF YOU CANNOT REPORT IN PERSON, PLEASE CONTACT YOUR LOCAL WORKFORCE CENTER FOR ADDITIONAL INFORMATION OR ASSISTANCE AN APPEAL MAY BE FILED IN PERSON OR BY MAIL ADDRESSED TO APPEALS, P.O. BOX. 995, COLUMBIA , SC 29202.

Section 41-41-40 of the South Carolina Code requires that you refund this overpayment regardless of the reason for the overpayment. Please make your personal check, money order, or cashier's check payable to the South Carolina Deparment of Employment and Workforce and MAIL TO:

SC DEPARTMENT OF EMPLOYMENT AND WORKFORCE
ATTN: BPC COLLECTIONS, ROOM 130
P.O. BOX 2644
COLUMBIA, S.C. 29202

DO NOT SEND CASH MONEY THROUGH THE MAIL.

To ensure proper credit to your account, please be sure to write your social security number on your payment. If you are unable to pay the entire amount, you can make arrangements to repay your overpayment in installments. You may use the section below to show how you intend to repay your overpayment. If assistance is needed in making such arrangement, contact the BPC Collections Unit at (803) 737-2387. You may also contact our field representative through your local unemployment insurance office to arrange an installment pay plan. Failure to repay this overpayment may result in prosecution (if the overpayment is fraud), wage garnishment,and/or your state tax refund being intercepted and applied to your overpayment.

REPAYMENT AGREEMENT

I UNDERSTAND THAT I AM OVERPAID AND MUST REPAY MY OVERPAYMENT. THEREFORE, I AGREE TO REPAY MY OVERPAYMENT IN INSTALLMENTS OF $_____ ☐ WEEKLY ☐ BI-WEEKLY ☐ MONTHLY UNTIL THE BALANCE IS PAID IN FULL.

I UNDERSTAND THAT THIS AGREEMENT HAS TO BE APPROVED BY THE SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE BPC COLLECTIONS UNIT AND IS NOT VALID UNLESS A PAYMENT IS ENCLOSED.

I UNDERSTAND THAT IF I BECOME ELIGIBLE FOR UNEMPLOYMENT INSURANCE BENEFITS, THEY WILL BE APPLIED TO MY OVERPAYMENT AND THIS INSTALLMENT AGREEMENT WILL NOT PREVENT THIS FROM HAPPENING.

SOCIAL SECURITY NUMBER _____ SIGNATURE _____ DATE _____

RETURN THIS PORTION WITH YOUR FIRST PAYMENT

Corrected Overpayment Reason & Mailing Date
BPC:

S2001

BPC-128
REV...2/11

SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE
DETERMINATION OF OVERPAYMENT

TO: JAMES SMOAK S.S. NO.: [redacted]-8198 DATE: 09/27/12
4053 PLOW RD
ORANGEBURG SC 29115

OVERPAYMENT TYPE: ☐ FRAUD ☒ NONFRAUD

AMOUNT OVERPAID: 121.00 WEEKS OVERPAID: 09/22/12 TO 09/22/12 BYE: 10/30/12

An overpayment determination has been made on your unemployment insurance claim in accordance with Section 41-41-20 of the South Carolina Code. You have received benefits to which you were NOT entitled. See items checked below.

- ☒ You were paid benefits during a disqualification or a period of ineligibility.
- ☐ A revision in your base period wages resulted in a reduction of your weekly benefit entitlement.
- ☐ Earnings were not deducted. ☐ Pension was not deducted.
- ☐ Your claim was withdrawn.
- ☐ You knowingly withheld information to obtain or increase your benefits.
- ☐ Other:

MAILING DATE 10/01/2012

BENEFIT PAYMENT CONTROL

☐ If this box is checked and the overpayment is non-fraud, you may request a waiver of the overpayment.

IMPORTANT: This Determination will be the final decision of the Department unless you file an appeal and/or request for waiver within ten (10) calendar days, including weekends and holidays, from the mailing date shown above. If the tenth (10th) day falls on a Saturday, Sunday or holiday, the period is extended to the next business day. Your request for waiver must be filed in person at any local Workforce Center. If you cannot report in person, please contact your local Workforce Center for additional information or assistance. An appeal may be filed in person or by mail addressed to Appeals, P.O. Box 995, Columbia, SC 29202.

Section 41-41-40 of the South Carolina Code requires that you refund this overpayment regardless of the reason for the overpayment. Please make your personal check, money order, or cashier's check payable to the South Carolina Department of Employment and Workforce and MAIL TO:

SC DEPARTMENT OF EMPLOYMENT AND WORKFORCE
ATTN: BPC COLLECTIONS
P.O. BOX 2644
COLUMBIA, S.C. 29202

DO NOT SEND CASH MONEY THROUGH THE MAIL

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I UNDERSTAND THAT THIS AGREEMENT HAS TO BE APPROVED BY THE SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE BPC COLLECTIONS UNIT AND IS NOT VALID UNLESS A PAYMENT IS ENCLOSED.

I UNDERSTAND THAT IF I BECOME ELIGIBLE FOR UNEMPLOYMENT INSURANCE BENEFITS, THEY WILL BE APPLIED TO MY OVERPAYMENT AND THIS INSTALLMENT AGREEMENT WILL NOT PREVENT THIS FROM HAPPENING.

SOCIAL SECURITY NUMBER _____ SIGNATURE _____ DATE _____

RETURN THIS PORTION WITH YOUR FIRST PAYMENT

352582 - 0687

PSVP REV. 3/04 27120

UCM-15B
5-10

SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE
P O BOX 995
COLUMBIA, S C 29202

DATE MAILED 10/18/2012

DEAR EMPLOYER,
THE JOB-ATTACHED CLAIM FOR WEEK ENDING 10-14-2012 THAT YOU SUBMITTED FOR SOCIAL SECURITY NUMBER [redacted]-8198 EXCEEDS THE SIX WEEK MAXIMUM IN THIS INDIVIDUAL'S BENEFIT YEAR AND CANNOT BE ACCEPTED FOR PROCESSING THE WORKER MUST REPORT TO THE NEAREST LOCAL WORKFORCE CENTER WITHIN TEN CALENDAR DAYS IN ORDER TO FILE FOR THIS WEEK AND ANY SUBSEQUENT WEEKS THAT HE MAY BE UNEMPLOYED THE WORKER'S UNEMPLOYMENT INSURANCE BENEFIT YEAR ENDS 10-30-2012 AFTER THIS DATE, EMPLOYER-FILED CLAIMS MAY AGAIN BE SUBMITTED FOR ANY WEEKS THAT THE EMPLOYEE DOES NOT WORK OR WORKS LESS THAN FULL TIME DURING THE NEW BENEFIT YEAR

SOUTH CAROLINA
DEPARTMENT OF EMPLOYMENT AND WORKFORCE
P O BOX 995
COLUMBIA, S C 29202-0995
OFFICIAL BUSINESS
FORWARDING SERVICE REQUESTED
UI-5 UCM-15B

HUSQVARNA CONSUMER OUTDOOR PRODUCTS
PO BOX 182366

C/O TALX UC EXPRESS

COLUMBUS OH 43218

UCM-15B
5-10

SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE
P O BOX 995
COLUMBIA, S C 29202

DATE MAILED 10/18/2012

DEAR CLAIMANT,
YOUR EMPLOYER IS ALLOWED TO FILE UP TO SIX JOB-ATTACHED CLAIMS FOR YOU DURING YOUR UNEMPLOYMENT INSURANCE BENEFIT YEAR THE MOST RECENT WEEK THAT YOUR EMPLOYER FILED FOR YOU, WEEK ENDING 10-14-2012, CANNOT BE PROCESSED AS IT EXCEEDS THE SIX WEEKS ALLOWED YOU MUST REPORT TO THE NEAREST LOCAL WORKFORCE CENTER WITHIN TEN CALENDAR DAYS OF THIS NOTICE IN ORDER TO CLAIM THIS WEEK OF UNEMPLOYMENT LATE CLAIMS CANNOT BE PROCESSED ONCE YOUR BENEFIT YEAR ENDS ON 10-30-2012, YOUR EMPLOYER MAY AGAIN SUBMIT JOB-ATTACHED CLAIMS FOR A NEW BENEFIT YEAR PLEASE BRING THIS NOTICE WITH YOU WHEN YOU REPORT

SOUTH CAROLINA
DEPARTMENT OF EMPLOYMENT AND WORKFORCE
P O BOX 995
COLUMBIA, S C 29202-0995
OFFICIAL BUSINESS
FORWARDING SERVICE REQUESTED
UI-5 UCM-15B

JAMES SMOAK
4053 PLOW RD
ORANGEBURG SC 29115

BPC-193
Rev. 7/10

SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE
RECEIPT FOR PAYMENT

NAME: JAMES SMOAK **SSN:** [redacted]-8198

This is your notification that we have received a payment or that we have applied unemployment benefits otherwise due you to your overpayment. This portion of the receipt should be kept for tax purposes.

We have adjusted your overpayment of unemployment benefits by the amount shown below:

TOTAL AMOUNT CREDITED DUE TO BENEFIT OFFSET	TOTAL AMOUNT CREDITED DUE TO PAYMENT	TOTAL REMAINING BALANCE DUE	DATE OF THIS NOTICE
121.00	0.00	0.00	10/23/12

If you have a balance remaining, it is in your best interest to make payments until the balance is paid in full. For faster processing, please return your next payment with the payment coupon below.

PLEASE RETURN THIS PORTION WITH YOUR NEXT PAYMENT

MAKE PAYMENT TO: SC DEPT. OF EMPLOYMENT AND WORKFORCE ATTN: BPC COLLECTIONS, RM 130 P.O. BOX 2644 COLUMBIA, S.C. 29202	**PAYMENT AMOUNT $** _____ **ADDRESS CORRECTION INFORMATION**
NAME: JAMES SMOAK **SSN:** [redacted]-8198 **BALANCE DUE:** 0.00	**TELEPHONE #:** _____

SOUTH CAROLINA
DEPARTMENT OF EMPLOYMENT AND WORKFORCE
P.O. BOX 995
COLUMBIA, S.C. 29202
OFFICIAL BUSINESS
BPC-193
ADDRESS SERVICE REQUESTED

JAMES SMOAK
4053 PLOW RD
ORANGEBURG SC 29115 9042

UCM-15B
5-10

SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE
P O BOX 995
COLUMBIA, S C 29202

DATE MAILED 11/01/2012

DEAR EMPLOYER,
THE JOB-ATTACHED CLAIM FOR WEEK ENDING 10-28-2012 THAT YOU SUBMITTED FOR SOCIAL SECURITY NUMBER [redacted]-8198 EXCEEDS THE SIX WEEK MAXIMUM IN THIS INDIVIDUAL'S BENEFIT YEAR AND CANNOT BE ACCEPTED FOR PROCESSING THE WORKER MUST REPORT TO THE NEAREST LOCAL WORKFORCE CENTER WITHIN TEN CALENDAR DAYS IN ORDER TO FILE FOR THIS WEEK AND ANY SUBSEQUENT WEEKS THAT HE MAY BE UNEMPLOYED THE WORKER'S UNEMPLOYMENT INSURANCE BENEFIT YEAR ENDS 10-30-2012 AFTER THIS DATE, EMPLOYER-FILED CLAIMS MAY AGAIN BE SUBMITTED FOR ANY WEEKS THAT THE EMPLOYEE DOES NOT WORK OR WORKS LESS THAN FULL TIME DURING THE NEW BENEFIT YEAR

SOUTH CAROLINA
DEPARTMENT OF EMPLOYMENT AND WORKFORCE
P O BOX 995
COLUMBIA, S C 29202-0995
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UI-5 UCM-15B

HUSQVARNA CONSUMER OUTDOOR PRODUCTS
PO BOX 182366

C/O TALX UC EXPRESS

COLUMBUS OH 43218

UCM-158
5-10

SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE
P O BOX 995
COLUMBIA, S C 29202

DATE MAILED 11/01/2012

DEAR CLAIMANT,
YOUR EMPLOYER IS ALLOWED TO FILE UP TO SIX JOB-ATTACHED CLAIMS FOR YOU DURING YOUR UNEMPLOYMENT INSURANCE BENEFIT YEAR THE MOST RECENT WEEK THAT YOUR EMPLOYER FILED FOR YOU, WEEK ENDING 10-28-2012, CANNOT BE PROCESSED AS IT EXCEEDS THE SIX WEEKS ALLOWED YOU MUST REPORT TO THE NEAREST LOCAL WORKFORCE CENTER WITHIN TEN CALENDAR DAYS OF THIS NOTICE IN ORDER TO CLAIM THIS WEEK OF UNEMPLOYMENT LATE CLAIMS CANNOT BE PROCESSED ONCE YOUR BENEFIT YEAR ENDS ON 10-30-2012, YOUR EMPLOYER MAY AGAIN SUBMIT JOB-ATTACHED CLAIMS FOR A NEW BENEFIT YEAR PLEASE BRING THIS NOTICE WITH YOU WHEN YOU REPORT

SOUTH CAROLINA
DEPARTMENT OF EMPLOYMENT AND WORKFORCE
P O BOX 995
COLUMBIA, S C 29202-0995
OFFICIAL BUSINESS
FORWARDING SERVICE REQUESTED
UI-5 UCM-158

JAMES SMOAK
4053 PLOW RD
ORANGEBURG SC 29115

12/04/12 C L A I M A N T P R O F I L E D A T A

SSN: [redacted]8198 2 CURRENT PROGRAM: 01 BYB: 07/04/11 BYE: 07/03/12
NAME: JAMES A SMOAK CLAIM TAKER : 000
ADDR: 4053 PLOW RD. LOCAL OFFICE: 380
CITY: ORANGEBURG ST: SC ZIP: 29115 I.C. PROG CDE: 00
PHONE: 000 000 0000 CO: 075 ENTRY DATE : 07/14/11
LIABLE STATE: 45 ADDR CHG DATE: FILE DATE : 07/14/11

SOC CODE : 00000000 UNCONVERTED: ACTIVE ISSUES: 0
LAST OCCUPATION: CHILD SUP PCT: MONETARY COMP: Y
EDUCATION CODE: CHILD SUP EFF: OVERPAY BAL : .00
SEVERANCE IND : U EB EFFECTIVE: PRIOR BYE DTE: 12/21/10
SEVERANCE AMT : .00 DUA #: -DRSC REQUAL IND : Y
PENSION IND : N CLAIM TYPE: P EUC EFFECTIVE:
SOC SEC AMT : .00 F/S WITHHOLDING: N EUC FILE DATE:
OTHER PENSION AMT: .00 PAYMENT OPTION: DC EUC ELIG IND :
WBA : .00 METHOD OF FILING: P EUC2 EFF DATE:
TOTAL POSSIBLE: .00 PAID TO DATE: .00 BALANCE: .00

CLAIM STATUS : MONETARILY INELIGIBLE TRANSACTION OPTION:

12/04/12 B E N E F I T P A Y M E N T H I S T O R Y

SSN: [redacted] 8198 2 NAME: JAMES A SMOAK BYE: 07/03/12
BENEFITS WBA: .00 UI MBA : .00 BALANCE: .00

PGM CDE	PO DOI	CWE	ENTRY DATE	BY	CHECK DOI	PAYMENT OPTION	CHK/SEQ NUMBER	PAY TYPE	AMOUNT PAID	UNR FLG	DISQ REAS	TOTAL AMOUNT
01	090111	082811	090111	P			0000000	17	.00	0	00	.00
01	082411	082111	082411	P			0000000	17	.00	0	00	.00
01	071411	071011	071411	P			0000000	17	.00	0	00	.00

FOR MORE THAN 12 PAYMENTS DEPRESS PF2 TRANSACTION OPTION:

UCB 104-Bp
2-93

SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE

INITIAL DETERMINATION OF STATUS AS AN INSURED WORKER

WORKFORCE CENTER 385

EFFECTIVE DATE 07/04/11 DATE FILED 07/14/11

DATE PREPARED 07/14/11

105 [redacted]-8198

JAMES A SMOAK
4053 PLOW RD.
ORANGEBURG SC 29115

POTENTIAL BENEFITS ESTABLISHED		MILITARY ASSIGNMENTS
WEEKLY BENEFIT AMOUNT	.00	INSUFFICIENT WAGES
MAXIMUM TOTAL BENEFITS	.00	
BENEFIT YEAR ENDS	07/03/12	

SEE BACK FOR CLAIMANT INFORMATION

EMPLOYMENT RECORD			BASE PERIOD QUARTERLY EARNINGS							
EMPLOYER	ACCOUNT NO.		YEAR	*QTR.	YEAR	*QTR.	YEAR	*QTR.	YEAR	*QTR.
			2010	02	2010	03	2010	04	2011	01
[redacted]	[redacted]	0	1473.11		.00		.00		.00	
BASE QUARTER TOTAL			1473.11		.00		.00		.00	

*QTR.
1.-JAN.,FEB.,MAR. 3.-JULY,AUG.,SEPT.
2.-APR.,MAY,JUNE 4.-OCT.,NOV.,DEC.

12/04/12 C L A I M A N T P R O F I L E D A T A

SSN: [redacted] 8198 3 CURRENT PROGRAM: 01 BYB: 12/22/09 BYE: 12/21/10
NAME: JAMES A SMOAK CLAIM TAKER : 000
ADDR: 2086 CANNON BRIDGE RD LOCAL OFFICE: 380
CITY: CORDOVA ST: SC ZIP: 29039 I.C. PROG CDE: 00
TELE: 000 000 0000 CO: 075 ENTRY DATE : 12/30/09
LIABLE STATE: 45 ADDR CHG DATE: FILE DATE : 12/30/09

SOC CODE : 00000000 UNCONVERTED: ACTIVE ISSUES: 0
LAST OCCUPATION: CHILD SUP PCT: MONETARY COMP: Y
EDUCATION CODE: CHILD SUP EFF: OVERPAY BAL : .00
SEVERANCE IND : U EB EFFECTIVE: PRIOR BYE DTE: 12/21/09
SEVERANCE AMT : .00 DUA #: -DRSC REQUAL IND : Y
PENSION IND : N CLAIM TYPE: P EUC EFFECTIVE:
SOC SEC AMT : .00 F/S WITHHOLDING: N EUC FILE DATE:
OTHER PENSION AMT: .00 PAYMENT OPTION: DC EUC ELIG IND :
WBA : 326.00 METHOD OF FILING: P EUC2 EFF DATE:
TOTAL POSSIBLE: 8,476.00 PAID TO DATE: 430.00 BALANCE: 8,046.00

CLAIM STATUS : REGULAR ACTIVE CLAIM TRANSACTION OPTION:

12/04/12 B E N E F I T P A Y M E N T H I S T O R Y

SSN: [redacted] 8198 3 NAME: JAMES A SMOAK BYE: 12/21/10
BENEFITS WBA: 326.00 UI MBA : 8476.00 BALANCE: 8046.00

PGM CDE	PO DOI	CWE	ENTRY DATE	BY	CHECK DOI	PAYMENT OPTION	CHK/SEQ NUMBER	PAY TYPE	AMOUNT PAID	UNR FLG	DISQ REAS	TOTAL AMOUNT
01	012010	011710	012010	P	012010		8288649	04	326.00	0	00	326.00
01	010610	010310	010610	P	010610		8052652	06	104.00	0	00	104.00
01	123009	122709	123009	P			0000000	10	.00	0	00	.00

FOR MORE THAN 12 PAYMENTS DEPRESS PF2 TRANSACTION OPTION:

UCB-103B
REV. 6/98

SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION
P. O. BOX 995, COLUMBIA, S. C. 29202

1,138

DETERMINATION OF ELIGIBILITY FOR BENEFITS

CLAIMANT'S NAME	SOCIAL SECURITY NUMBER	L. O. NO.	TYPE	CATEGORY
JAMES A SMOAK	[redacted]-8198	380	I	01

WEEKLY BENEFIT AMOUNT	MAXIMUM BENEFIT AMOUNT	EFFECTIVE DATE	BENEFIT YEAR ENDS	DATE OF NOTICE
$ 326.00	$ 8,476.00	12/22/09	12/21/10	12/30/09

It has been determined that you are eligible without disqualification for unemployment compensation. This determination is made based on the South Carolina Employment Security Law and on evidence available at the time of this notice.

☐ The last separation was from a non-liable employer.

JAMES A SMOAK
2086 CANNON BRIDGE RD
CORDOVA , SC 29039

MAILING DATE 12/31/2009

IMPORTANT:

THIS DETERMINATION WILL BE THE FINAL DECISION OF THE COMMISSION UNLESS YOU FILE AN APPEAL SETTING FORTH IN DETAIL THE GROUNDS FOR APPEAL WITHIN TEN (10) CALENDAR DAYS, INCLUDING WEEKENDS AND HOLIDAYS, FROM THE MAILING DATE SHOWN ABOVE. IF THE TENTH (10TH) DAY FALLS ON A SATURDAY, SUNDAY, OR HOLIDAY, THE APPEAL PERIOD IS EXTENDED TO THE NEXT BUSINESS DAY. YOUR APPEAL MAY BE FILED IN PERSON AT ANY EMPLOYMENT SECURITY OFFICE OR BY MAIL TO THE "APPEAL TRIBUNAL," AT THE ADDRESS BELOW. FOR ADDITIONAL INFORMATION OR ASSISTANCE IN FILING AN APPEAL, YOU MAY CONTACT YOUR LOCAL EMPLOYMENT SECURITY OFFICE.

UCB-103B
5-98

APPEAL TRIBUNAL
P. O. BOX 995
COLUMBIA, S.C. 29202

UI-5

SOUTH CAROLINA
EMPLOYMENT SECURITY COMMISSION
P. O. BOX 995
COLUMBIA, S. C. 29202
OFFICIAL BUSINESS
UCB-103B
FORWARDING SERVICE REQUESTED

JAMES A SMOAK
2086 CANNON BRIDGE RD
CORDOVA , SC 29039

UCB-103B
REV. 5/98

SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION
P. O. BOX 995, COLUMBIA, S. C. 29202

1,139

DETERMINATION OF ELIGIBILITY FOR BENEFITS					
CLAIMANT'S NAME		SOCIAL SECURITY NUMBER	L. O. NO.	TYPE	CATEGORY
JAMES A SMOAK		[redacted]-8198	380	I	01
WEEKLY BENEFIT AMOUNT	MAXIMUM BENEFIT AMOUNT	EFFECTIVE DATE	BENEFIT YEAR ENDS		DATE OF NOTICE
$ 326.00	$ 8,476.00	12/22/09	12/21/10		12/30/09

It has been determined that you are eligible without disqualification for unemployment compensation. This determination is made based on the South Carolina Employment Security Law and on evidence available at the time of this notice.

☐ The last separation was from a non-liable employer.

[redacted]
ORANGEBURG SC 29115

MAILING DATE 12/31/2009

IMPORTANT:

THIS DETERMINATION WILL BE THE FINAL DECISION OF THE COMMISSION UNLESS YOU FILE AN APPEAL SETTING FORTH IN DETAIL THE GROUNDS FOR APPEAL WITHIN TEN (10) CALENDAR DAYS, INCLUDING WEEKENDS AND HOLIDAYS, FROM THE MAILING DATE SHOWN ABOVE. IF THE TENTH (10TH) DAY FALLS ON A SATURDAY, SUNDAY, OR HOLIDAY, THE APPEAL PERIOD IS EXTENDED TO THE NEXT BUSINESS DAY. YOUR APPEAL MAY BE FILED IN PERSON AT ANY EMPLOYMENT SECURITY OFFICE OR BY MAIL TO THE "APPEAL TRIBUNAL," AT THE ADDRESS BELOW. FOR ADDITIONAL INFORMATION OR ASSISTANCE IN FILING AN APPEAL, YOU MAY CONTACT YOUR LOCAL EMPLOYMENT SECURITY OFFICE.

UCB-103B
5-98

APPEAL TRIBUNAL
P. O. BOX 995
COLUMBIA, S.C. 29202

UI-5

SOUTH CAROLINA
EMPLOYMENT SECURITY COMMISSION
P. O. BOX 995
COLUMBIA, S. C. 29202
OFFICIAL BUSINESS
UCB-103B
FORWARDING SERVICE REQUESTED

[redacted]
ORANGEBURG SC 29115

UCB 104-Bp
2-93

SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION

INITIAL DETERMINATION OF STATUS AS AN INSURED WORKER

LOCAL OFFICE 385

EFFECTIVE DATE 12/22/09 DATE FILED 12/30/09

DATE PREPARED 12/30/09

105 [redacted]-8198

JAMES A SMOAK
2086 CANNON BRIDGE RD
CORDOVA SC 29039

POTENTIAL BENEFITS ESTABLISHED

MILITARY ASSIGNMENTS

WEEKLY BENEFIT AMOUNT 326.00

MAXIMUM TOTAL BENEFITS 8476.00

BENEFIT YEAR ENDS 12/21/10

SEE BACK FOR CLAIMANT INFORMATION

EMPLOYMENT RECORD			BASE PERIOD QUARTERLY EARNINGS			
EMPLOYER	ACCOUNT NO.		YEAR *QTR.	YEAR *QTR.	YEAR *QTR.	YEAR *QTR.
[redacted]	[redacted]	0	2008 03	2008 04	2009 01	2009 02
			9361.76	8151.84	8298.54	9474.83
BASE QUARTER TOTAL			9361.76	8151.84	8298.54	9474.83

*QTR.
1.-JAN.,FEB.,MAR. 3.-JULY,AUG.,SEPT.
2.-APR.,MAY,JUNE 4.-OCT.,NOV.,DEC.

12/04/12 C L A I M A N T P R O F I L E D A T A

SSN: [redacted] 8198 4 CURRENT PROGRAM: 01 BYB: 12/22/08 BYE: 12/21/09
NAME: JAMES A SMOAK CLAIM TAKER : 000
ADDR: 2086 CANNON BRIDGE RD LOCAL OFFICE: 380
CITY: CORDOVA ST: SC ZIP: 29039 I.C. PROG CDE: 00
PHONE: 000 000 0000 CO: 075 ENTRY DATE : 01/02/09
LIABLE STATE: 45 ADDR CHG DATE: FILE DATE : 01/02/09

SOC CODE : 00000000 UNCONVERTED: ACTIVE ISSUES: 0
LAST OCCUPATION: CHILD SUP PCT: MONETARY COMP: Y
EDUCATION CODE: CHILD SUP EFF: OVERPAY BAL : .00
SEVERANCE IND : U EB EFFECTIVE: PRIOR BYE DTE: 11/18/08
SEVERANCE AMT : .00 DUA #: -DRSC REQUAL IND : Y
PENSION IND : N CLAIM TYPE: P EUC EFFECTIVE:
SOC SEC AMT : .00 F/S WITHHOLDING: N EUC FILE DATE:
OTHER PENSION AMT: .00 PAYMENT OPTION: DC EUC ELIG IND :
WBA : 326.00 METHOD OF FILING: P EUC2 EFF DATE:
TOTAL POSSIBLE: 8,476.00 PAID TO DATE: 430.00 BALANCE: 8,046.00

CLAIM STATUS : REGULAR ACTIVE CLAIM TRANSACTION OPTION:

12/04/12 B E N E F I T P A Y M E N T H I S T O R Y

SSN: [redacted] 8198 4 NAME: JAMES A SMOAK BYE: 12/21/09
BENEFITS WBA: 326.00 UI MBA : 8476.00 BALANCE: 8046.00

GM DE	PO DOI	CWE	ENTRY DATE	BY	CHECK DOI	PAYMENT OPTION	CHK/SEQ NUMBER	PAY TYPE	AMOUNT PAID	UNR FLG	DISQ REAS	TOTAL AMOUNT
01	120209	112909	120209	P	120209		7484600	06	104.00	0	00	104.00
01	031109	030809	031109	P	031209		3302343	01	326.00	0	00	326.00
01	010209	122808	010209	P			0000000	10	.00	0	00	.00

FOR MORE THAN 12 PAYMENTS DEPRESS PF2 TRANSACTION OPTION:

UCB-103B
REV. 5/98

SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION
P. O. BOX 995, COLUMBIA, S. C. 29202

1,606

DETERMINATION OF ELIGIBILITY FOR BENEFITS					
CLAIMANT'S NAME	SOCIAL SECURITY NUMBER	L. O. NO.	TYPE	CATEGORY	
JAMES A SMOAK	[redacted]-8198	380	I	01	
WEEKLY BENEFIT AMOUNT	MAXIMUM BENEFIT AMOUNT	EFFECTIVE DATE	BENEFIT YEAR ENDS	DATE OF NOTICE	
$ 326.00	$ 8,476.00	12/22/08	12/21/09	01/02/09	

It has been determined that you are eligible without disqualification for unemployment compensation. This determination is made based on the South Carolina Employment Security Law and on evidence available at the time of this notice.

☐ The last separation was from a non-liable employer.

JAMES A SMOAK
2086 CANNON BRIDGE RD
CORDOVA , SC 29039

IMPORTANT:

MAILING DATE 01/05/2009

THIS DETERMINATION WILL BE THE FINAL DECISION OF THE COMMISSION UNLESS YOU FILE AN APPEAL SETTING FORTH IN DETAIL THE GROUNDS FOR APPEAL WITHIN TEN (10) CALENDAR DAYS, INCLUDING WEEKENDS AND HOLIDAYS, FROM THE MAILING DATE SHOWN ABOVE. IF THE TENTH (10TH) DAY FALLS ON A SATURDAY, SUNDAY, OR HOLIDAY, THE APPEAL PERIOD IS EXTENDED TO THE NEXT BUSINESS DAY. YOUR APPEAL MAY BE FILED IN PERSON AT ANY EMPLOYMENT SECURITY OFFICE OR BY MAIL TO THE "APPEAL TRIBUNAL," AT THE ADDRESS BELOW. FOR ADDITIONAL INFORMATION OR ASSISTANCE IN FILING AN APPEAL, YOU MAY CONTACT YOUR LOCAL EMPLOYMENT SECURITY OFFICE.

UCB-103B
5-98

APPEAL TRIBUNAL
P. O. BOX 995
COLUMBIA, S.C. 29202

UI-5

SOUTH CAROLINA
EMPLOYMENT SECURITY COMMISSION
P. O. BOX 995
COLUMBIA, S. C. 29202
OFFICIAL BUSINESS
UCB-103B
FORWARDING SERVICE REQUESTED

JAMES A SMOAK
2086 CANNON BRIDGE RD
CORDOVA , SC 29039

UCB-103B
REV. 5/98

SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION
P. O. BOX 995, COLUMBIA, S. C. 29202

1,607

DETERMINATION OF ELIGIBILITY FOR BENEFITS					
CLAIMANT'S NAME		SOCIAL SECURITY NUMBER	L. O. NO.	TYPE	CATEGORY
JAMES A SMOAK		[redacted]-8198	380	I	01
WEEKLY BENEFIT AMOUNT	MAXIMUM BENEFIT AMOUNT	EFFECTIVE DATE	BENEFIT YEAR ENDS		DATE OF NOTICE
$ 326.00	$ 8,476.00	12/22/08	12/21/09		01/02/09

It has been determined that you are eligible without disqualification for unemployment compensation. This determination is made based on the South Carolina Employment Security Law and on evidence available at the time of this notice.

☐ The last separation was from a non-liable employer.

[redacted]
ORANGEBURG SC 29115

MAILING DATE 01/05/2009

IMPORTANT:

THIS DETERMINATION WILL BE THE FINAL DECISION OF THE COMMISSION UNLESS YOU FILE AN APPEAL SETTING FORTH IN DETAIL THE GROUNDS FOR APPEAL WITHIN TEN (10) CALENDAR DAYS, INCLUDING WEEKENDS AND HOLIDAYS, FROM THE MAILING DATE SHOWN ABOVE. IF THE TENTH (10TH) DAY FALLS ON A SATURDAY, SUNDAY, OR HOLIDAY, THE APPEAL PERIOD IS EXTENDED TO THE NEXT BUSINESS DAY. YOUR APPEAL MAY BE FILED IN PERSON AT ANY EMPLOYMENT SECURITY OFFICE OR BY MAIL TO THE "APPEAL TRIBUNAL," AT THE ADDRESS BELOW. FOR ADDITIONAL INFORMATION OR ASSISTANCE IN FILING AN APPEAL, YOU MAY CONTACT YOUR LOCAL EMPLOYMENT SECURITY OFFICE.

UCB-103B
5-98

APPEAL TRIBUNAL
P. O. BOX 995
COLUMBIA, S.C. 29202

UI-5

SOUTH CAROLINA
EMPLOYMENT SECURITY COMMISSION
P. O. BOX 995
COLUMBIA, S. C. 29202
OFFICIAL BUSINESS
UCB-103B
FORWARDING SERVICE REQUESTED

[redacted]
ORANGEBURG SC 29115

UCB 104-Bp
2-93

SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION

INITIAL DETERMINATION OF STATUS AS AN INSURED WORKER

LOCAL OFFICE 385

EFFECTIVE DATE 12/22/08 DATE FILED 01/02/09

DATE PREPARED 01/02/09

105 [redacted]8198

JAMES A SMOAK
2086 CANNON BRIDGE RD
CORDOVA SC 29039

POTENTIAL BENEFITS ESTABLISHED

MILITARY ASSIGNMENTS

WEEKLY BENEFIT AMOUNT 326.00

MAXIMUM TOTAL BENEFITS 8476.00

BENEFIT YEAR ENDS 12/21/09

SEE BACK FOR CLAIMANT INFORMATION

EMPLOYMENT RECORD			BASE PERIOD QUARTERLY EARNINGS							
EMPLOYER	ACCOUNT NO.		YEAR	*QTR.	YEAR	*QTR.	YEAR	*QTR.	YEAR	*QTR.
			2007	03	2007	04	2008	01	2008	02
[redacted]	[redacted]	0	13930.45		10666.18		15914.41		13204.32	
BASE QUARTER TOTAL			13930.45		10666.18		15914.41		13204.32	

*QTR.
1.-JAN.,FEB.,MAR. 3.-JULY,AUG.,SEPT.
2.-APR.,MAY,JUNE 4.-OCT.,NOV.,DEC.

12/04/12 C L A I M A N T P R O F I L E D A T A

SSN: [redacted] 8198 5 CURRENT PROGRAM: 01 BYB: 11/19/07 BYE: 11/18/08
NAME: JAMES A SMOAK CLAIM TAKER : 000
ADDR: 2086 CANNON BRIDGE RD LOCAL OFFICE: 380
CITY: CORDOVA ST: SC ZIP: 29039 I.C. PROG CDE: 00
PHONE: 000 000 0000 CO: 075 ENTRY DATE : 12/10/07
LIABLE STATE: 45 ADDR CHG DATE: FILE DATE : 12/10/07

SOC CODE : 00000000 UNCONVERTED: ACTIVE ISSUES: 0
LAST OCCUPATION: CHILD SUP PCT: MONETARY COMP: Y
EDUCATION CODE: CHILD SUP EFF: OVERPAY BAL : .00
SEVERANCE IND : U EB EFFECTIVE: PRIOR BYE DTE:
SEVERANCE AMT : .00 DUA #: -DRSC REQUAL IND : Y
PENSION IND : N CLAIM TYPE: P EUC EFFECTIVE:
SOC SEC AMT : .00 F/S WITHHOLDING: Y EUC FILE DATE:
OTHER PENSION AMT: .00 PAYMENT OPTION: DC EUC ELIG IND :
WBA : 326.00 METHOD OF FILING: P EUC2 EFF DATE:
TOTAL POSSIBLE: 8,476.00 PAID TO DATE: .00 BALANCE: 8,476.00

CLAIM STATUS : REGULAR ACTIVE CLAIM TRANSACTION OPTION:

12/04/12 B E N E F I T P A Y M E N T H I S T O R Y

SSN: [redacted]8198 5 NAME: JAMES A SMOAK BYE: 11/18/08
BENEFITS WBA: 326.00 UI MBA : 8476.00 BALANCE: 8476.00

PGM DE	PO DOI	CWE	ENTRY DATE	BY	CHECK DOI	PAYMENT OPTION	CHK/SEQ NUMBER	PAY TYPE	AMOUNT PAID	UNR FLG	DISQ REAS	TOTAL AMOUNT
01	121007	112507	121007	P			0000000	14	.00	0	00	.00

FOR MORE THAN 12 PAYMENTS DEPRESS PF2 TRANSACTION OPTION:

UCB 104-8p
2-93

SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION

INITIAL DETERMINATION OF STATUS AS AN INSURED WORKER

LOCAL OFFICE 385

EFFECTIVE DATE 11/19/07

DATE FILED 12/10/07

DATE PREPARED 12/10/07

105 [redacted]-8198

JAMES A SMOAK
2086 CANNON BRIDGE RD
CORDOVA SC 29039

POTENTIAL BENEFITS ESTABLISHED

WEEKLY BENEFIT AMOUNT 326.00

MAXIMUM TOTAL BENEFITS 8476.00

BENEFIT YEAR ENDS 11/18/08

MILITARY ASSIGNMENTS

SEE BACK FOR CLAIMANT INFORMATION

EMPLOYMENT RECORD			BASE PERIOD QUARTERLY EARNINGS							
EMPLOYER	ACCOUNT NO.		YEAR	*QTR.	YEAR	*QTR.	YEAR	*QTR.	YEAR	*QTR.
[redacted]	[redacted]	0	2006	03	2006	04	2007	01	2007	02
			12858.12		13891.58		17041.34		12959.30	
BASE QUARTER TOTAL			12858.12		13891.58		17041.34		12959.30	

*QTR.
1.-JAN.,FEB.,MAR. 3.-JULY,AUG.,SEPT.
2.-APR.,MAY,JUNE 4.-OCT.,NOV.,DEC.

DATE MAILED 12/11/2007

NAME JAMES A SMDAK SS# [redacted]-8198 BYE 11/18/08

☑ YES, I want Federal and State income taxes withheld from my unemployment check each week I understand the withheld amount will equal 17% of the weekly benefit amount otherwise payable (10% for Federal and 7% for State income taxes)

James A. Smdak
Signature

12-16-07
Date

RETURN THIS FORM TO SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION
CLAIMS CONTROL
PO BOX 1477
COLUMBIA SC 29202

UCB-103B
REV. 5/98

SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION
P. O. BOX 995, COLUMBIA, S. C. 29202

1,208

DETERMINATION OF ELIGIBILITY FOR BENEFITS					
CLAIMANT'S NAME		SOCIAL SECURITY NUMBER	L. O. NO.	TYPE	CATEGORY
JAMES A SMOAK		[redacted]-8198	380	I	01
WEEKLY BENEFIT AMOUNT	MAXIMUM BENEFIT AMOUNT	EFFECTIVE DATE	BENEFIT YEAR ENDS		DATE OF NOTICE
$ 278.00	$ 7,228.00	12/22/02	12/21/03		01/06/03

It has been determined that you are eligible without disqualification for unemployment compensation. This determination is made based on the South Carolina Employment Security Law and on evidence available at the time of this notice.

☐ The last separation was from a non-liable employer.

[redacted]
RAMSEY, NJ 07446

MAILING DATE 01/07/2003

IMPORTANT:

THIS DETERMINATION WILL BE THE FINAL DECISION OF THE COMMISSION UNLESS YOU FILE AN APPEAL SETTING FORTH IN DETAIL THE GROUNDS FOR APPEAL WITHIN TEN (10) CALENDAR DAYS, INCLUDING WEEKENDS AND HOLIDAYS, FROM THE MAILING DATE SHOWN ABOVE. IF THE TENTH (10TH) DAY FALLS ON A SATURDAY, SUNDAY, OR HOLIDAY, THE APPEAL PERIOD IS EXTENDED TO THE NEXT BUSINESS DAY. YOUR APPEAL MAY BE FILED IN PERSON AT ANY EMPLOYMENT SECURITY OFFICE OR BY MAIL TO THE "APPEAL TRIBUNAL," AT THE ADDRESS BELOW. FOR ADDITIONAL INFORMATION OR ASSISTANCE IN FILING AN APPEAL, YOU MAY CONTACT YOUR LOCAL EMPLOYMENT SECURITY OFFICE.

UCB-103B
5-98

APPEAL TRIBUNAL
P. O. BOX 995
COLUMBIA, S.C. 29202

UI-5

SOUTH CAROLINA
EMPLOYMENT SECURITY COMMISSION
P. O. BOX 995
COLUMBIA, S. C. 29202
OFFICIAL BUSINESS
UCB-103B
FORWARDING SERVICE REQUESTED

[redacted]
RAMSEY, NJ 07446

UCB-103B
REV. 5/98

SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION
P. O. BOX 995, COLUMBIA, S. C. 29202

1,209

DETERMINATION OF ELIGIBILITY FOR BENEFITS					
CLAIMANT'S NAME		SOCIAL SECURITY NUMBER	L. O. NO.	TYPE	CATEGORY
JAMES A SMOAK		[redacted]-8198	380	I	01
WEEKLY BENEFIT AMOUNT	MAXIMUM BENEFIT AMOUNT	EFFECTIVE DATE	BENEFIT YEAR ENDS		DATE OF NOTICE
$ 278.00	$ 7,228.00	12/22/02	12/21/03		01/06/03

It has been determined that you are eligible without disqualification for unemployment compensation. This determination is made based on the South Carolina Employment Security Law and on evidence available at the time of this notice.

☐ The last separation was from a non-liable employer.

JAMES A SMOAK
2086 CANNON BRIDGE RD
CORDOVA , SC 29039

IMPORTANT:

MAILING DATE 01/07/2003

THIS DETERMINATION WILL BE THE FINAL DECISION OF THE COMMISSION UNLESS YOU FILE AN APPEAL SETTING FORTH IN DETAIL THE GROUNDS FOR APPEAL WITHIN TEN (10) CALENDAR DAYS, INCLUDING WEEKENDS AND HOLIDAYS, FROM THE MAILING DATE SHOWN ABOVE. IF THE TENTH (10TH) DAY FALLS ON A SATURDAY, SUNDAY, OR HOLIDAY, THE APPEAL PERIOD IS EXTENDED TO THE NEXT BUSINESS DAY. YOUR APPEAL MAY BE FILED IN PERSON AT ANY EMPLOYMENT SECURITY OFFICE OR BY MAIL TO THE "APPEAL TRIBUNAL," AT THE ADDRESS BELOW. FOR ADDITIONAL INFORMATION OR ASSISTANCE IN FILING AN APPEAL, YOU MAY CONTACT YOUR LOCAL EMPLOYMENT SECURITY OFFICE.

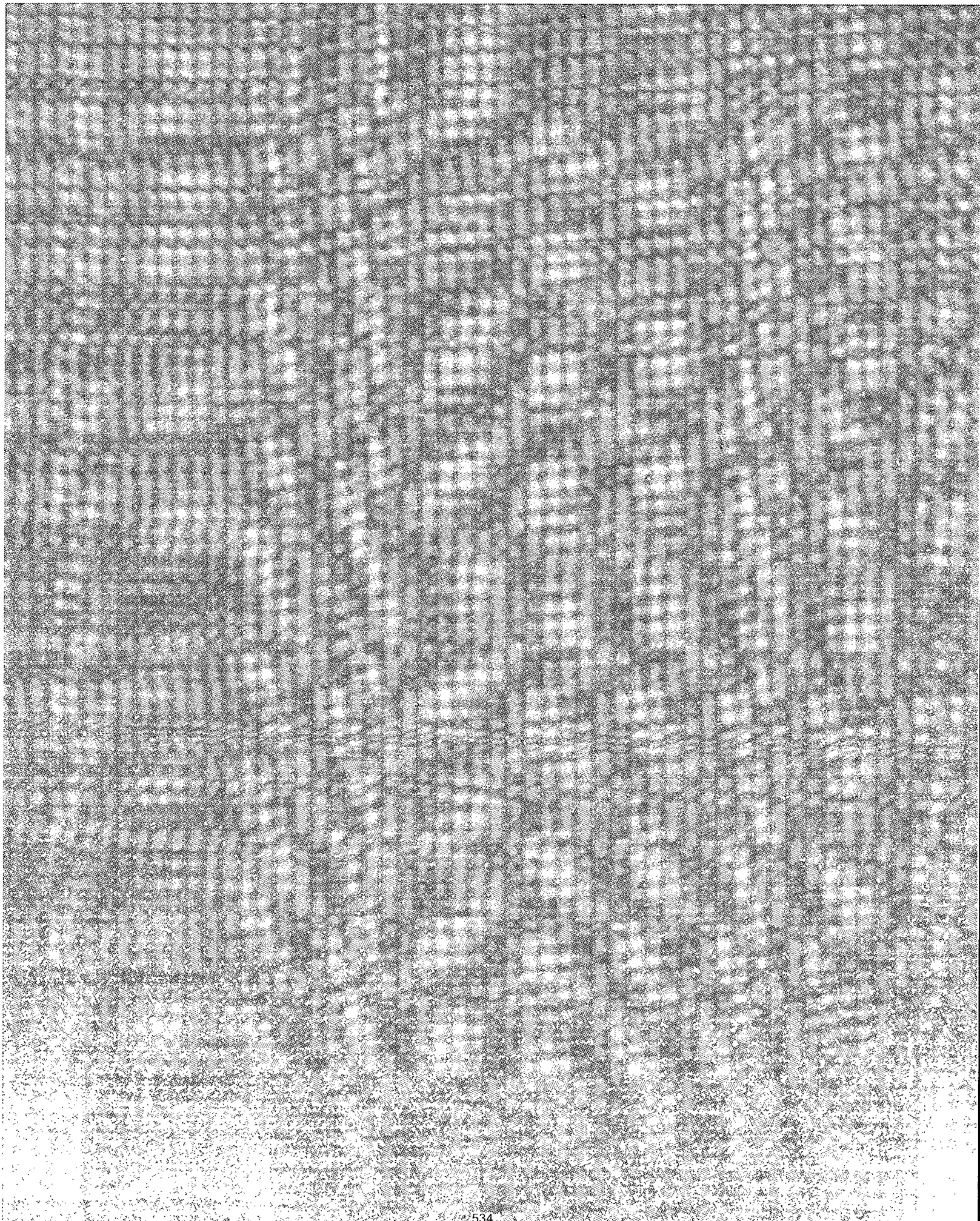
UCB-103B
5-98

APPEAL TRIBUNAL
P. O. BOX 995
COLUMBIA, S.C. 29202

UI-5

SOUTH CAROLINA
EMPLOYMENT SECURITY COMMISSION
P. O. BOX 995
COLUMBIA, S. C. 29202
OFFICIAL BUSINESS
UCB-103B
FORWARDING SERVICE REQUESTED

JAMES A SMOAK
2086 CANNON BRIDGE RD
CORDOVA , SC 29039



OFFICIAL 10 YEAR DRIVER RECORD

Customer No.: 25649647 **Driver License No.:** 8535431
Name : SMOAK, JAMES ALLEN
Address : 4053 PLOW RD
City : ORANGEBURG **State:** SC **Zip:** 291159042
County : ORANGEBURG
DOB: 10/01/1968 **Sex:** M **Driver Training:** N

Status - DL: NO SUSPENSION **CDL:** NO DISQUALIFICATION

License Information

Type	Class	Function	Issued	Expires	First Issued	Rest.	Endor.
Current							
DL	D	Modify	04/27/2010	10/01/2017	09/14/1993	Y	N
Prior							
DL	D	Renewal	09/19/2007	10/01/2017	09/14/1993	Y	N
DL	D	Renewal	10/01/2002	10/01/2007	09/14/1993	Y	N
DL	D	Renewal	10/02/1997	10/01/2002	09/14/1993	Y	N

Current Restrictions: A: Corrective Lens

Address Change -

Date Changed: 04/27/2010
Address: 2086 CANNON BRIDGE RD
City: CORDOVA **State:** SC **Zip:** 290399475

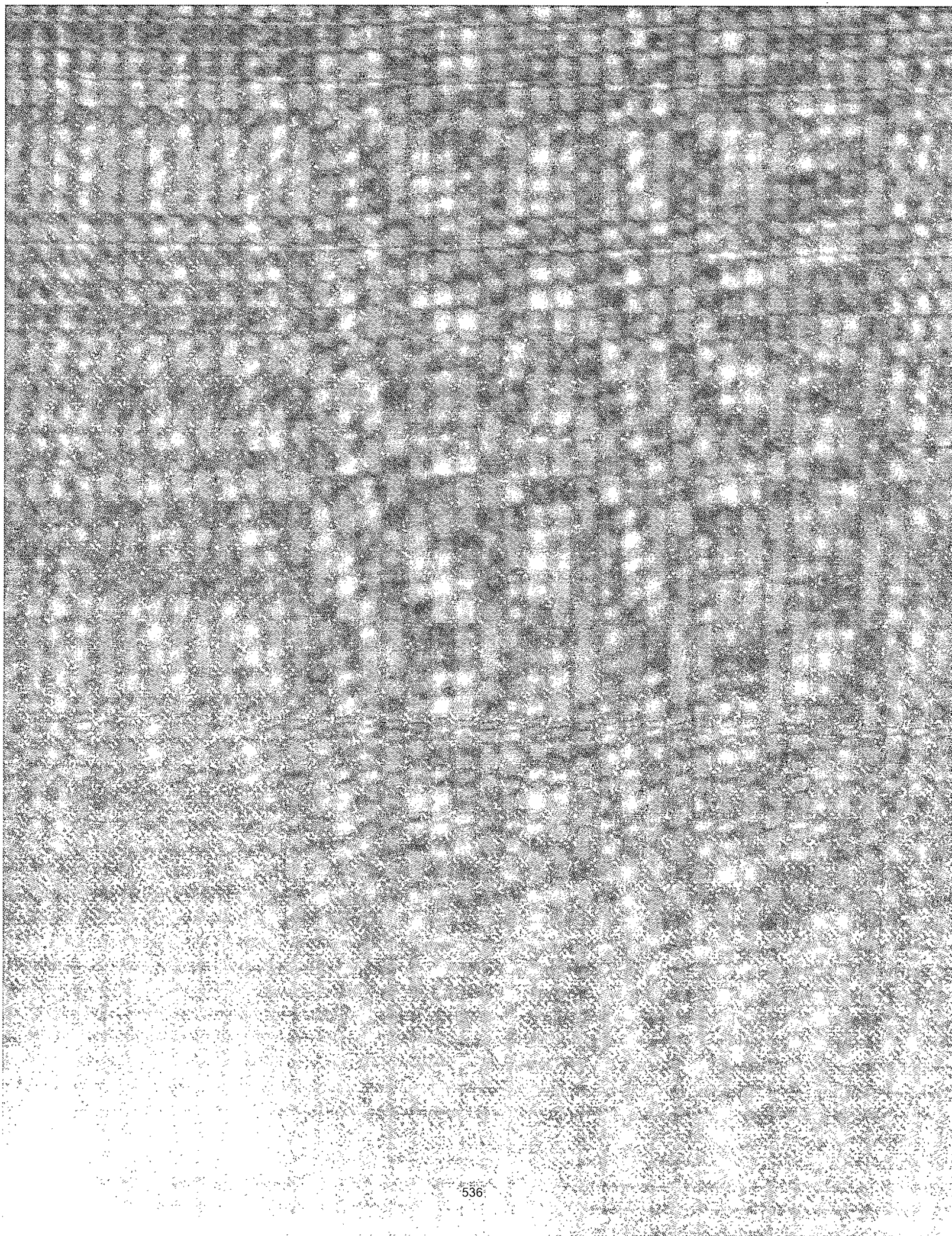
Point Summary

Total Current Points: 0
Driver Credit: - 0
Adjusted Current Points: 0

End of Report

Certified to be a true and correct copy of the original document on file with the South Carolina Department of Motor Vehicles.

D. L. Shelton
Driver Services, Deputy Director



ALLSTATE INSURANCE COMPANY
10815 DAVID TAYLOR DR, CHARLOTTE, NC 28262
1-800-755-5288
SUPPLEMENT REQUESTS MUST BE APPROVED PRIOR TO REPAIR
FAX LINE BY LINE SUPPLEMENTS TO: 866-366-8599 FOR SC - 866-863-3008 FOR NC

***** ESTIMATE *****

06/07/2011 01:57 PM

Owner

Owner: JAMES SMOAK
Address: 104 BELFRY DR
City State Zip: LEXINGTON, SC 29072-8147
Work/Day: (803)536-5987
FAX:

Control Information

Claim # : 000204842595B03
Loss Date/Time: 05/18/2011
Insured Policy # : 000963491019
Loss Type: Liability

Ins. Company: Allstate Fire And Casualty Insuranc
Address: 10815 DAVID TAYLOR DRIVE
THREE RESOURCE SQUARE
City State Zip: Charlotte, NC 28262
Email: WSCAA@ALLSTATE.COM
Cell: (803)477-2887
Home/Evening:
FAX: (877)455-0041

Insured: JEANETTE BAILEY

Claimant: JAMES SMOAK
Address: 104 BELFRY DR
City State Zip: LEXINGTON, SC 29072-8147
Work/Day: (803)536-5987
FAX:

Inspection

Inspection Date: 06/07/2011
Inspection Location: RESIDENCE
Primary Impact: Front
Driveable: Yes
Inspection Type: Field
Contact:
Secondary Impact:
Rental Assisted:

Assigned Date/Time:
Received Date/Time: 06/07/2011 01:52 PM

Appraiser Name: WILLIAM E. SCOTT
Address: 10815 DAVID TAYLOR DRIVE
THREE RESOURCE SQUARE
City State Zip: Charlotte, NC 28262
Email: wscaa@allstate.com
Appraiser License # : 191549
Work/Day: (803)477-2887
Home/Evening:
FAX: (866)467-2793

Remarks

ESTIMATE BASED ON VISUAL INSPECTION, ALL SUPPLEMENTS REQUIRE INSPECTION PRIOR TO REPAIR
ALL SUPPLEMENTS MUST BE INSPECTED AND APPROVED BY ADJUSTER PRIOR TO REPAIRS

Vehicle

2003 Chrysler Town & Country LX 4 DR Pass. Van Extended
6cyl Gasoline 3.3 Flex
4 Speed Automatic

Lic.Plate: T5067
Lic Expire:
Prod Date:
Veh Insp# :
Condition:
Ext. Color: BLUR
Ext. Refinish: Two-Stage
Lic State: SC
VIN: 2C4GP44393R136661
Mileage: 0
Mileage Type: Non Readable
Code: M6634A
Int. Color:
Int. Refinish:

Options

7 Passenger Seating	AM/FM Stereo Tape	Air Conditioning
Anti-lock Brakes	Center Console	Cruise Control
Digital Clock	Dual Airbags	Fog Lights
Heated Power Mirrors	Intermittent Wipers	Keyless Entry System
Lighted Entry System	Power Brakes	Power Door Locks
Power Steering	Power Windows	Rear Window Defroster
Rear Window Wiper/Washer	Sliding Driver Side Door	Sunscreen Glass
Tachometer	Tilt Steering Wheel	Tinted Glass
Velour/Cloth Seats		

Damages

Line	Op	Guide	MC	Description	MFR.Part No.	Price	ADJ%	B%	Hours	R
1	N	18		Front Bumper Cover R&I	Additional Labor				2.0	SM
2	I	18		Cover,Front Bumper	Repair				3.5*	SM
3	L	18	13	Cover,Front Bumper	Refinish				3.7	RF
					2.6 Surface					
					0.6 Two-stage setup					
					0.5 Two-stage					
4	E	58		Frame,License Plate	4857350AB	$27.70	-10.00		0.2	SM
5	I	28		Grille Assembly	Repair				0.3*	SM
				>> CLEAN SCUFF MARKS						
6	I	83		Panel,Hood	Repair				1.5*	SM
7	L	83	10	Panel,Hood	Refinish				1.1*	RF
					0.6 Surface					
					0.5 Two-stage					
				>> SPOT PAINT WITHIN PNL , FULL TIME GIVEN FOR CLEAR COAT						
8	I			AIM HEADLIGHTS	Repair				0.4*	SM*
				>> SAFETY PRECAUTION						

8 Items

MC	Message
10	INCLUDES AUDATEX TIME TO CLEAR ENTIRE PANEL
13	INCLUDES 0.6 HOURS FIRST PANEL TWO-STAGE ALLOWANCE

Estimate Total & Entries

Gross Parts	$27.70	
Paint Materials	$124.80	
Line Item Discount	$2.77-	
Parts & Material Total		$149.73
Tax on Parts & Material	@ 7.000%	$10.48

Labor	Rate	Replace Hrs	Repair Hrs	Total Hrs	
Sheet Metal (SM)	$42.00	0.2	7.7	7.9	$331.80
Mech/Elec (ME)	$45.00				
Frame (FR)	$45.00				
Refinish (RF)	$42.00	4.8		4.8	$201.60
Paint Materials	$26.00				

Labor Total	12.7 Hours	$533.40
Gross Total		**$693.61**
Net Total		**$693.61**
Customer Owes		$0.00

Alternate Parts Y/00/00/00/00/00 CUM 00/00/00/00/00 Zip Code: 29607 SC A-M Profile 0211

Audatex Estimating 6.0.217 ES 06/07/2011 02:11 PM REL 6.0.217 DT 04/01/2011 DB 06/01/2011

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1.6 HRS WERE ADDED TO THIS ESTIMATE BASED ON AUDATEX'S TWO-STAGE REFINISH FORMULA.

IMPORTANT INFORMATION ABOUT ALLSTATE'S CHOICE OF PARTS POLICY

THIS ESTIMATE MAY LIST PARTS FOR USE IN THE REPAIR OF YOUR VEHICLE THAT ARE MANUFACTURED BY A COMPANY OTHER THAN THE ORIGINAL MANUFACTURER OF YOUR VEHICLE. THESE PARTS ARE COMMONLY REFERRED TO AS AFTERMARKET PARTS OR COMPETITIVE PARTS, AND MAY INCLUDE COSMETIC OUTER BODY CRASH PARTS SUCH AS HOODS, FENDERS, BUMPER COVERS, ETC. ALLSTATE GUARANTEES THE FIT AND CORROSION RESISTANCE OF ANY AFTERMARKET/COMPETITIVE OUTER BODY CRASH PARTS THAT ARE LISTED ON THIS ESTIMATE AND ACTUALLY USED IN THE REPAIR OF YOUR VEHICLE FOR AS LONG AS YOU OWN IT. IF A PROBLEM DEVELOPS WITH THE FIT OR CORROSION RESISTANCE OF THESE PARTS, THEY WILL BE REPAIRED OR REPLACED AT ALLSTATE'S EXPENSE. THIS GUARANTEE IS LIMITED TO THE REPAIR OR REPLACEMENT OF THE PART.

HOWEVER, IF YOU CHOOSE NOT TO USE ONE OR MORE OF THE AFTERMARKET/COMPETITIVE OUTER BODY CRASH PARTS THAT MAY BE LISTED ON THIS ESTIMATE IN THE REPAIR OF YOUR VEHICLE, ALLSTATE WILL SPECIFY THE USE OF ORIGINAL EQUIPMENT MANUFACTURER PARTS, EITHER NEW OR RECYCLED AT ALLSTATE'S OPTION, AT NO ADDITIONAL COST TO YOU. ALLSTATE DOES NOT SEPARATELY GUARANTEE THE PERFORMANCE OF ORIGINAL EQUIPMENT MANUFACTURER PARTS, AND MAKES NO REPRESENTATION ABOUT THE AVAILABILITY OF ANY MANUFACTURER'S GUARANTEE.

TO ALL REPAIR FACILITIES: BEFORE USING AN AFTERMARKET SHEETMETAL PART, BE SURE TO LOOK FOR THE CAPA SEAL. THIS IS NOT AN AUTHORIZATION FOR REPAIR. SUPPLEMENTS MUST BE APPROVED PRIOR TO REPAIR. IF YOUR CAR IS OF UNITIZED CONSTRUCTION, IN SOME CASES THE REPAIR SHOP MAY NEED SPECIAL EQUIPMENT TO PROPERLY REPAIR THE CAR. YOU SHOULD DETERMINE IF THE SHOP YOU SELECT TO COMPLETE THE REPAIRS IS PROPERLY EQUIPPED.

THIS ESTIMATE HAS BEEN PREPARED BASED ON THE USE OF AUTOMOTIVE PARTS NOT MADE BY THE ORIGINAL MANUFACTURER. PARTS USED IN THE REPAIR OF YOUR VEHICLE MADE BY OTHER THAN THE ORIGINAL MANUFACTURER ARE REQUIRED TO BE AT LEAST EQUIVALENT IN TERMS OF FIT, QUALITY, PERFORMANCE, AND WARRANTY TO THE ORIGINAL MANUFACTURER PARTS THEY ARE REPLACING.

CUSTOMER CHOICE OF REPAIR SHOPS

IT IS TO OUR MUTUAL BEST INTEREST THAT YOU RECEIVE PROMPT AND COURTEOUS SERVICE ALONG WITH QUALIY REPAIR WORK AT A FAIR PRICE. IF YOU HAVE A PREFERENCE FOR A PARTICULAR SHOP, YOUR ADJUSTER WILL WRITE OR APPROVE AN ESTIMATE OF REPAIRS WITH THAT SHOP BASED ON COMPETITIVE PRICES IN THE AREA. INFORMATION REGARDING REPAIR FACILITIES, WHICH WILL BE ABLE TO REPAIR THE VEHICLE FOR THE APPRAISED AMOUNT, IS AVAILABLE FROM YOUR ADJUSTER OR INSURER. HOWEVER, YOU ARE UNDER NO OBLIGATION TO USE ANY RECOMMENDED REPAIR FACILITY. THE CHOICE OF WHERE YOUR VEHICLE IS REPAIRED IS YOURS. ADDITIONALLY, AMOUNTS DETERMINED BY US THAT ARE PAYABLE WILL BE PAID REGARDLESS OF WHETHER OR NOT YOU USE ANY RECOMMENDED REPAIR FACILITY.

Op Codes

* = User-Entered Value	E = Replace OEM	NG = Replace NAGS
EC = COMPETITIVE PART	OE = Replace PXN OE Srpls	UE = Replace OE Surplus
ET = Partial Replace Labor	EP = COMPETITIVE PART	EU = RECYCLED PART
TE = Partial Replace Price	PM = Replace PXN Reman/Rebit	UM = Replace Reman/Rebuilt
L = Refinish	PC = Replace PXN Reconditioned	UC = Replace Reconditioned
TT = Two-Tone	SB = Sublet Repair	N = Additional Labor
BR = Blend Refinish	I = Repair	IT = Partial Repair
CG = Chipguard	RI = R & I Assembly	P = Check
AA = Appearance Allowance	RP = Related Prior Damage	

Audatex
a Solera company

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Estimate Summary Page
WILLIAM E. SCOTT

Gross Total	**$693.61**
Net Total	**$693.61**
Customer Owes	$0.00

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ALLSTATE SUPPLEMENT HOTLINE FAX FORM
(TO BE COMPLETED AND FAXED WITH A LINE BY LINE SUPPLEMENT ESTIMATE BY THE REPAIR FACILITY)
N.C. ESTIMATES FAX FORM TO: 1-866-863-3008
S.C. ESTIMATES FAX FORM TO: 1-866-366-8599

REPAIR FACILITY
THIS IS NOT AN AUTHORIZATION TO PROCEED, YOU WILL BE CONTACTED FOR APPROVAL OR A TECHNICIAN WILL COME TO YOUR SHOP TO REINSPECT

SHOP NAME: _____

SHOP ADDRESS: _____

ZIP CODE: _____

SHOP CONTACT NAME: _____

SHOP PHONE NUMBER: (___) _____

CLAIM NUMBER: (ALL LETTERS AND NUMBERS) _____

CUSTOMER NAME: _____

YEAR/MAKE/MODEL OF VEHICLE: _____

VEHICLE AT SHOP? YES OR NO VEHICLE TORN DOWN? YES OR NO

COMMENTS:

_____

_____

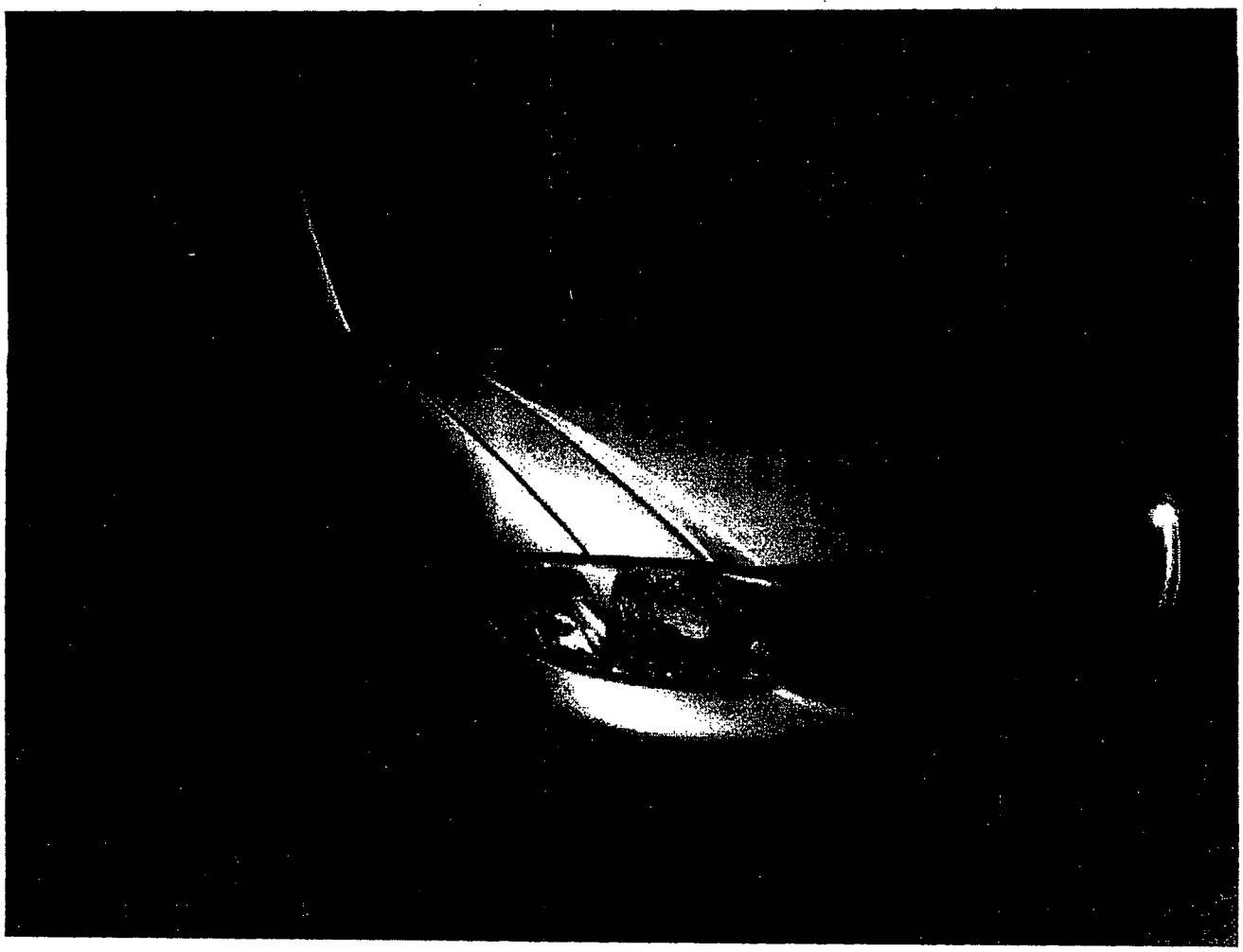
_____

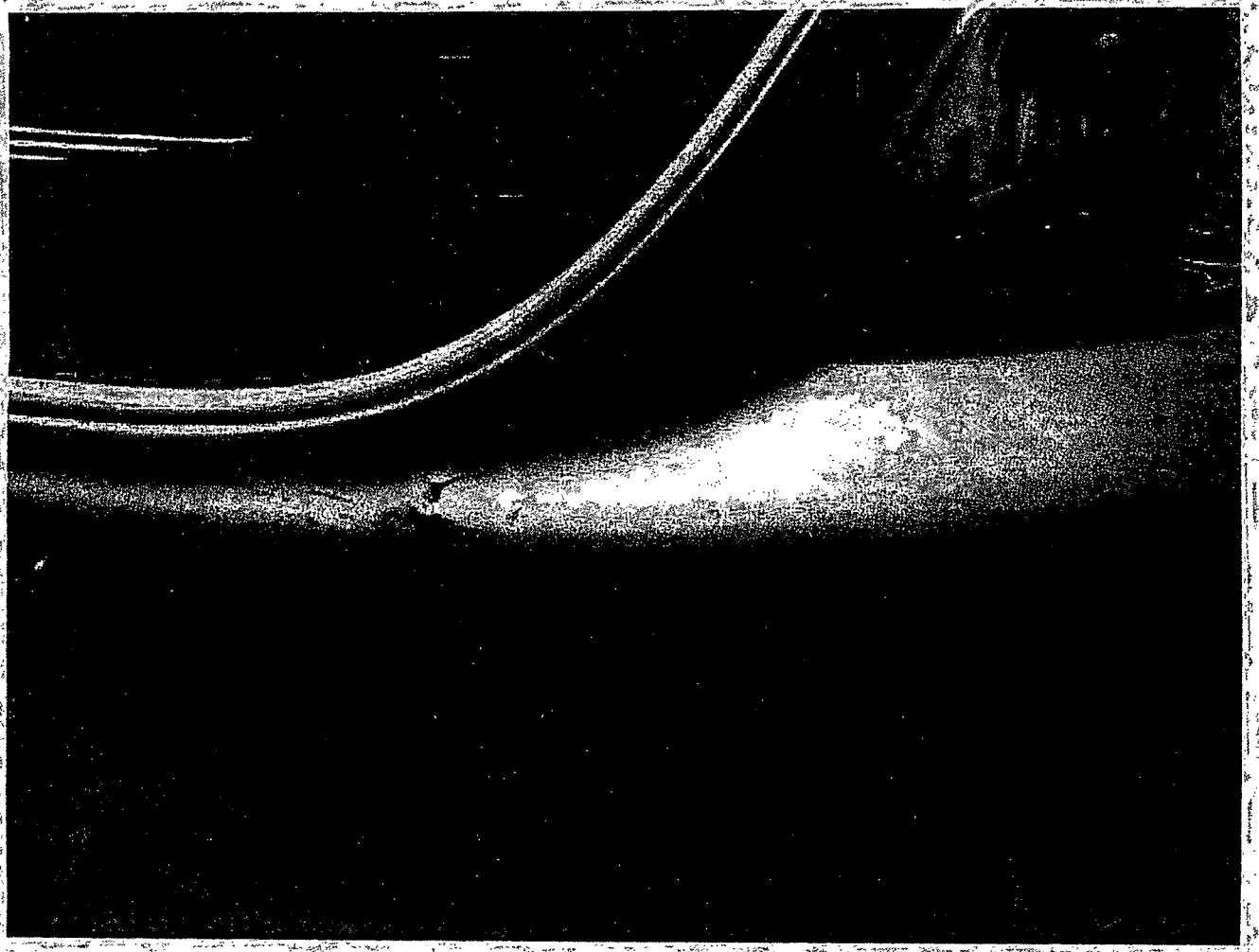
_____

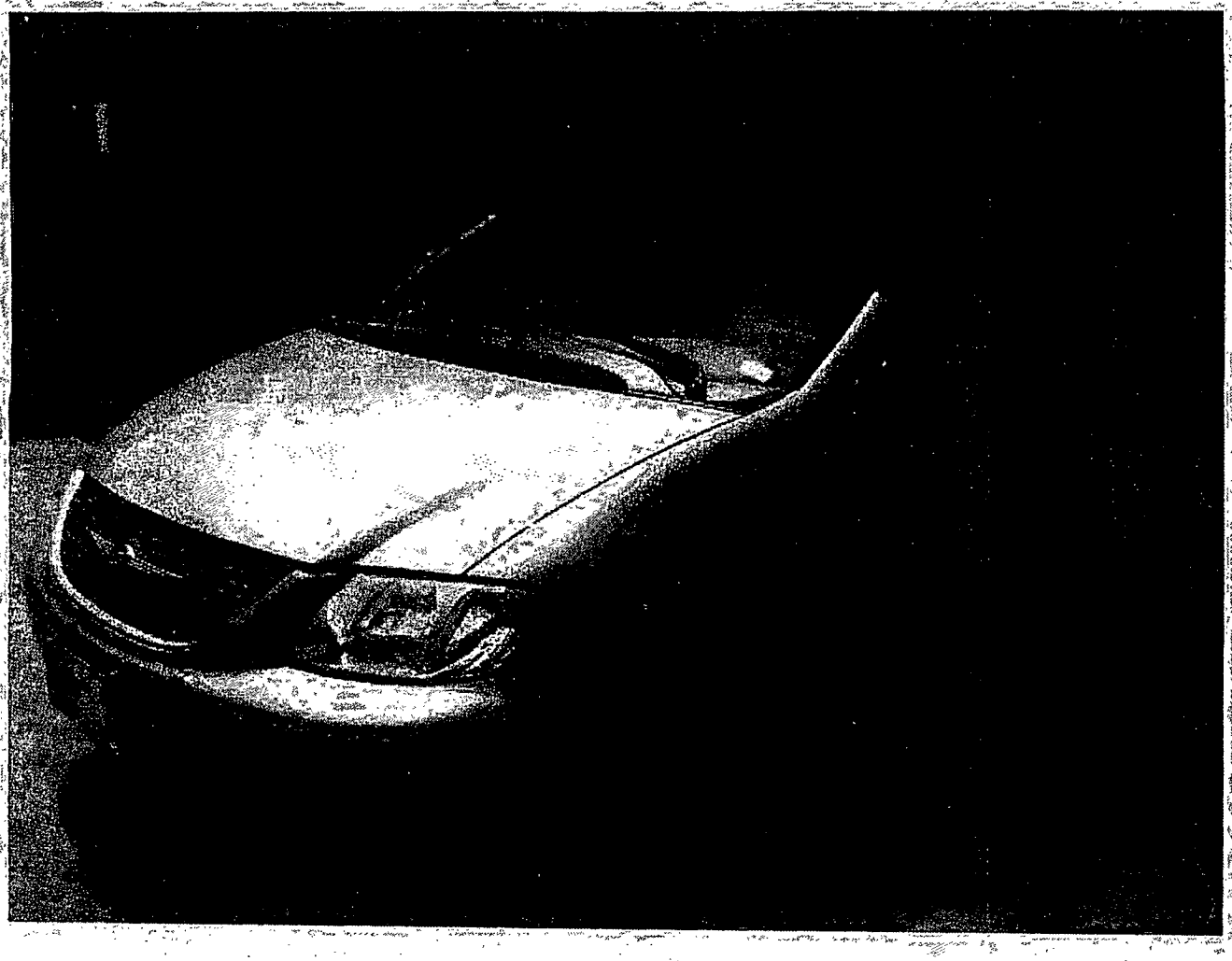
_____

SUPPLEMENTAL DOLLAR AMOUNT IF KNOWN: $ _____

SUPPLEMENT NUMBER: 1___2___3___4__(CIRCLE ONE)







Participant >

Injury And Employment Compensation

* indicates required fields

Injury Details | Employment Details

Fatality: No Hospitalized: No Ambulance Used: No

Injury Details

Unrelated to Loss	Body Part	Injury/ Complaints	Treatment/ Prognosis	Date of Onset/ Date Resolved	Other Conditions	Pre-existing	
	Chest	SoreStiff					Edit Mark In Error

Add Injury

Body Part * Select...

Injury: * Abrasions, All Other, Amputation, Bleeding, Broken

Treatment: Chiropractic, ER visit, Hospitalization, Office Visit, Physical therapy

Prognosis: Select...

Date of Onset: mm/dd/yyyy

Complaints: Aching, Anxiety, Cannot move, Confusion, Depression

Unrelated To Loss: ☐

Pre-existing: ☐

Date Resolved: mm/dd/yyyy

Reset Save

Add Injury File Note View Injury File Notes Back

Financial Log >

Payment Summary

EFT/Check #:	**194740145**			Cashed Date:	**6/20/2011**
Payee:	**JAMES SMOAK**				
Mail To:	**JAMES SMOAK**			Payment Amount:	**75.00 USD**
	104 BELFRY DR, LEXINGTON, SC 29072-8147 US				
In Payment For:	Loss on 5/18/2011.				
Invoice Date:		Invoice #:		Invoice Amount:	
Payment Method:	**System Issued**	Dates From:		To:	
Issued By:	**GREGG DODSON**	Issue Date:	**6/3/2011**	Company:	**Allstate Fire and Casua...**

Additional Comments:

Check Stub Wording: **In payment for Bodily Injury Liability for Date of Loss 5/18/2011.**

Payment Type	Method of Settlement	Transaction Reason	Svc. Benefit Type	Billed Amount	Amount To Pay
Claim #: 0204842595		**Insured: JEANETTE M. BAILEY**			
JAMES SMOAK/Bodily Injury Liability					
Loss Payment	Negot Settle/Denial	Regular Bodily Injury	Damages		75.00 USD

Payment Setup Payment Details Back

Submitted 5-20-11 Trans. 6778530

Please mail to: Office of Financial Responsibility
SC Department of Motor Vehicles
Post Office Box 1498
Blythewood, South Carolina 29016

SOUTH CAROLINA DEPARTMENT OF PUBLIC SAFETY
FR-10 (REV. 01/01)
NOTICE OF REQUIREMENT

Date	Time	County	1- Interstate 2- US Primary 3- SC Primary	Secondary	Collision Location (Rt # / Name)	4- Main 5- Alternate 6- Connection 7- Business 8- Spur	Miles	Dir. N E S W	In / Near City or Town of:
5-16-11	1400	23			Middleton St/5-38		0		Orangeburg

To Vehicle Owner/ Operator Failure to comply could result in appropriate action under 56-10-270 and 56-10-20 of the 1976 code of laws of S.C. as amended, if vehicle subject to registration in S.C., and upon conviction thereof, the Department of Motor Vehicles must suspend your driving and/or registration privileges until all compliances have been met under the above sections of law.

B-117943 Driver/Pedestrian's Full Name: Tammie S

Unit #	Sex	Race	Street/R.F.D.	Birth Date	City, State, & Zip
1	F	W	104 Colfax DR	11-15-1971	Summerville SC 29485

State	Driver's License #	Insurance Company
SC	160557297 (D)	Travelers Home + Marine Ins

Year	Body	Vehicle Make	VIN #
03	VN	Chev	2CNBJ13C936084461

State	Year	License Plate #	Owner's D.L. #
SC	07	TRC17	[illegible]

Home Telephone	Owner's Full Name
(843) 873-4[illegible]	James E Smith

Bus. Telephone	Street/R.F.D.
( )	146 Smith Side Rd

Contributed To Collision	City, State, & Zip
Yes No	Summerville SC 29485

B-117944 Driver/Pedestrian's Full Name: Brittney Danielle Jeffcoat

Unit #	Sex	Race	Street/R.F.D.	Birth Date	City, State, & Zip
2	F	B	1230 Ellis Ave	1-15-1971	Orangeburg SC 29115

State	Driver's License #	Insurance Company
SC	162487103 (D)	Allstate

Year	Body	Vehicle Make	VIN #
07	4S	CADI	1G6KD57Y47U217614

State	Year	License Plate #	Owner's D.L. #
SC	07	EPW155	[illegible]

Home Telephone	Owner's Full Name
(803) 536-[illegible]	Jeanette M Bailey

Bus. Telephone	Street/R.F.D.
( )	1234 Ellis Ave

Contributed To Collision	City, State, & Zip
Yes No	Orangeburg SC 29115

B-117945 Driver/Pedestrian's Full Name:

Unit #	Sex	Race	Street/R.F.D.	Birth Date	City, State, & Zip

State	Driver's License #	Insurance Company

Year	Body	Vehicle Make	VIN #

State	Year	License Plate #	Owner's D.L. #

Home Telephone	Owner's Full Name
( )	

Bus. Telephone	Street/R.F.D.
( )	

Contributed To Collision	City, State, & Zip
Yes No	

All Units Insurance Information (to be completed by Investigating Officer)

Accident Insurance Information for Unit #: Company Name: Travelers Home + Marine Ins; Area Code/Phone Number: (800) 252-4653; Agency Name: Underwriter Agency; Policy Number: 96 [illegible] 016254 101 1

Accident Insurance Information for Unit #: Company Name: Allstate; Area Code/Phone Number: (803) 781-8576; Agency Name: [illegible]; Policy Number: 96 [illegible] 101 9 5-1

Accident Insurance Information for Unit #: Company Name: ; Area Code/Phone Number: ( ); Agency Name: ; Policy Number:

Insurance Information

Notice of Requirement Accepted → Signature

Y N Refused to Affix Signature?
Y N Vehicle Subject to Registration in SC?

To Be Completed By Insurance Agent, Broker, Or Other Company Representative

Reference to Unit #: _____, I hereby affirm that to the best of my knowledge the vehicle described above was insured by the below stated insurance company on the date of the collision.

I declare under penalty of perjury that I have personal knowledge of the facts stated herein, that I am employed by the insurance company and I am authorized to make this statement on its behalf. I declare that the above mentioned insurance was in force as stated herein.

Insurance Company	Policy #:	Signature	Title
Beginning Date:	Ending Date:	Policy Holder:	NAIC# (Assigned by S.C. Dept. of Ins.) / Bus. Telephone: ( )

Notice: Failure to have this form completed by your insurance broker, agent, or representative and returned to the South Carolina Department of Motor Vehicles within 15 days may result in suspension of your driving and/or registration privileges.

If any of the below are applicable, disregard the above portion.

Form FR-10 Not Issued: Section 56-10-270 56-10-520

- ☐ Check here if a Form SR-23, Fleet Policy [illegible] 25 or more vehicles is on file with the Department covering the vehicle.
- ☐ Check here if a certificate of self-insurance [illegible] has been issued by the Department covering the vehicle and indicate the certificate number: SI - _____
- ☐ Check here if liability insurance was not in effect to comply with South Carolina state requirements.

[illegible] Signature _____ Date _____

No. FR-10 Issued to Operator/Owner of Unit #: _____
Summons Issued to: _____
For operating or allowing the operation of an uninsured vehicle: Summons Number: _____ Signature _____

Investigating Officer's Name: [illegible] Rank: [illegible] Badge #: [illegible] Code: 801 Date: 5-17-11 Reviewer's Name: [illegible] Rank: [illegible] Initials/Badge/Code: [illegible]

DRIVER/OWNER

MP. int 0204842595

Index System Matched Claims

<<Back

HUSQVARNA NORTH AMERICA
002754-031560-WC-01

Matching Claim File Number: 4V002548076

Reason for Match: Name is similar
Insuring Company: STATE FARM (R) AFFILIATE
Claim Number: 408476075
Date/Time of Loss: 27-May-2009 00:00
Policy Number: 197568440H
Policy Type: PERSONAL AUTO
Inception Date: **Expiration Date:**
Policy Renewed?
Assigned Risk?
Insuring Co. Address: CIOS - 00
ONE STATE FARM PLAZA

BLOOMINGTON ,IL 61710
Insuring Co. Phone:
Co. Received Date:
Loss Description:
Agency Notified:
Location of Loss: NORTH RD
ORGB ,SC
Mailing Address:

SIU Information

Name:
Business Phone:
Cell Phone:

Involved Party

Records: 1 thru 2 Previous Next

Role in Claim	Name	Address1	Address2
Claimant	HELMS, REBECCA	3138 JACKSON DR	
Insured	SMOAK, JAMES	3830 NEESES HWY	

Role in Insured
Name: SMOAK JAMES
Address 1: 3830 NEESES HWY
Address 2:
City: ORANGEBURG
State: SC **Postal Code:** 29115-8623
DOB:
Gender: Unknown
Home Phone:
Business Phone:
Cellular Phone:
SSN:
Occupation:
Med./Prof. License:
Drivers License: 001798408
Drivers License State:

Service Provider

Record: 1 thru 1 Previous Next

Name	Address1	Address2	City
STILLINGER BROS BODY SHOP	1727 CHARLESTON HWY		ORANGEBURG

Name: STILLINGER BROS BODY SHOP
Address 1: 1727 CHARLESTON HWY
Address 2:
City: ORANGEBURG
State: SC **Postal Code:** 29115-0000
DOB:
Gender: Unknown
Business Phone:
Home Phone:
SSN: 57-0666859
Med./Prof. License:
Driver License:
Drivers License State:

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For Phone Support, call 630-285-4060
Support Hours: Monday thru Friday - 7am to 6pm CST

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<<Back

HUSQVARNA NORTH AMERICA
002754-031550-WC-01

Matching Claim **File Number: 8P002966827**

Reason for Match: Name is similar
Insuring Company: ALLSTATE INSURANCE COMPANY
Claim Number: 0204842595
Date/Time of Loss: 18-May-2011 00:00
Policy Number: 000963491019
Policy Type: PERSONAL AUTO
Inception Date: **Expiration Date:**
Policy Renewed? Y
Assigned Risk?
Insuring Co. Address: PALMETTO MCO (1460)
1400 BROWNING RD
COLUMBIA ,SC 29210
Insuring Co. Phone: 800-366-8997
Co. Received Date:
Loss Description: DESCRIBE THE ACCIDENT AND AUTOS INVOLVED?
Agency Notified:
Location of Loss: MIDDLETON ST & PARK ST.
ORANGEBURG ,SC
US
Mailing Address:

SIU Information

Name:
Business Phone:
Cell Phone:

Involved Party

Records: 1 thru 3 Previous Next

Role in Claim	Name	Address1	Address2
Claimant Passenger	SMOAK, JAMES	146 SEMINOLE DR	
Claimant Driver	GARRICK, TOMMIE S	104 BELFRY DR	
Insured	BAILEY, JEANETTE M	1230 ELLIS AVE	

Role In Claimant Passenger
Name: SMOAK, JAMES
Address 1: 146 SEMINOLE DR
Address 2:
City: ORANGEBURG
State: SC **Postal Code:** 29115-7820
DOB:
Gender: Unknown
Home Phone: 803-536-5987
Business Phone:
Cellular Phone:
SSN: 000-00-2054
Occupation:
Med./Prof. License:
Drivers License:
Drivers License State:

Also knowing As (AKA)

Record: 1 thru 1 Previous Next

Name	Address1	Address2	City
SMOAK, JAMES	104 BELFRY DR		LEXINGTON

Name: SMOAK, JAMES
Address 1: 104 BELFRY DR
Address 2:
City: LEXINGTON
State: SC **Postal Code:** 29072-8147
DOB:
Gender: Unknown
Business Phone:
Home Phone:
SSN:
Med./Prof. License:

Casualty Coverage Information

Record: 1 thru 1 Previous Next

Adjuster Company	Adjuster	Adjuster Phone	Coverage Type
ALLSTATE INSURANCE	DODSON, GREGG R		BODILY INJURY

Adjuster Company: ALLSTATE INSURANCE COMPANY
Adjuster: DODSON, GREGG R
Adjuster Phone: 803-213-373?
Coverage Type: BODILY INJURY
Loss Type: OTHER AUTO
Claim Status: Closed **Date Claim Closed:**
Alleged Injury/Damage: STIFF,STIFF
Suit Field (Y/N):
Court Date:
Court State:
Docket Number:

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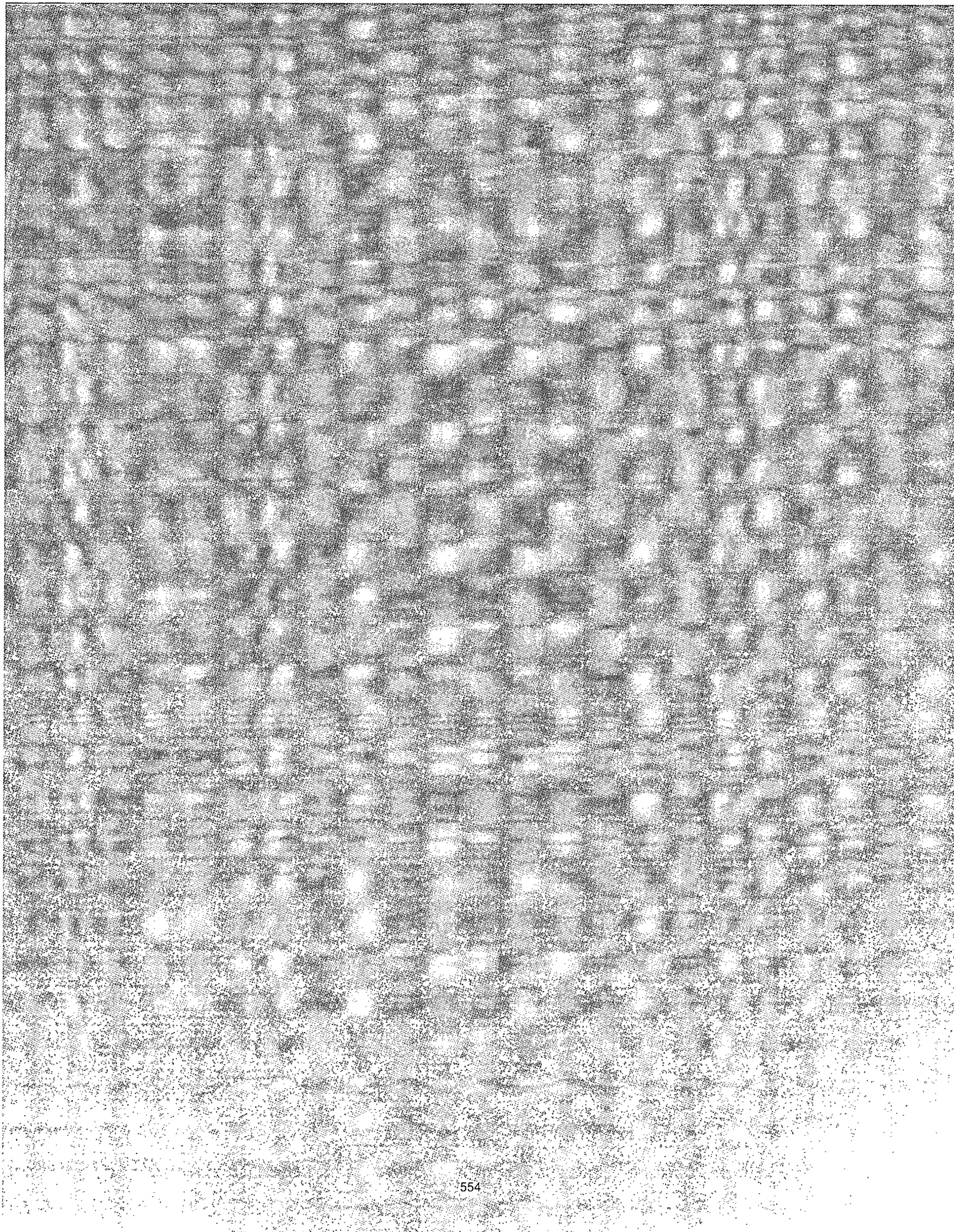


Social Media

James Smoak

Add Friend | Message

Worked at circle c
Studied at none ya
Male

About

Friends 43 | Photos | Map

Now
2012
2011
2010
Born

Do you know James? If you know James, send him a friend request or message him.

Work and Education

circle c

Walterboro High
Walterboro, South Carolina

none ya
Philadelphia, Pennsylvania

Info

About Male

Friends See All

Merde Lopez | Adam O Moore | Regina Carter | Hotbyson Schefsinger

John Jones | Scottie Moore Sr. | Shirley Brown | Pamela Hiers

Albums

Profile Pictures

Sponsored

HAPPY FAMILY Baby Food

Find out how our organic foods can make your little one happy, and get a $1.00 OFF coupon!

Like

Planning a Wedding?
weddingpaperdivas.com

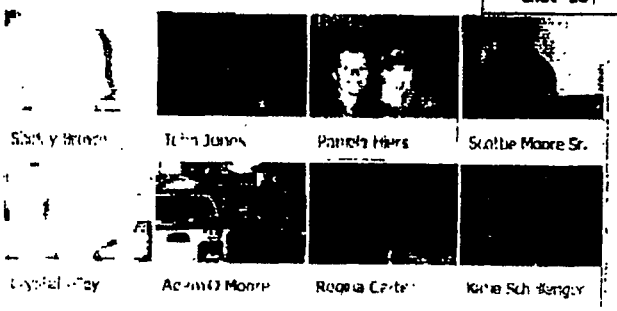
Save The Dates Starting Under $1. View our New 2013 Photo Magnets, Postcards & More!

Gerber Life Official Site

Gerber Life
Child Insurance - Gerber Life Grow-Up® Plan. Get a Free Quote Now!

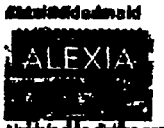
Friends

Chat (15)



Shirley Brown | John Jones | Pamela Hiers | Scottie Moore Sr.
Crystal Riley | Adam O Moore | Regina Carter | Kane Schlesinger

Alexia Bridesmaid



Alexia's style dishes are all-natural, gourmet... Give your bridal party a fresh, original, modern and elegant look! Shop bridesmaids ... styles at Weddington Way!

2012

James Smoak
December 22, 2012 via mobile

Well its the 21st and none of my kids have called to say kiss my ass or any thing but it's all good im all ways the bad dad the moms do no wrong and they can go to see the step mom and call her but if the child support was to stop they want to have your ass locked up its a dam shame men have to go thru that but karma is a bitch so have a merry christmas to all my kids and x wives and x girlfriend!

Share 2 16

2 people like this.

Kerry Hiers AMEN! PREACH ON
December 22, 2012 at 6:56am · 1

Christine Stanley Hold the hell on! I am not your xwife or xgirlfriend or the mother of any of your kids! Let me give u a clue though....you arent innocent in all this. U chose the road u took. As for my nephew how hard did you really fight to see him? How bad did u really want to see him? Did u try to go thru any court system? You know my situation and my kids daddy. I think every child deserves to know BOTH there parents. I also know that a Mom is the one that child usually counts on. She is the one who is there taking care of him or her! I also know she tries to protect them. Its not always bout the freaking money! I havent gotten any child support for my kids! It takes more than sperm and a couple of dollars to make a daddy! Do me one more favor before u open your mouth again really think about it.....MAYBE ITS THE KIDS WHO CHOSE NOT TO SEE YOU AND IT HAS NOTHING TO DO WITH YOUR EX
December 22, 2012 at 2:21pm via mobile

Marcie J Lopez Moved ur son out of state, something u NEED to check on! Jus sayin!
January 9 at 2:07am via mobile

Christine Stanley Marcie let me give u a clue. My nephew is now 11 years old. Your bf hasnt ever fought for him. There is no need to play daddy now. Fuck with my nephew and u may possibly get your feelings hurt. Just sayin! Dont get into something you know only part of the story about. My nephew is a smart, caring little boy who is happy. Yes he knows about James and wants nothing to do with him.
January 9 at 6:41am via mobile

Christine Stanley By the way if you have questions my number is on my profile. Dont hesitate to call cause I will gladly answer you.
January 9 at 6:44am via mobile

Marcie J Lopez I may like to spk wth u but do not threaten me.
January 9 at 7:05am via mobile

Marcie J Lopez btw he only knos one side also.
January 9 at 7:06am via mobile

Marcie J Lopez REALLY NOT TRYING TO START WW3 HERE.
January 9 at 7:08am via mobile

Christine Stanley It wasnt a threat! U can ask him I am very protectective over my nephew. I will tell u this side. I dont want to argue with anybody either. There is nothing to argue about.
January 9 at 11:43am via mobile

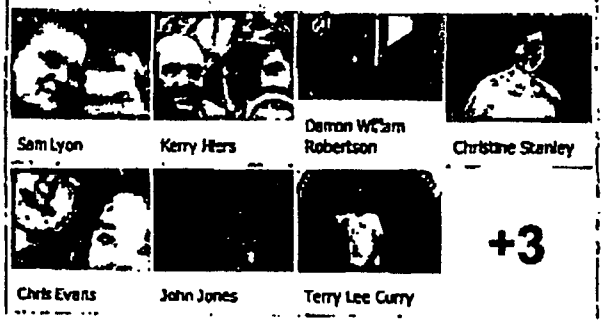
Christine Stanley And if u speaking bout my nephew....I had him for a while and James even came to my house with his then gf Monica. So he has had chances.
January 9 at 11:47am via mobile

Christine Stanley Me and James were friends at once. I dont wish him no ill will. Hell I even wish him much happiness. But he made the choices in his life. He chose the road he took. So it is what it is.
January 9 at 12:53pm via mobile

Christine Stanley Marcie I am truly sorry that is what yall are going through. I am not a heartless person. I raised 3 children basically with no child support. So dont think I am a money hungry bitch. I am not. I just know how it is to have kids that have to do with whatever they get. Yes, he chose to have children and yes he has to support them. As for him seeing them I think his lifestyle at some points were not good for the kids. I dk. Each parent who is raising their children has to try to do what is right. Well atleast most of them. I truly wish yall the best.
January 9 at 8:37pm

Marcie J Lopez Thank you for being a decent person...
January 9 at 8:41pm via mobile

Friends
2012



Christine Stanley I have always tried to be. and you are welcome. but you truly may need to speak with the moms to hear their sides. just saying.
January 9 at 8:44pm

Christine Stanley Marcie, I know Christina Crosby Zeigler and also know that she is decent enough to let those kids make thier own decisions where it comes to James Smoak. They are old enough to do that. She does deserve to get help with those kids regardless of what they decide. She did not lay down alone.
January 9 at 9:00pm

Marcie J Lopez True she did not,nor did she ever thnk me for doing the little I did do for them even after I snt her a very nice mssge.
January 9 at 9:15pm via mobile

James Smoak
December 18, 2012 via mobile

What up im back on so good luck ppl

Share 4

James Smoak
July 14, 2012 via mobile

IM A HAPPY MAN GOT TO TALK TO MY TWO LOVEING BABYS IT FELT SO GOOD TO TALK TO MY KIDS! CANT WAIT TO SEE THEM!

Share 2 3

James Smoak
June 25, 2012 via mobile

I WISH THE LITTLE UNDER AGE KIDS WOULD STAY OFF OF FACEBOOK I THOUGHT THERE WAS A AGE LIMIT

Share 1 1

James Smoak
March 18, 2012 via mobile

WELL THEY TALK ABOUT ME SO GOOD TO NO AND I SAY DONT LIKE ME GOOD ALL THEY WONT IS THE MONEY AND THEY GET 15 $ 143.00 MORE WHAT I GET I DONT GET TO SEE THEM OR TALK TO THEM SO I CAN GO ON FACEBOOK AND TALK TO BUT WILL BE JUST LIKE YOU A LOWLIFE SO WHAT EVER

Share 1 3

James Smoak
July 15, 2012 via mobile

TOOK NICK AND ASHLEY TO THE RIVER AND HAD A BLAST I MISS MY BABYS SO MUCH GOT TO MAKE UP FOR LOST TIME BUT I LOVE THEM WITH ALL MY HART LOVE YOU BABYS

Share 3 3

James Smoak
July 6, 2012 via mobile

MARCIE I LOVE YOU FOREVER I NEEDED YOU 12 YEAR AGO WERE WAS YOU LOVE YOU MY A 1 BABY

Share 1 4

Marcie J Lopez likes this.

Pamela Hiers yea you better keep this one cuz probably the best ever
July 6, 2012 at 12:48am · 1

James Smoak YEA I NO RIGHT I LOVE HER
July 6, 2012 at 12:57am via mobile

Judith Lopez just remember that
July 6, 2012 at 6:27am · 1

Marcie J Lopez I love u 2,listen to ur cuz and my mom there very wise women!! lol....BTW I was in NY 12yrs ago..loL..love u!!!
July 6, 2012 at 9:52am via mobile

James Smoak became friends with Christine Stanley.
June 24, 2012

Christine Stanley
Add Friend

2011

James Smoak
December 25, 2011 via mobile

Friends
2011

2/5/13

ALL I WANTING FOR CHRISTMAS WAS MY 3 kids but I cant get every thing so merry christmas to my kids love dad

Share 2 1

2 people like this.

Marcie J Lopez I hope someday u get ur wish.I love you very much honey
December 25, 2011 at 9:43am

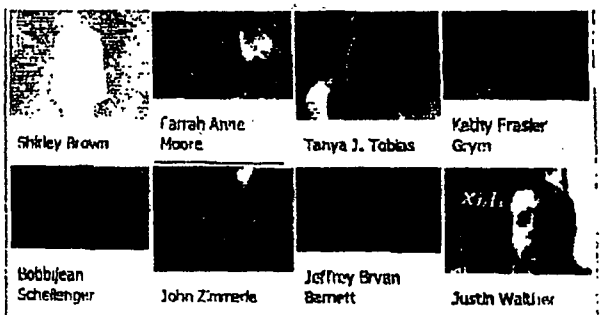
James Smoak became friends with Justin Walther.
March 20, 2011

Justin Walther
Add Friend

James Smoak became friends with Cody Robertson.
March 17, 2011

Cody Robertson
Add Friend

(5) James Smoak



James Smoak became friends with Pamela Hiers.
March 20, 2011

Pamela Hiers
Add Friend

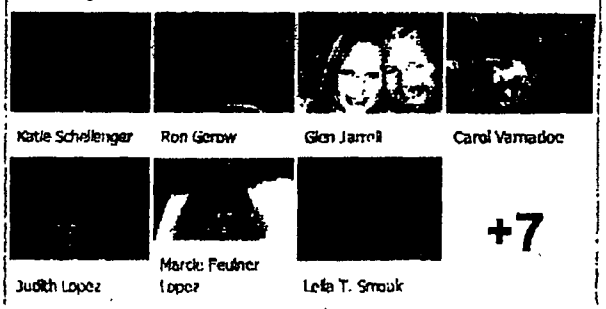
2010

James Smoak became friends with Cody Robertson.
June 28, 2010

Cody Robertson
Add Friend

Joined Facebook
May 13, 2010

Friends
2010



Born

Born

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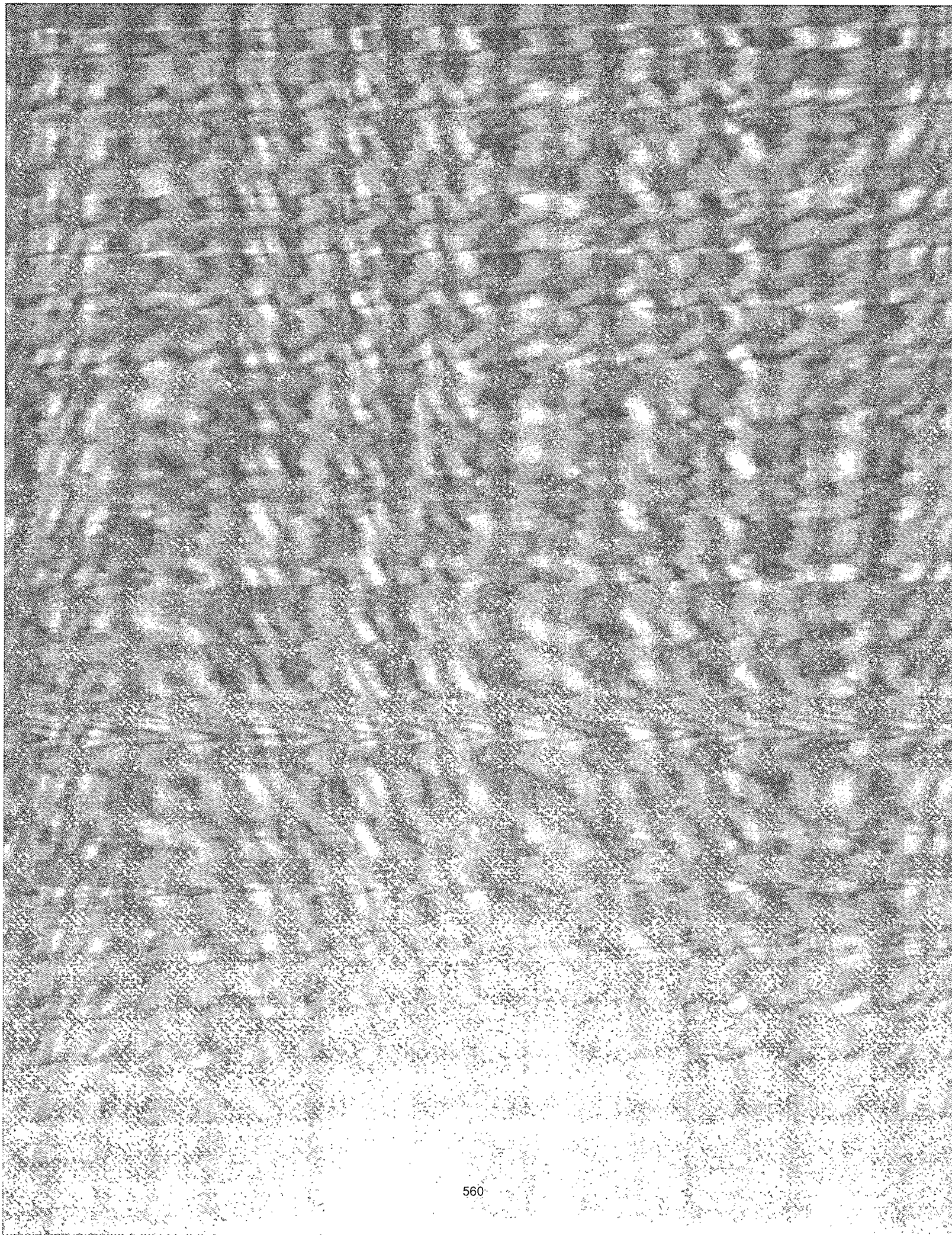

OCT 3 0 2007

BP: 106/60 P: 80

WT: 319 AGE: 39 HT: 6'5"

C.C: Pt. Establishment

ALLERGIES: NKA

PMH - Gout, Ø surgeries, AR

FH - HTN - Ø, DMII - Ø
Cancer - mom (breast), dad (skin) MI - Ø
CVA - Ø

SH - lives @ home alone, has 16 y.o. daughter, chew tobacco x 20 yrs, Ø ETOH use, likes hunting + fishing

Allergies - NKDA

Meds - See list

Was seeing Dr. Gross
Last labs 3 mos. ago

James Smoak
1 2985

OCT 3 0 2007

S: Pt. here for estab. No probs. today.

O: 39 y.o. WM, WDWN, NAD, alert
head normocephalic
neck supple, Ø LA, TM's benign, pharynx ⊖
lungs - CTAB, heart RRR, abd - BS x 4, quad, soft, NT, ext. ⊖ edema, pulses 2+ bilat.

A: PE

P: Refill - Allegra 180 mg qd #30 RF5
Allopurinol 100 mg qd #30 RF5
Rx's lemos.

Rhonda A. Hanks, FNPC

APR/24/2013/WED 03:16 PM LRMC Primary Care FAX No. 8035318810 P. 004

James A Smoak
#12985

OCT 2 7 2008

OCT 2 7 2008

T _____ BP: 126/88 P: 80

WT: 309 AGE: 40 HT: _____

C.C: Cough, low back pain

ALLERGIES: NKDA

S: Pt felt bad last WK Thursday Pneumonia
went to hospital ⊕ fever
Rx x, Ibuprofen, Vicodin
⊕ Cough ⊖ Sputum - yellow
(erythromycin)
⊕ HBP has seen Dr. Gupta
given Flexeril ⊖ relief
⊖ IV ⊖ numbness/tingling ⊖ SOB/CP

O: 40 yo WM WDWN alert. NAD
TM ⊖ pharynx ⊖
neck supple ⊖ LA
heart RRR
lungs CTA
Abd soft nontender
back ⊖ deformities, ⊕ tenderness
to palpation

A: Cough s/p pneumonia
back Strain

P: Tussionex 1-11 tsp PO qhs #100 NRF mL
Flexeril 10 mg 1 PO bid #90 NRF
Allegra 180 mg 1 PO qd #30 5RF
Allopurinol 100 mg 1 PO qd #30 0 5RF
RTC if worsen lack improvement

T Castellano, ANP, BC

P. 003 FAX No. 8035318810 LRMC Primary Care 03:16 PM 03/24/2013/WED

Indocin 25 mg PO qd/hs #60

NOV-03 2008

T 102.3 BP 118/76 P 104

WT: 316.5 AGE: 40 HT:

C.C: Cough, congestion, fever, gout

ALLERGIES: NKDA

(S) 1 week ago ↑ ER - Dx. Viral Pneumonia - given Azithromycin 1M tabs & Ibuprofen". Pos. ⊕ fever, ⊕ pain & Tabs, ↓ SOB/WNL/ ↓ HA ⊕ cough white/yellow.

Taking Allopurinol

Hx gout. Allergy

Meds - see list

(O) VSS. Heart clear / skin warm. Neck. Supple ⊕ shotty LAD - Chest ⊕ wheeze, ⊕ rhonchi & Tenderness. - CV. RRR/m. - Abdo. nl/snd. EXT ⊕ swelling/heat, erythema ⊕ great toe ⊕ effusion.

A/P gout/arthritis - Indocin 25 mg #60 Sig TI po QD/2 days ⇒ I po QD x 4d #60/REF - ctd. Allopurinol as prescribed.

Bronchitis/s/p Pneumonia - Rocephin MD# IT po QD. ↑ fluids

Bactrim DS I po BID x 10d.

Flu mist - sooner if s/s persist

Educ - Start Indocin if ↑ swelling/pain

Discuss PE. LABS

563

FAX No. 8035318810 P. 008

James A Dmua 12985

NOV-03 2008

Father called 11/5/08 stated patients symptoms remain the same p 4 tabs of Bactrim. Temp. improved to 101.2 ↑ cough.

Hycodan Syrup 1/2 tsp q 4-6° #3. ctd Bactrim ↑ fluids.

Call to clinic mon with update.

- get cxr from Irene

Ordered ARRN.

Med: Call to Medicine Shoppe 531311

Ordered ARRN

Hx/OS Pt's father came in to discuss son's condition. He's still not much better and discussed prolonging course of Abx. States it is working a little more. Still ↑ fever temp 101 - 103° responding ↑ tylenol. Extended BACTRIM ↑ PO bid x 10 more days NE

E Castellano, ANP, BC

APR/24/2013/WED 03:17 PM LRMC Primary Care

James A Smoak
#12985

NOV 1 0 2008

T 99.2 BP: 126/84 P: 84

WT: 300 AGE: 40 HT:

C. C: Cough, Dx c bronchitis
no appetite

ALLERGIES: NKDA

NOV 1 0 2008

Alert, NAD. Dry cough - TM clear
Pharyng clear Neck supple
Heart RRR Lungs pretty clear
Skin warm, moist -
Pneumonia -
Biaxin. 500 BID x 7d.

11/13/08 Pt's father called stating Pt not better. Still has fever >100° and cough. Was urged to get CXR, will call back c results. EC

11/13/08 Pt's father informed CXR results negative. Continue current tx. EC

1/1/09 Excuse from work given from 1/6/09 to 1/12/09
Gout. EC/CS

4/20/09 missed appt

JUN 1 8 2009

T: BP: 130/96 P: 88

WT: 341 AGE: 40 HT:

C. C: pulled muscle in back

ALLERGIES: NKDA

JUN 1 8 2009

S: Pulled muscle in back monday. Pain has been progressively worse since, however today was able to move around. Taking Flexeril 10 mg tid, tylenol using ice and brace c relief. ø paresthesias, radiation

O: 40 yo WM NAD WDWN alert, NAD neck supple heart RRR lungs CTA abd soft nontender back s deformities ⊕ tenderness lumbar area, muscle tightness to left of spine

A. Muscle Strain to lumbar spine

P. Flexeril 10 mg tid #90 RF
Ibuprofen 800 mg tid #90 R
Use heat / ice
Depo-Medrol 80 mg IM now

564

James Smoak
12985

AUG 0 6 2009

T: _____ BP: 140/88 P: 88

WT: 344 AGE: 40 HT: _____

C. C: Checkup

ALLERGIES: NKA

S: Pt here for Rx. ø complaints. Back has improved, ø pain & Gout flare up.

O: 40 yo WM WDWN alert, NAD
HEENT OK neck supple
heart RRR lungs CTA
abd soft nontender ⊕BS
Ext +1 edema, ±2 pulses
Prostate NML Rectal ⊖ hemc

A: Rx

P: Refill Allopurinol 100mg
TPO qd #30 3RF
Indocin 50mg TPO tid PRN
Caps-Exec-M, vit D #90 3RF
Eric Castellano, FNP-BC

8/7/09 Exec M, vit D drawn (TK)
8/12/09 Zocor 20mg †qd #30x3RF; Q vit D 50000u †qwk #12 x NRF. Caltrate ± Vit D tid (OTC). Ned. Heart RUS/AD
7-21-09 Allegra 180mg †qd #30 x 4RF Ned heart RUS/AD

OCT 0 1 2009

T: _____ BP: 130/88 P: 88

WT: 350† AGE: 40 HT: _____

C. C: discuss med

ALLERGIES: NKA

S: Pt does not think Allopurinol is strong enough. Having more attacks more frequently.

O: 40 yo WM WDWN alert, NAD
neck supple
heart RRR lungs CTA
abd soft nontender

565

FAX No. 8035318810 P. 006
APR/24/2013/WED 03:16 PM LRMC Primary Care 520

Court 10/01/09 James Smoak
12985

A: Gout

P: Uloric 40mg 1 PO qd - Samples given x 1mo
✓ Uric acid level in 3 weeks
may use indocin prophylactically x 2 wks
Ei Cisellard ANP BC

11/9/09 uric acid, L/L drawn (TR)

1-18-09 Uloric 40mg 1po qd # 30x3RF Med Shoppe RW/AD

DEC 0 7 2009

DEC 0 7 2009

T: ____ BP: 148/60 P: 80

WT: 3-19 AGE: 41 HT: ____

C.C: Congestion, coughing

ALLERGIES: NKA

S: Pt Clo Congestion, Cough 2 Sputum
Ø fever/Chills ⊕ Sore throat
Sinus pressure Ø earache
Ø body ache

O: 41 yo WM WDWN alert, NAD
TM dull pharynx OK
neck supple heart RRR
lungs CTA abd soft nontender

A: Sinusitis

P: Levaquin 750 mg qd #5 NRF
Ei Cisellard ANP BC

APR/24/2013/WED 03:16 PM LRMC Primary Care FAX No. 8035318810 P. 005

JAN 2 7 2010

JAN 2 7 2010 James Allen Snead

BP: 130/84 P: 88

WT: 344 HT: 41

CC: R ankle pain

ALLERGIES: NKDA

S: Yesterday went to Moore orthopedic - had gout stell lingering in left toe and Rt ankle - taking Indocin and Uloric - Stopped Uloric during flare

O: 41 yo WM alert, NAD
neck supple heart RRR
lungs CTA abd Sdgt nontender

A: Gout

P: ↑ Uloric 80mg qd #30 RF
ColCrys 0.6mg
tt PO x1 then 0.6mg 1° late
#30 1RF

Eric Ostellari APRN
Norman

2/15/10 Pt states lost Uloric Rx.
Uloric 80mg qd #30 x 5 / Medicine Mart / RLS 10

5/18/10 Allegra 180 ~~mg~~ qd #30x2RF; Zoca 20mg ~~mg~~ qd #30x2RF
Medicap Res IAD

7/7/10 chart closed records faxed to Dr Hayden #1-7457 CB

1/3/10 records re faxed to Dr. Hayden's office #1-7457 CB

APR/24/2013/WED 03:16 PM LRMC Primary Care FAX No. 8035318810 P. 002

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE # 1214612

JAMES SMOAK CLAIMANT, VS. HUSQVARNA, EMPLOYER, ACE AMERICAN INSURANCE COMPANY, CARRIER, DEFENDANTS.	DEPOSITION OF **JAMES SMOAK**

Deposition of James Smoak, taken pursuant to the South Carolina Rules of Civil Procedure and the Administrative Procedures Act, commencing at the hour of 11:36 a.m., Wednesday, December 12th, 2012, at the Wilson Law Office, 597 Old Mount Holly Road, Suite 202, Goose Creek, South Carolina.

COPY

Reported by

Sandra M. Snead

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Appearances

For the Claimant:	William D. Wilson, Jr., Esquire Wilson Law Office, LLC 597 Old Mount Holly Road, Suite 202 P.O. Box 538 Goose Creek, SC 29445
For the Employer/ Carrier:	Shelby H. Kellahan, Esquire Huff Law Firm, LLC 7244 Woodrow Street P.O. Box 1935 Irmo, SC 29063
Reported By:	Sandra M. Snead
Also Present:	Dawn Smoak

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Certificate 37

Exhibits

No exhibits marked.

Court Reporter's Note: This transcript may contain quoted material. Such material is reproduced as read or quoted by the speaker. Double hyphens (--) denote interruption of speech, incomplete sentence/phrase, or trailing off. [ph] denotes phonetically written. [sic] denotes written as spoken. Social Security number, if present, has been partially or fully redacted or blacked out.

Stipulations

The reading and signing of this deposition is waived by the deponent and counsel for the respective parties.

Whereupon,

James Smoak, being duly sworn and cautioned to speak the truth, the whole truth, and nothing but the truth, testified and deposed as follows:

The Court Reporter: State your name for the record.

The Deponent: James Allen Smoak.

Ms. Kellahan: All right. Before we begin questioning, I just want to put on the record that the parties have agreed to waive reading and signing.

Examination

By Mr. Kellahan:

Q Mr. Smoak, my name is Shelby Kellahan, and I'm the attorney for the employer and carrier in this case. If you don't understand anything I'm saying, just ask me to repeat it. Sometimes I talk fast, so you can tell me to slow down if I'm going too fast. All right. Let's start. What is your age?

A Forty-four.

Q What's your address?
A 4053 Plow Road, Orangeburg, South Carolina, 29115.
Q All right. And what is your Social Security number?
A [redacted].
Q Where are you currently employed?
A Husqvarna Outdoor Products.
Q How long have you worked there?
A Approximately a year and a half.
Q What is your position there?
A Repairman on the PZ line, or MZ line.
Q How much do you make about -- How much do you make a week there?
A Around the 400-dollar range.
Q How many hours do you work a week?
A It varies. Sometimes we work a full week; sometimes we don't.
Q When is the last time you've been on the job?
A The 17th of October.
Q Has any doctor written you out of work?
A Yes.
Q And who is that?
A My family doctor, Dr. Gaillard, in Bamberg.
Q And how long has Dr. Gaillard written you out?
A All right. Right now, the receipt says, "Pending

neurosurgeon visit," which was yesterday. I have an appointment with Dr. Gaillard tomorrow morning.

Q For him to review those papers?

A Yes.

Q Have you given that work note to anyone at Husqvarna?

A Yes.

Q And what did they -- have they said?

A Nothing. I mean, they're just, I guess, waiting for me to give them something else, which I'll have after I -- my visit tomorrow.

Q Have you done any, like, FMLA papers or anything?

A Yes.

Q Okay. Where did you work prior to working at Husqvarna?

A The Okonite Company.

Q What was your position there?

A I was a CV operator.

Q What did that job entail?

A Around a machine that insulated cable. It was a large machine. We dealt with copper and aluminum, loading and unloading reels. It was a very physical job.

Q Any work injuries there?

A Nothing that -- I mean, what -- I guess, what are

you asking, because, I mean, everybody has certain work injuries at work, but are you asking if it's something that put me out for a certain amount of time or --

Q Anything that you had to either receive medical treatment for or go to the nurse to receive some sort of treatment for.

A Nothing comes to mind right now.

Q Okay. How long did you work at Okonite?

A Seventeen years.

Q Okay. About how much were you making there?

A Per hour -- I mean, or --

Q If you can, tell me per hour and how many hours you worked a week.

A Okay. Eighteen dollars an hour, usually 40 hours a week.

Q Okay. And what was your reason for leaving Okonite?

A I started having some issues with gout in my ankles.

Q What kind of treatment have you gotten for gout?

A Medication. I take medication for it.

[Off the record briefly at 11:42 a.m.]

Examination Continues

By Ms. Kellahan:

Q Okay. Who did you go see for the gout?

A My family doctor.

Q Is that Gaillard?

A Yes.

Q Okay. All right. So, you said you were at Okonite 17 years. To 18 -- So, we're looking probably somewhere in the '90s. Your -- Your job before Okonite, where was that?

A Applied Engineering.

Q What did you do for them?

A I was an electrical helper.

Q How long did you work for them?

A Roughly two years.

Q Where is Applied Engineering?

A It no longer exists now, but in Orangeburg. It would be right before you get to the highway department. There's a -- There's a plant there. It's been through several different names now. It was on the Charleston Highway.

Q Okay. All right. I forgot to ask you, why did you leave Okonite? Did I already ask you that?

A You did.

Q And what was your answer?

A I was having some issues with gout --

Q Gout. Okay.
A -- in my ankles.
Q It was with gout. All right. And why did you leave Applied Engineering?
A Left Applied to go to work at Okonite.
Q Let's see. We're back to almost 20 years. Let me go back one more job. Where did you work before Applied Engineering?
A Rose's department store.
Q What did you do at Rose's?
A Stockman.
Q Which Rose's did you work at?
A The one in Orangeburg.
Q Did you have any work injuries at Applied Engineering or at Rose's?
A No.
Q Okay. How long did you work at Rose's?
A Approximately five years.
Q And why did you leave Rose's?
A To go to work at Applied Engineering.
Q Okay. Let's talk a little bit about your education. Did you graduate high school?
A Yes.
Q Okay. Where did you graduate from?
A Edisto High School.

Q What year?
A 1986.
Q Any college?
A Two years, associate degree at OC Tech.
Q What was that degree in?
A Electronic instrumentation.
Q Any other certificates or vocational training or --
A No, ma'am.
Q Any military?
A No.
Q Okay. Have you ever been arrested?
A No.
Q Are you married?
A Yes.
Q All right. What's your wife's name?
A Dawn Smoak.
Q How long have you been married?

[Off the record briefly at 11:46 a.m.]

Examination Continues

By Ms. Kellahan:

A Not quite three years.
Q Okay. Is this your only marriage?
A No.
Q Okay. What other times have you been married? Do

you know?
A I've been married twice before.
Q Okay. The -- The early -- The earliest marriage? Let's go back.
A Okay. The first marriage?
Q First marriage.
A Okay.
Q Who was that?
A Pam Smoak.
Q The reason I ask this, we have to get children's --
A I understand.
Q -- information, so --
A I understand.
Q Okay. Did you have any children during that --
A Yes.
Q -- marriage? Okay. What are their names?
A One. Melanie Smoak.
Q And how old is Melanie?
A Eleven.
Q Are you under any court-ordered child support on Melanie?
A No.
Q Okay. Does she live with you?
A My parents, --
Q Okay.

A -- yeah.
Q How long were you married to Pam?
A (No response.)
Q Just approximately.
A Six years.
Q When did you get married?
A 1994.
Q Okay. Tell me about the other marriage.
A Theresa Smoak.
Q Okay. When did you marry her?
A Approximately 2003.
Q Did you have any children with her?
A No.
Q And how long were you married to Theresa?
A Three and a half years.
Q Okay. Any other children?
A No.
Q Okay. Have you ever had a motor vehicle accident?
A No.
Q You're lucky. And then by motor vehicle accident, I have to explain. It's either as a passenger or a driver or as a pedestrian with a car hitting you.
A In that case, I've had some small sideswipes as a passenger in another vehicle.
Q Do you remember the years?

A No, ma'am. Probably the last one was approximately a couple years ago.
Q Did you have any settlement for that one?
A No. No.
Q Did you have any injuries?
A No.
Q Did you go to the hospital or anything --
A No.
Q -- because of it?
A No.
Q Okay. Any other sideswipes?
A No. I mean, anything else was just hitting deer, being in cars that actually hit deer.
Q So, no -- Is it fair to say that you've had no motor vehicle accidents involving hospital visits, --
A Right.
Q -- any sort of visit, --
A Right.
Q -- whether it was just an initial visit --
A (Nods head.)
Q And you're shaking your head yes, so you agree?
A I agree, yeah, nothing that I needed to be hospitalized or a ambulance or anything like that.
Q And I should have told you that. When I ask you

questions, you have to say yes or no because she can't record head nods.

A I understand.

Q Sometimes I'll catch it. Sometimes I won't. Okay. Any slip or -- slip-and-falls?

A As far as?

Q Whether, you know, you're out like at the grocery store, slip and fall in the parking lot, or --

A No.

Q -- basically anything that requires any kind of medical treatment.

A No. Now, is that recently or ever?

Q Ever.

A I have had one issue where I have had to -- ambulances had to be called.

Q Okay. What was that?

A Approximately six years ago, I was at Carowinds and bent down to grab something and had a problem with my back.

Q What part of your back?

A It was my lower back.

Q When you say lower back, do you -- side, middle?

A Your lumbar region of your back, --

Q The lumbar region, --

A -- middle.

Q -- in the middle?
A Middle, yeah, in that area.
Q Okay. Where did you seek treatment?
A I was transported to Pine View Medical Hospital.
Q What did they do for you there?
A They did an x-ray, give me some pain medicine, sent me home.
Q Okay. Who did you see for that?
A Came home, saw my family doctor at the time, but it wouldn't be the one I have now.
Q Do you remember the name or practice or anything?
A No, ma'am, I -- I can't be clear as to who it would have been at that time, but I had another x-ray done of it and pain medication, but I've never had any injections or anything like that done.
Q What was the diagnosis?
A Arthritis in the back.
Q What kind of pain medications were you on?
A Naproxen and Flexeril.
Q How long did your problems with your back continue?
A It's been an intermittent thing. It's not been one -- one solid from start to finish, you know. I'll have flare-ups or something like that and then, you know, go for a period where it doesn't bother me.
Q All right. Describe what happens during your

flare-ups.

A Back will be sore, be real sore.

Q And when you say back, you say lumbar?

A Yes. Yes, my lower back.

Q All right. Any other injuries?

A No.

Q Okay. Any other injuries or medical conditions that have caused you to be hospitalized for any reason, surgeries, any sort of accident at home that's required medical attention?

A No.

Q Have you ever been a party to a lawsuit?

A (No response.)

Q I know you said divorce -- divorces, obviously, but any other lawsuits?

A No.

Q All right. Prior to this injury and the incident at Carowinds, have you had any other injuries to your back?

A Injuries, no.

Q Okay. Have you ever sought treatment for back problems prior to this injury and the incident at Carowinds?

A Yes.

Q Okay. When was that?

A What would happen was if I have felt a flare-up going on, you know, I would go to my chiropractor and have an adjustment made. It would make it feel better.
Q When did you start seeing the chiropractor?
A I know I have been to him a few times when I worked at Okonite, and then I've been to him some while I've been employed at Husqvarna.
Q How frequently would you go?
A I was going approximately once a month or as needed.
Q Were there instances where you had to go more than once a month?
A Not that I can recall.
Q All right. What's prompted this -- the treatment with the chiropractor? What prompted you to start going to the chiropractor initially?
A I -- The soreness in my back, you know, it would come, it would go, it would come, it would go. I didn't want to keep taking pain pills, so it was suggested that I visit the chiropractor to see if he could help.
Q How long would you say you've been seeing a chiropractor, total?
A I've seen him off and on probably over the last

year or so, maybe two years.
Q But you did say you had gone to one before the Carowinds incident, or did you just say you've gotten treatment for your back before the Carowinds incident?
A I went -- I went after, after the Carowinds --
Q After the Carowinds incident?
A Yes.
Q Has any chiropractor or doctor prescribed, like, a brace -- like a back brace or any other sort of supportive device, TENS unit?
A No.
Q Have you ever used any of those modalities to help your back pain?
A Yes.
Q Okay. What have you used?
A He has used the TENS -- a TENS unit on me while I have been there.
Q What about a back brace? Have you ever worn one like while working or --
A I -- Yes, I did at Okonite, but they issued them to us.
Q Okay.
A Husqvarna did not.
Q Did you ever use it at Husqvarna?

A No.
Q Okay. Have you filed for any benefits, like Social Security, unemployment, disability insurance, retirement?
A Since -- Since this started?
Q Since this accident, yeah.
A I filed for the short-term disability through Husqvarna. They have a company -- I don't remember what it is right now, but, anyway, I called them, and they told me that until they get either an acceptance or denial letter, they couldn't do anything.

Ms. Kellahan: (to Mr. Wilson) Y'all haven't gotten a letter on that? Y'all haven't gotten a letter?

Mr. Wilson: (Shakes head.)

Ms. Kellahan: Okay. I need to check into that.

A As far as unemployment or anything like that, I haven't been in contact with them since --
Q You're kind of in --
A -- this happened.
Q -- limbo right now?
A Right. Right. Right.
Q Have you had any like gaps in employment where

you've gotten unemployment before, like between Okonite or --

A Yeah, there was a gap between Okonite and Husqvarna.

Q Okay. And that would have been during the bad economy time probably, --

A Yeah.

Q -- around about?

A Right.

Q Okay. Okay. Let's talk about the accident. Just kind of give me a narrative of what happened.

A Okay.

Q First of all, let's start with the day. What day was it?

A It was October 17th. I don't remember what day of the week it was.

Q Okay. What time do you go into work?

A Seven o'clock --

Q Okay.

A -- AM.

Q So, you went into work that morning at seven AM?

A Yes.

Q Okay. How long did you work before the accident?

A I'm going to say approximately an hour, maybe a hour and a half. It was somewhere between eight

and 8:30, I believe, when this happened.
Q Okay. So, tell me what you were doing up until that time.
A I was repairing lawnmowers on the line. I was in the test cell working on a lawnmower. I had been to the back of the lawnmower, tightening the throttle and choke cables.
Q Okay.
A And I walked around the lawnmower to crank it, and it wouldn't start. So, I leaned over the lawnmower, looking down, and I see there's an electrical switch that's not plugged up.
Q Okay.
A So, I have to bend over even further to reach it and plug it up.
Q Okay.
A As I go to start straightening back up from the lean, I feel a movement in my back.
Q Was there a pop? Was there a -- any kind of sound or sharp pain?
A Very sharp pain. I cannot say whether it was a sound, but it -- I just felt a -- Definitely something moved in my back -- and a very sharp pain which made me squat down on my knees.
Q Where did you feel the pain?

A It was in my lower back, and it -- I mean, it -- it was going up and down my spine.
Q So, down -- up and down the middle?
A Right.
Q Where were you bending from, your waist? Were you bending from your knees?
A I was -- Well, actually, I had the knees and the waist bent. I was on the side of the tractor bending over the top of it, so I was bent both at the knees and the waist.
Q Was anyone around?
A Yes.
Q Okay. Who was around?
A We had other test cell operators. I'm trying to remember their names.
Q First names are fine.
A The shame of it is I don't really remember their real names. I knew everybody by nicknames out there, and now I can't -- If I ain't called somebody's name in two months, I have problems trying to remember them.
Q But whether it was -- Was it a guy or a girl?
A It was one woman and probably three guys.
Q Do any of these names sound familiar: Arthur Jamison, Jacqueline Hallman, Eric -- Carl Eric

Jamison or Tamara Martin?
A They do. Arthur Jamison is the one that came, got me in the wheelchair.
Q Okay. And what did you tell Arthur had happened, what had happened?
A When he came and asked me what happened, I told him exactly what I was doing and what I felt and that -- He asked me if I could stand up, and I told him I didn't think I could. So, him and I believe it was Eric Johnson very gently eased me up from the position I was in and helped walk me down the stairs, stairwell, to the wheelchair.
Q What did you tell Eric had -- that -- What did you tell Eric had -- that had happened to your back?
A Eric -- Eric asked me what -- what happened, and I told him what I was doing and that I couldn't move, that I needed -- He -- He was my lead man, so he's the first person I contacted.
Q Did you call out for him?
A I got his attention, yes. I mean, it's -- it's loud. There's a lot of machines running. I kind of throwed [sic] my hands up (demonstrating) and -- and got his attention, and he came over there, and I motioned him over to me.
Q Okay. And did Arthur or Eric see you bend over?

Did they see the accident happen?
A No.
Q Okay. And you said someone did see it, though?
A Well, there were -- From where I was, there's three other positions on that same place, so people were around.
Q Were around.
A But unless they were looking straight at me when it happened, it's -- you know, they may not have seen -- seen it.
Q Okay.
A Again, it's noisy. You got lawnmowers being cranked up and tested, so --
Q Right.
A You know what I'm saying?
Q Well, who else -- So, you were -- you were bent over. You felt the pain. What's the first thing you did?
A After the pain, I -- I went to my knees. I mean, that's all I could do.
Q And did someone come to help you?
A No. I had to call Eric.
Q Called Eric. Okay. That's --
A I --
Q -- just what I wanted to get straight.

A Once I alerted Eric and told him what was going on, then he got a hold of his supervisor, which was Jackie, and then they got AJ involved.
Q Okay. And what did -- What did you say to Jackie?
A Now, they asked me what had happened, and I told them what I was doing when it happened. And they asked me if I had had any previous problems with my back.
Q And what did you tell them?
A I told them yes, I have had some previous problems with my back.
Q What kind of previous problems have you had?
A I told them that I have had my back go out before like this and that I have been to a chiropractor.
Q Okay. Anyone else -- Was there anyone else you talked to right after the accident?
A No, but -- Just -- Just those that was on the scene.
Q What did y'all do next? I know that you said they got you in a wheelchair.
A They put me in a wheelchair, and they rolled me to the nurse's station in the plant. I asked for an ice pack, and they give me one that I could put on my back. I asked them if I needed to fill out any type of accident report or anything like that, and

they told me no, it wouldn't be necessary, all I had to do was write out on a piece of paper what I was doing.

Q Okay. What did they do after that?

A They asked me if I felt like -- whether I could drive or I needed to have somebody come get me, which I did have someone come get me.

Q All right. Where did you go when they picked you up?

A I went to the chiropractor's.

Q Why did you go there instead of the ER or anything?

A I went there -- I mean, he's -- I guess he's kindly -- You know, I've been there before, and what he was able to do, put that TENS machine on me --

Q Prior to this accident, when was the last time you saw the chiropractor?

A (No response.)

Q A week before? Several weeks before?

A I had my appointment set up on Saturday, and I -- I believe I had one scheduled for the Saturday before, but I think it was canceled, as far as I can remember.

Q Would there have been any particular reason why you had that appointment, or was it just a --

A Just a maintenance --
Q -- maintenance --
A -- thing, yes.
Q Okay. What else did the chiropractor do for you besides put on the TENS unit?
A That was it. He didn't prescribe any type of medication or anything like that.
Q Did he send you to a doctor or --
A I went to my family doctor the next day.
Q All right. What did your family doctor do?
A He put me on some steroids, some anti-inflammatory medicine.
Q All right. Prior to this accident, what kind of medications were you on?
A The gout -- The gout medicine.
Q Were you on any medications for your back?
A No.
Q Okay. We'll go back to the family doctor visit. Did he take any x-rays or do any further testing?
A He sent me for a MRI -- or he made an appointment for the MRI.
Q When did you have that done?
A Where?
Q When?
A Oh. It was a couple weeks afterwards, I -- I

believe. There was a little bit of time there before -- between the -- the initial doctor's visit and the MRI, a week or two.

Q What was your pain level when you first went to the chiropractor?

A It was a ten.

Q What was your pain level when you went to the family doctor?

A About a eight.

Q What was the -- your pain level by the time you got to the MRI?

A Four.

Q Okay. Is that from the -- the medications?

A Yes.

Q Okay. The pain that you were having, was it intermittent, constant, dull, sharp?

A Dull.

Q Where was it located?

A The -- The lower center of the back.

Q Okay. So, you go for the MRI... What did the MRI show?

A Two protruding discs, an unknown mass, and I believe they -- it said it was -- could be pressing on my nerves.

Q Have you ever had an MRI before this MRI?

A Yes.
Q When was the other MRI done?
A It's been several years. I want to say it was connected to the Carowinds deal, probably six years ago, six or seven years ago.
Q Did I ask you if you had any kind of settlement from that accident?
A I think you did, but no. I -- I mean, it wasn't nothing to it. It was, I mean, --
Q Okay. When you went back to your family doctor, what did he do after reading your results?
A He made an appointment with a neurosurgeon in Columbia.
Q And did you say you're awaiting that appointment date?
A I went yesterday.
Q Okay. What did he tell you yesterday?
A Basically that it was due to degenerative arthritis in my lower back, surgery would not be needed.
Q So, he's thinking conservative, like injections or --
A Yes. He said I needed to go back to my family doctor and see about some type of pain management.
Q Okay. And then you said you have a follow-up with your family doctor, as well?

A Tomorrow.
Q Tomorrow. Okay. I'll get your attorney to try to get me those records, too, --

Ms. Kellahan: (to Mr. Wilson) Because you probably don't have the records even in for these visits, they're so new.

Q Okay.

Mr. Wilson: (to Ms. Kellahan) Did you get the chiropractor records that --

Mr. Kellahan: I got that. Yeah, I got your e-mail with that.

Q Any other doctor's visits scheduled?
A No.
Q Okay. And he said you're not a surgical candidate. Do you want surgery?
A No.
Q Okay. You just want the inject- -- or the pain management?
A Right.
Q Okay. All right. Let's talk about now. How are you feeling now?
A I'm doing all right.
Q All right. Let's talk about your daily activities. What -- Is there anything that you -- anything you can't do? Can you do yard work or --

A I can't do anything involving bending over.
Q Okay. All right. Can you drive?
A Yes.
Q Okay. What car do you drive, what type of car?
A A truck.
Q A truck. Okay. What's the color and year and make of your truck?
A It's a 1990 Chevrolet pickup, standard cab, --
Q Okay.
A -- burgundy and black.
Q Has your license ever been suspended?
A No.
Q Okay. I'm just kind of cleaning up a little bit of the questions I asked earlier. What is your phone number?
A Home or cell?
Q Both.
A Cell phone, 803-347-0231.
Q Okay. Home?
A 803- --

The Deponent: (to Mrs. Smoak) What is it?

Mrs. Smoak: 937-5080.

A -- 937-5080.
Q Okay. And who lives with you at your house?

A My wife, my stepdaughter, and she's got a year-and-a-half-old son.
Q Do you own, rent or lease where you live?
A Own.
Q Okay. All right. Let's talk a little bit more about some other things you can't -- You said you can't do anything where you have to bend. Do you have trouble standing or sitting for extended periods of time?
A Yes.
Q Okay. About how long do you think you can stand?
A It's hard to say, I mean, because I don't stand all that often now. I spend the majority of the time sitting, but then, you know, I'll get up and move about the house a little bit and then come right back down and sit down. So, I mean, I -- it's hard for me to --
Q Okay.
A -- to say.
Q Can you hold children? Like can you hold the one-and-a-half-year-old?
A (No response.)
Q Or what's the heaviest you can lift?
A I mean, yeah, he'll crawl up in my lap, on my leg, and -- and I'll hold him like that.

Q Like if you were carrying a bag of, like, garbage or, like, --
A Groceries --
Q -- groceries, --
A -- or something like that?
Q -- yeah -- could you --
A Yeah, I mean, --
Q -- do that?
A Yeah. Yeah, --
Q Okay.
A -- I can do that. Yeah.
Q All right. Do you feel like you're getting better?
A Right now, I -- again, I feel like I'm in a lull because I'm no worse than I was. However, if I do any sharp bending, I'll still feel something back there, and -- and I don't know -- You know, I just was told that it doesn't need surgery, but can it be fixed, or is it something I'm gonna have to live with? You know, I got to find out about it. And there's no guarantee if I bend over again, if it -- you know, I'm gonna have that same problem. So, I'm not doing much bending right now.
Q Okay. Do you feel like you can work right now?
A No, not going back to my repairman job.
Q Are there any other jobs you feel like you could

do?

A Based on what I've seen out -- in that department, I don't think so, because everybody is on their feet their entire time unless you're at lunch or at break, so, I mean, -- And there's a certain amount of -- of bending and -- and whatnot and -- and everything that goes on out there. So, right now, I'm gonna say no.

Q Okay. All right. Just really quickly, kind of going through your -- your expenses that you have right now. Do you have a house payment?

A Yes.

Q How much is that a month?

(The deponent looks at Mrs. Smoak.)

Mr. Wilson: (to the deponent) If you don't know, you don't know.

A I --

Mr. Wilson: You can't ask her any questions.

A I --

Q Yeah, it's fine. It's --

A I'm -- I'm sorry. I mean, --

Q It's fine. All right. We'll just kind of skip -- skip through that.

A I don't pay the bills in the household, so, --

Q How are you making payments now --
A -- therefore, I don't know --
Q -- on anything? Do you have any money coming in from anywhere?
A My wife works.
Q Okay. All right. Just a few quick questions. Have you understand all the questions that I've asked you today?
A Yes.
Q Okay. Have all of your answers been truthful?
A Yes.
Q Is there anything you want me to repeat, any questions you want me to repeat?
A Nothing that I can think of.

Ms. Kellahan: Okay. I am done.

Mr. Wilson: Allen, I just have a few follow-up --

The Deponent: Okay.

Mr. Wilson: -- questions.

Examination

By Mr. Wilson:

Q You had -- The question has been asked about witnesses that came up and the various supervisors, -- I didn't write down all their names -- and they had asked you about having previous back problems,

and I think you answered, "Back had gone out before like this"?

A Right.

Q How long ago had your back gone out before? Was it the incident at Carowinds?

A The incident at Carowinds. That was the last major episode. Anything else was just, you know, it was sore or something like that --

Q Okay. Had you ever had any --

A -- but nothing that incapacitated me.

Q Okay. Had you ever had anything like this happen to you while working at Husqvarna where you didn't report it?

A No.

Q Okay. Just prior to October the 17th, 2012, had you had any recent problems with your back where it caused you not to go to work, or call into work, or just basically unable to work?

A No.

Q Okay. And you indicated that they -- they got you in a wheelchair, got you an ice pack, and it appears that they kind of just sent you on the way. Is that correct?

A They asked me if I wanted to go to the hospital.

Q Okay.

A They -- You know, they asked me. It was my decision. So, I decided not to go to the hospital rather than go to the -- the chiropractor.

Mr. Wilson: Okay. I don't think there's any other questions that I have.

Ms. Kellahan: That's all I have.

(Whereupon the deposition was concluded at 12:24 p.m.)

(Deponent has waived reading and signing.)

State of South Carolina)
)
County of Lexington)

Certificate

Be it known that the foregoing deposition of James Smoak, was taken before me;

That I was then and there a Notary Public in and for the State of South Carolina-At-Large;

That by virtue thereof I was duly authorized to administer an oath;

That the witness was by me first duly sworn to testify the truth, the whole truth, and nothing but the truth concerning the matter in controversy aforesaid;

That the foregoing transcript of 36 typewritten pages represents a true, accurate and complete transcription of the testimony so given at the time and place aforesaid to the best of my skill and ability;

That I am not related to nor an employee of any of the parties hereto, nor a relative or employee of any attorney or counsel employed by the parties hereto, nor interested in the outcome of this action.

Signed this 14th day of December 2012.

Sandra M. Snead

Sandra M. Snead

Notary Public for South Carolina
My commission expires October 17, 2013.

Note: Recordings are retained for twelve (12) months from date of certification.

SMOAK_JAMES.WPD

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SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE # 1214612

JAMES SMOAK, CLAIMANT, VS. HUSQVARNA, EMPLOYER, ACE AMERICAN INSURANCE COMPANY, CARRIER, DEFENDANTS.	DEPOSITION OF **CHARLES GAILLARD, MD**

Deposition of Charles Gaillard, MD, taken pursuant to the South Carolina Rules of Civil Procedure and the Administrative Procedures Act, commencing at the hour of 12:38 p.m., Thursday, February 7th, 2013, at the offices of Ronald D. Padgett Family Practice, 526 North Street, Bamberg, South Carolina.

COPY

Reported by

Sandra M. Snead

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Exhibits

No exhibits marked.

Court Reporter's Note: This transcript may contain quoted material. Such material is reproduced as read or quoted by the speaker. Double hyphens (--) denote interruption of speech, incomplete sentence/phrase, or trailing off. [ph] denotes phonetically written. [sic] denotes written as spoken. Social Security number, if present, has been partially or fully redacted or blacked out.

Stipulations

The reading and signing of this deposition is waived by the deponent and counsel for the respective parties.

Whereupon,

Charles Gaillard, MD, being duly sworn and cautioned to speak the truth, the whole truth, and nothing but the truth, testified and deposed as follows:

The Court Reporter: State your name for the record.

The Deponent: Charles Gaillard.

Examination

By Ms. Kellahan:

Q Okay. Dr. Gaillard, --

A Uh-huh.

Q -- my name is Shelby Kellahan, and I am here on behalf of the employer and carrier in this case. I just have a couple of questions. We'll start off just with your qualifications, and then we'll go into this actual claimant --

A Okay.

Q -- that you saw. First of all, --

Mr. Wilson: Shelby, I'll stipulate to the qualifications if you want to save time.

Ms. Kellahan: We can do that.

Mr. Wilson: If you want to go through them, that's fine.

Q Okay. Do you have a -- Are you a general practitioner?

A Yes.

Q Okay. Licensed?

A Yes.

Q Okay. How long have you been licensed?

A Twelve years, I believe.

Q Okay. Do you have any specialty?

A Family medicine and urgent care medicine.

Q If you had to estimate, what would you say the amount of cases would be concerning back injuries?

A Overall?

Q Overall.

A Twenty percent, 25 percent.

Q Have you ever testified at a deposition before?

A Yes.

Q Okay. How many?

A I believe two others.

Q Have you ever been qualified as an expert?

A No. Uh-uh.

Q Has your license ever been suspended?

A Yes, it has.

Q Okay. How many times?
A Once.
Q All right. And when was that?
A 2009.
Q Okay. Just briefly, what happened?
A Drug addiction.
Q Okay. And that was for you or for -- It was for you or one or your --
A No. It was for me, yeah.
Q Okay.
A Uh-huh.
Q And you obviously have your license back now?
A Yes. Yes.
Q Okay. How long have you had your license back?
A Two and a half years.
Q Yeah, it's important to get your license back in these small town -- I'm from Kingstree, and you need all the doctors you can get in these smaller towns. Okay. When did you first see -- I think he goes by Allen Smoak, but his name is James Allen --
A Yes, James.
Q -- Smoak. Does October of 2011 sound right?
A The first time I saw him?
Q Mm-hmm.
A Let me see here.

Q Just take your time.
A Yes.
Q Okay. And what was his main complaint when he saw you that day?
A Gout, seasonal allergies and hyperlipidemia.
Q Did you do any physical exam that day?
A Yes, I did a minor one.
Q Okay.
A We listened to his heart and his lungs and just a general overview.
Q Did you do any exam -- I guess you did a musculoskeletal exam. Did you check on his --
A Yeah.
Q -- back that day?
A No.
Q Okay. All right. Let's go to the next time that you saw him.
A Mm-hmm.
Q Would it have been November the 8th of 2011?
A You got it. Mm-hmm.
Q Okay. On that day, what were his complaints?
A Basically he was in for a EKG and a digital rectal exam.
Q Okay. Did you do any exam on his back that day?
A No.

Q Okay. All right. Let's go on to December the 7th of 2011.
A Mm-hmm.
Q What did you see him for that day?
A Upper respiratory tract.
Q Okay. Did you -- You did a physical exam that day?
A Just the systems for that problem --
Q Okay.
A -- which were noted.
Q All right. Moving right along, April the 25th of 2012.
A Yes, ma'am.
Q All right. What did you do that day?
A He came in with bilateral ankle tendinitis. I think I diagnosed him with posterior tibial tendinitis.
Q And you did a physical exam that day; is that correct?
A Well, for that -- that problem.
Q For that problem?
A Right.
Q I see on there you have musculoskeletal checked, but was that --
A Well, on mine it is not checked.

Q Checked.
A No, it's not.
Q Let's see.
(The deponent presents document to Attorney Kellahan.)
Q Huh, --
A Excuse me. I shake.
Q -- that is weird. Oh. I'm missing this record. So, he saw you -- You -- He saw you on April the 11th of 2012?
A Mm-hmm.
Q Okay. I'm looking at April the twenty- -- 25th of 2012. So, --
A Okay.
Q -- I must have missed this one. But for that day, you just checked him for gout?
A Yes.
Q Okay.
A Well, for tendinitis.
Q Tendinitis. That's right.
A Now -- Okay. I've got the 25th now.
Q Okay. Now I'm on the 25th. Okay. On that date, it does show that you did an exam --
A Uh-huh.
Q -- on him.

A Yeah.
Q And what did that exam reveal?
A Let's see. He had one-plus edema -- No. I'm sorry. Excuse me. That exam was normal.
Q Okay. So, he had no -- Would that mean he had no pain in his back area? Would you have felt on that as part of your exam?
A He didn't complain of any back pain on that day. The musculoskeletal I was looking at was his ankles, --
Q Okay.
A -- feet.
Q So, you were mainly looking at his ankles; you weren't really --
A Yeah.
Q -- doing an exam on his --
A Right.
Q -- full back? Okay. All right. Let's go to June the 18th of 2012.
A Okay.
Q All right. Now, let's talk about that visit. What was his main complaint?
A Low back pain.
Q And did he say what had happened that day?
A According to my notes, it said that he was moving

furniture and heard a pop in his back.
Q And where was his pain?
A According to my exam that day, it was -- he was tender in the lumbosacral region, lower back.
Q Prior to this visit, have you reviewed any x-rays of the claimant's back?
A Not prior to this visit, no, ma'am.
Q And what did you do for him at that visit for his pain?
A He was given Motrin 800, three times a day, and prednisone taper. We gave him Percocet for breakthrough pain and some Flexeril, which is a muscle relaxer, and told him to use ice, and he was going to see his chiropractor the next day.
Q Okay. Let's go to the next visit, October the 18th of 2012.
A Wait. Hold on.
Q Does that sound right, or you might have some -- more than I have.
A October the 28th?
Q October the 18th. Does that --
A Oh. Oh.
Q -- sound right?
A Oh. Okay. October --
Q Actually, down here, it's written in 10/17 of --

A I got it.
Q -- 2012.
A I got it.
Q Okay.
A Okay. Hold on. Let me just get these back in order --
Q Oh, that's fine. Take your time.
A Okay. Go ahead.
Q All right. And what did he see you for that day?
A He came in that day with low back pain and sciatica, which is where the pain was going down his legs, radiating.
Q Okay. It says that he went to the chiropractor yesterday. Do you know what went on at that visit?

(Telephone intercom sounds.)

The Deponent: Sorry.

A No, I don't.
Q Okay. What did he tell you had happened to cause his pain?
A According to the note here, which the nurse wrote down, he was bent over his lawnmower at the time, at work.
Q And is this usually reported by the claimant himself, self-reported? Obviously, the nurse wasn't at the --

A Yeah. Yeah.
Q -- accident site. Yeah.
A Right. Right.
Q And, I guess, generally, the history you get of the pain outside of the exam, that -- is that given by the patient; it's self-reported?
A Yes, ma'am. Yes, ma'am.

(Cellular phone vibrates.)

Ms. Kellahan: Let me make sure that's not mine going off.

Q Okay. And on your exam that day, what did you find?
A Let's see. He was tender in the lumbosacral region and also it said that his extremities -- that he had decreased strength bilaterally.
Q What tests do you -- Do you usually do any tests, or do you just do like a --
A I do straight-leg raises, and then you'll sit them down and just test for the strength, you know, put your pressure over the legs.
Q Okay. And do you know if he was going to follow up with a chiropractor then?
A No, I don't. According to my note, I placed him out of work for a week and had him follow up with me in a week.

Q Okay.
A Because from what I remember, if I'm right, was he could not sit down that day when I came into the room.
Q Okay. He also -- This is kind of jumping around a little bit. I'm sorry.
A Mm-hmm. That's fine.
Q But he said back in June, when he saw you, that he had a curvature of the spine since he was small?
A Yes, ma'am.
Q Okay. Do you remember anything he said to you about that, with his history, or just he said --
A Uh-uh.
Q -- he said he's had the curvature?
A Yeah.
Q Has he mentioned to you that he's had a history of back problems?
A Not to my knowledge, from what I remember. He just told me he had -- that he had the curvature of the spine and some pain on and off but nothing --
Q Nothing chronic?
A No. Uh-uh. Nothing that I can remember.
Q Okay. This visit on October the 18th, he says he wants to know about options for all of his back problems. What do you think -- What was he asking

you for there?
A Where at now? Where are we --
Q On the October 18th, back on the one we were just looking at. I'm sorry. It says, "Wants to know about options for all of his back problems."
A Let's see. I can't answer that.
Q Okay. Would that appear to you that he has additional back problems other than what he was seeing you for?
A The way that I take that is what other tests or -- I would guess diagnostic tests we can do for his back. That's what I'm guessing. I don't -- I can't remember offhand.
Q Okay. Sometimes I can't remember what I ate yesterday, much less something that happened in October. Okay. The next time you saw him was October the 24th of 2012. What was his main complaint there?
A Low back pain, low back weakness and sciatica.
Q Okay. And you state something about an MRI. Did you suggest an MRI be taken at that time?
A Yes, ma'am.
Q Okay. And did you do a physical exam on that --
A Yes, ma'am.
Q -- visit?

A There was no change in it from the prior, still the tender low back, or tender lumbosacral region, and the decreased strength.

Q Okay. You saw him again on the 31st of October. It --

A Yes. Yes, ma'am.

Q -- looks like it was the follow-up after his MRI.

A Right. Right.

Q Okay. What did that MRI show?

A All right. Let me get the actual copy. You want just the impression, or do you want the overall --

Q Just the overall.

A Okay. At L1-L2, there were no abnormalities. At L2-L3, there was a disc protrusion with some mass effect on the L3 nerve. The nerve was pushed dorsally slightly due to the protrusion. At -- L3-L4 was normal. L4-L5, basically normal. And L5-S1, there was a disc protrusion right at the midline. There was some mass effect upon the S1 nerve root, and he had some neural foraminal narrowing on the right. Other than that, it was normal.

Q From looking at that MRI, could you tell the -- how long those problems had been there?

A No.

Q Okay. Is it possible it could have been months before the MRI?
A Possible, yes.
Q Possible. Okay. All right. I'm going to move on to November the 14th. What happened at that visit?
A Basically, what we had to do, -- it's because -- I think it's the FMLA paperwork, or whatever the paperwork is for work -- we have to have them come in periodically so that they can get the work excuses.
Q So, it's kind of a checkup?
A Yeah. And there was no change there. We were just waiting on a neurosurgical visit because we had -- I had basically passed him off to a neurosurgeon.
Q At that time, did he have the same complaints of back pain?
A Yes, ma'am. Yes, ma'am.
Q Okay. On November the 28th of 2012, --
A November -- Yes, ma'am.
Q And it looks like another follow-up.
A That was actually a --
Q Oh, this is --
A -- upper respiratory tract infection.
Q Okay. Did you do any kind of exam on his back that day?

A No. Uh-uh.
Q Okay.
A He was just there for that.
Q Did he mention whether or not he was still in pain at that visit?
A No, ma'am.
Q Okay. All right. Let's go to December 13th, 2012.
A Okay.
Q Okay. And what was that visit for?
A Let's see. It was a follow-up from seeing the USC neurosurgical physician, Dr. Sweet.
Q Okay.

Mr. Wilson: (to Ms. Kellahan) I don't have that record. Can I take a look?

Ms. Kellahan: Yeah. Here, you want to look at it really -- We can go off the record for a little while so -- if you don't mind, so he can look over this.

[Off the record briefly at 12:57 p.m.]

Examination Continues

By Ms. Kellahan:
Q All right. We're talking about the December 13th, 2012 visit.
A Yes, ma'am.

Q And what was that visit for?
A It was, once again, another checkup and to -- Dr. Sweet -- It was just a checkup since Dr. Sweet had seen him at USC at -- He was a -- He's a neurosurgical physician. And I think, since it was not seen as -- as a surgical issue, we decided to send him, yeah, to Southeastern Spine in Charleston.
Q Is that for like more of the injection-type --
A For a second --
Q -- therapy?
A -- opinion-type -- yeah -- type thing.
Q Okay. I'm going to show you a medical record from June of 2007.
A Mm-hmm.
Q And that is with his chiropractor. It's Michael Farnham.
A Okay.
Q Have you ever seen this medical record?
A No. Uh-uh.
Q Okay. Did you know that he had seen a chiropractor previously for any sort of treatment?
A Well, he had been seeing one periodically. I think I had mentioned twice he was still seeing a chiropractor.

Q Okay. What does he say on there about the history, this guy's back history?
A "History, football, lifting --" something "-- over a year."
Q And did they take x-rays that day?
A X-rays in the chiropractor's office?
Q Yeah.
A Yes, they did.
Q Okay. Have you reviewed those x-rays?
A Have I reviewed them?
Q Yeah.
A No, ma'am.
Q Okay. So, could you tell, to a reasonable degree of medical certainty, the difference between those x-rays and the MRI that you had done in June of 2012, without seeing the x-rays? That's kind of a compound question, huh? Do you know what differences this guy has had since those x-rays and the MRI you had done?
A No, I do not.
Q Okay.
A I do not.

Ms. Kellahan: And, Danny, we don't have those x-rays. Do you have them, by any chance?

Mr. Wilson: From the chiropractor?

Ms. Kellahan: Yeah.

Mr. Wilson: That was June 2007?

Ms. Kellahan: Mm-hmm.

Mr. Wilson: I don't have anything, you know, past the -- you know, before the date of injury.

Ms. Kellahan: Okay. All right.

Q I was just going to give you that for your -- history, --

A Okay.

Q -- let you read through that.

A Okay.

Q Were you aware that he had an injury while at Carowinds about six year ago?

A No, ma'am.

Q Okay. At that time, I think he went to Pine View Medical Center. And let me let you review that medical record.

A Okay.

Q Okay.

Ms. Wilson: What's the date on that, Shelby?

Ms. Kellahan: It is -- It's 2005. I'm going out of order. Isn't it 2005?

The Deponent: Yeah, --

Ms. Kellahan: Yeah.

The Deponent: -- 8/21/05.

Ms. Kellahan: 8/21/05. It's the Carowinds injury he told us about.

Q And what did he see the doctor for, or go to the ER for, there?

A Low back pain. "Bent over, felt like my back exploded."

Q And did you have knowledge of that before you treated this claimant?

A No, ma'am.

Q Okay. Let me make sure there's not anything I'm missing on the medical records. Okay. Let's look at -- I'm pretty sure you've reviewed this before -- Dr. Sweet's report. You might actually have it.

A I should.

Q If not, it's right here.

A I've got it.

Q Okay. In Dr. Sweet's report, can you tell how long this man has been having back issues?

A Okay. Can you give me a second to read through it?

Q Sure. I think he says -- In the second paragraph is the only time he talks about it.

A Okay. Okay. It says, "History of present illness

reveals he has had trouble with his low back for ten years."

Q Okay. So, based on these prior medical records, can you now state that he's had a history of -- of back problems?

A Yes, ma'am.

Q Okay. All right. Let's go to your questionnaire. It is the letter from December the 18th, 2012.

A Mm-hmm.

Q Can you read what you wrote on there at the bottom?

A "James A. Smoak is a current patient of mine, and it is my opinion to a reasonable degree of medical certainty that Mr. Smoak's low back injury and his symptoms are related to an on-the-job injury which occurred on October 17th, 2012 while at work which aggravated a preexisting condition causing his extended absence from work."

Q Okay. And is that something that was prepared from the claimant's attorney, where you just had to check off on it?

(The deponent looks at Attorney Wilson.)

Mr. Wilson: (to the deponent) Answer the question, if you know.

A Yeah. Yes.

Q Yeah.

A Okay.
Q Okay. And you handwrote in some of the stuff?
A Yes, ma'am.
Q Okay. Now, based on this history I've given you today of the claimant's back problems and based on his accident that happened in June where he was -- felt a pop moving the furniture, can you still state to a reasonable degree of medical certainty that his work injury aggravated his preexisting condition?
A I would say that there is a -- I wouldn't say a hundred percent, but I would say that there is a -- a chance that it was related to the injury.

Ms. Kellahan: Okay. That's all I have. I'm sure you've probably got some follow-up.

Mr. Wilson: I just have a few questions, --

Ms. Kellahan: Okay.

Mr. Wilson: -- Doctor.

The Deponent: Yes, sir.

Examination

By Mr. Wilson:

Q Again, my name is Danny Wilson. We met prior to the deposition. Now, it's my understanding that the first time you saw Mr. Smoak was October 2011.

A Yes, sir.
Q Okay. And you had seen him, I guess, several times leading up to that, and the first time he complained of low back pain was June 18th, 2012, correct?
A Yes, sir.
Q And he did not come back to you for any continued low back pain from that incident in June 2012 until October the 18th of 2012, correct?
A Correct.
Q Okay. And throughout the treatment and, I guess, October 18th, 2012, that's after the incident at work with Husqvarna. Is that correct?
A Yes, sir.
Q All right. And on October 31st, I believe you sent him out for an MRI. And you read us the findings of the MRI report, --
A Yes, sir.
Q -- and the question was asked of you could -- could those findings have been from months previous?
A Yes, sir.
Q And I guess those findings could have been the disc protrusions at L2-L3 and L5-S1?
A Yes, sir.
Q But isn't it true that those findings could have

been from the incident at work on October the 18th or 17th of 2012?

A Yes, sir.

Q Okay. And I believe you sent him out to a neurosurgeon, and he -- he diagnosed arthritis and pain management?

A Yes, sir.

Q Now, would you agree that disc protrusions, that's actually an objective finding --

A Yes, sir.

Q -- on an MRI?

A Yes, sir.

Q So, there's obviously more than just arthritis with --

A Yes, sir.

Q -- his back, correct?

A Yes, sir.

Q Okay. And it was brought up that some eight years ago he had an injury from an incident at Carowinds --

A Yes, sir.

Q -- and he felt like his low back exploded?

A Yes, sir.

Q Of course, that was in 2005. And you treated him for almost a year, and he only had one complaint of

low back pain prior to the October 2012 incident, and that would have been in June of --

A Yes, sir.

Q -- 2012? So, it's fair to say that, yes, he has a preexisting back problem but it wasn't that bad of a problem that it kept him out of work, correct?

A Correct.

Q Until October the 17th, 2012 when he had this incident at Husqvarna?

A Correct.

Q Okay. And the question was asked do you have a reasonable degree of medical certainty as to whether or not this incident in October of 2012 aggravated his preexisting condition, and you answered that not a hundred percent. Now, understand, I don't think the question was asking was it a cause or did it cause his -- his back problem; it's just simply an aggravation of a preexisting condition. Do you have an opinion -- Based upon everything that you -- that was discussed today on his history of his back, do you have an opinion as to whether or not the incident in October of 2012 at Husqvarna actually aggravated a preexisting back condition?

A Yes, sir. I think that, from what -- from my

medical experience, the patient was fine for several months, had -- or had not had a back problem. Then after this incident, he came in with an aggravation. I think that there is a -- a high probability that the disc protrusions were caused at work.

Q Okay. And one other question that I have, going back -- And I'm sorry. I'm jumping, as --

A That's okay.

Q -- I'm jumping around, as well. In your medical chart, is there anywhere charted in there that he has asked you for time off of work or for a work excuse because of a back problem?

A No, sir.

Q In June of 2012, some, you know, two months -- or four months prior to the Husqvarna incident, is there anything in a note where you took him out of work or he asked to be taken out of work? I don't have that note, so I've got --

A In June of 2012?

Q Yeah, I think it was June 18th --

A June 18.

Q -- is what I have written down.

A No, sir, he was not taken out of work.

Mr. Wilson: Okay. Doctor, I think

that's all the -- all the questions. Oh. I've got one other question.

The Deponent: Yes, sir.

Q He did complain of low back pain in June of 2012, which you gave him kind of a course of medications, and he said he was going to follow up with his chiropractor?

A Yes, sir.

Q And then in October 2012, after the Husqvarna incident, he started to complain of sciatica into his legs. So, that's a radiculopathy symptom --

A Yes, sir.

Q -- from the low back --

A Yes, sir.

Q -- injury? And that's a new complaint, correct?

A Correct.

Q So, he didn't have any of those complaints prior?

A No, sir.

Mr. Wilson: Okay. That's all I have.

The Deponent: Okay.

Ms. Kellahan: And just a couple in follow-up.

The Deponent: Okay.

Re-examination

By Ms. Kellahan:

Q Was an MRI or any other diagnostic test done between the June incident and the October incident when he came to see you?
A Between June and October. No, ma'am.
Q So, is there any way to tell that the problems on the MRI came from the June incident or the October incident?
A No, ma'am.

Ms. Kellahan: Okay. That's all I have.

Mr. Wilson: Just one other question.

The Deponent: Okay.

Re-examination

By Mr. Wilson:

Q Wouldn't it be safe to assume that no MRI was -- was taken or ordered in that time period because he didn't have any complaints since that one visit in June of 2012?
A Correct, and because of symptoms.
Q Can you elaborate on that?
A Yes. For just general back pain, I do not order a MRI. I usually reserve that for if there's any type of radiculopathy with the patient.
Q And that's what we had in October after the Husqvarna incident?
A Yes, sir.

Mr. Wilson: Okay. That's all the questions I have.

Ms. Kellahan: That's it.

The Deponent: Thank y'all.

Mr. Wilson: All right.

Ms. Kellahan: Thank you.

(Whereupon the deposition was concluded at 1:12 p.m.)

(Deponent has waived reading and signing.)

State of South Carolina)
)
County of Lexington)

Certificate

Be it known that the foregoing deposition of Charles Gaillard, MD, was taken before me;

That I was then and there a Notary Public in and for the State of South Carolina-At-Large;

That by virtue thereof I was duly authorized to administer an oath;

That the witness was by me first duly sworn to testify the truth, the whole truth, and nothing but the truth concerning the matter in controversy aforesaid;

That the foregoing transcript of 30 typewritten pages represents a true, accurate and complete transcription of the testimony so given at the time and place aforesaid to the best of my skill and ability;

That I am not related to nor an employee of any of the parties hereto, nor a relative or employee of any attorney or counsel employed by the parties hereto, nor interested in the outcome of this action.

Signed this 12th day of February 2013.

Sandra M. Snead

Sandra M. Snead

Notary Public for South Carolina
My commission expires October 17, 2013.

Note: Recordings are retained for twelve (12) months from date of certification.

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work(16)	11:22 12:24 16:8 16:9 22:15 22:17 23:9 24:13 25:1 26:6 27:6 27:12 27:12 27:18 27:18 27:24
workers(1)	1:1
would(11)	4:13 4:14 6:19 9:5 9:6 14:7 14:11 23:11 23:12 25:8 26:2
wouldn't(2)	23:11 29:14
written(4)	2:44 2:45 10:25 27:23
wrote(2)	11:20 22:10
x-rays(8)	10:5 19:5 19:6 19:9 19:15 19:16 19:18 19:24
y'all(1)	30:4
yeah(21)	5:9 5:16 6:13 9:1 9:15 12:1 12:1 12:2 13:15 16:12 17:15 18:7 18:12 19:7 19:11 20:2 21:1 21:2 22:24 22:25 27:21
year(3)	19:4 20:15 25:25
years(4)	4:10 5:15 22:2 25:18
yesterday(2)	11:14 14:15
you'll(1)	12:18
you've(2)	21:15 23:15

Carolina Chiropractic Clinic

(Please Print) cell # 347-0231

PERSONAL:

Today's Date: 6-19-12 Name: James Allen Smoak Male ✓ Female ____

SSN 248 - 59 - 8198 Birthdate 10 / 01 / 68 Age 43 Home Phone: 937-5080

Home Address: 4053 Plow Rd. City Orangeburg State S.C. Zip 29115

Referred by: ____ Marital Status: ___Single ✓Married ___Separated ___Divorced ___Widowed

Employer: Husqvarna Occupation: Repair man Work Phone: 5337761

Employer's Address: old elloree Rd Orangeburg S.C. 29115

Street City State Zip

Spouse name or, if patient is a minor, parents name: Dawn Smoak

Person to contact in case of emergency: Dawn Smoak Contact Phone: 791-2271 wk
682-1326 cell

INSURANCE: We must obtain copies of all insurance card(s). All card

Primary Insurance Company Name: ____

Name of Person Who Carries Your Primary Insurance: ____

Is this person: ____You ____Your Spouse ____Your Parent ____Your Child ____Other

Their SSN: ____ Insurance Policy Number: ____

Their Date of Birth: 12 / 08 / 67 Insurance Group Number: ____ Their Employer: ____

Do you have other insurance? ___Yes ___No Secondary Insurance Company Name: ____

Name of Person Who Carries Your Secondary Insurance: ____ If other than self, their Date of Birth ___/___/___

PAST HISTORY:

Have you ever had any of the following diseases/medical condition(s)? Circle

Heart Attack/Stroke	Alcohol/Drug Abuse	Frequent neck pain	Emphysema
Congenital Heart Defect	HIV+/AIDS	High/Low Blood Pressure	Anemia
Heart Surgery/Pacemaker	Venereal Disease	Severe/Frequent Headaches	Tuberculosis
Heart Murmur	Colitis	Fainting	Colitis
Mitral Valve Prolapse	Shingles	Diabetes	Glaucoma
Artificial Valves	Rheumatic Fever	Lower Back Problems	Ulcers
Kidney Problems	Artificial Bones/Joints	Chemotherapy	Arthritis
Sinus Problems	Difficulty Breathing	Asthma	Cancer

Please list any other serious medical condition(s) you have or ever had: ____

CURRENT HISTORY:

Where do you hurt today? Lower back Left side Date symptoms(s) began 12-16-12

What have you done for the problem? Ice, stretching, muscle relaxer

Please continue on the back...

Patient's Name Helen Smoak Date 6-19-12

Diagnosis/Problems Facet Syn
Lumbago
T/C/S Sublux

Care Plan AT GA
2x wk / 2-4wks
W o F

Subjective: Date of Onset

Pain Today 1-10
Cervical
Thoracic
Lumbar

Primary Complaint/Area/Activities of life
(walking, standing, sitting, driving, bending over, self care)
P/P E LBP Sat a moving furniture. Nothing seems to help MD. (Meds) SAYS - See Chiropractic

Objective:
P pain/tenderness (location, quality, intensity) Bending felt Catch
A asymmetry/misalignment section or segment slow coming
R ROM changes in mobility
T tissue, tone, muscle, ligament Kemps (+) L4/5 Good
Release on LPLN

Assessment: Better Same (Worse) ____%
Plan: Goal Short Goal Long
ICE
K/C
↓ PAIN
↑ ROM C/S

A. CMT
____98940 1-2 areas
X 98941 3-4 areas C/T/L
____98942 5 areas

B. Testing
____X-rays
X 99201 Focused Exam
____99202 Expanded Exam
____99203 Detailed Exam
____99211 Est. Min Exam
____99212 Est. Prob. Foc. Exam
____99213 Est. Expanded Exam

C. Modalities
____97032 Elect. Stim. attended
____97010 Heat / Cold
____97035 Ultrasound
____97012 Traction Mech. F/D
____97140 Man. Therapy Tech. myofascial/ lymphatic

D. Exercises
____97110 Therapeutic Exercise
____97112 Neuro-Mus Re-ed
____Other

Patient's Name Helen Smoak Date 6-22-12

Diagnosis/Problems Sprain

Care Plan AT GA
Call
± 1 wk

Subjective: Date of Onset

Pain Today 1-10
Cervical
Thoracic
Lumbar

Primary Complaint/Area/Activities of life
(walking, standing, sitting, driving, bending over, self care)
P/P C Much less Pain
L Rx'd last time

Objective:
P pain/tenderness (location, quality, intensity) MS Subluxs C/T/L
A asymmetry/misalignment section or segment LPLS/S1, C5, RR
R ROM changes in mobility Mid T6-8
T tissue, tone, muscle, ligament

Assessment: Better (Same) Worse ____%
Plan: Goal Short Goal Long
F/D
ICE, K/C

A. CMT
____98940 1-2 areas
X 98941 3-4 areas C/T/L
____98942 5 areas

B. Testing
____X-rays
____99201 Focused Exam
____99202 Expanded Exam
____99203 Detailed Exam
____99211 Est. Min Exam
____99212 Est. Prob. Foc. Exam
____99213 Est. Expanded Exam

C. Modalities
____97032 Elect. Stim. attended
____97010 Heat / Cold
____97035 Ultrasound
____97012 Traction Mech. F/D
____97140 Man. Therapy Tech. myofascial/ lymphatic

D. Exercises
____97110 Therapeutic Exercise
____97112 Neuro-Mus Re-ed
____Other

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Patient's Name James "Allen" Smoak Date 6-20-07

Diagnosis/Problems
Lum bago
T/C/S

Care Plan AT GA
FRI
2-3x/wk/2wks

Subjective: Date of Onset
Primary Complaint/Area/Activities of life
(walking, standing, sitting, driving, bending over, self care)
P/P C LBP Central L3-S1

Pain Today 1-10
Cervical
Thoracic 4
Lumbar 8

Objective:
P pain/tenderness (location, quality, intensity) M/S, Sacroiliac c/f/c
A asymmetry/misalignment section or segment Guarding m/s
R ROM changes in mobility
T tissue, tone, muscle, ligament

? Prostate R/O if cont.

Assessment: Better Same Worse ____% ? Massage
Plan: Goal Short Goal Long of this pt.
Ice, Stretch Little Benefit

A. CMT
____98940 1-2 areas
X 98941 3-4 areas c/f/c
____98942 5 areas

B. Testing
____X-rays

X 99201 Focused Exam
____99202 Expanded Exam
____99203 Detailed Exam

____99211 Est. Min Exam
____99212 Est. Prob. Foc. Exam
____99213 Est. Expanded Exam

C. Modalities
____97032 Elect. Stim. attended
____97010 Heat / Cold
____97035 Ultrasound

____97012 Traction Mech. F/D
____97140 Man. Therapy Tech. myofascial/ lymphatic

D. Exercises
____97110 Therapeutic Exercise
____97112 Neuro-Mus Re-ed

____Other

Patient's Name Allen Smoak Date 6-22-07

Diagnosis/Problems
Spine

Care Plan AT GA
MON

Subjective: Date of Onset
Primary Complaint/Area/Activities of life
(walking, standing, sitting, driving, bending over, self care)
Many better but Some but worked 12 hr shift

Pain Today 1-10
Cervical
Thoracic
Lumbar

Objective:
P pain/tenderness (location, quality, intensity) M/S, Subluxation c/f/c
A asymmetry/misalignment section or segment
R ROM changes in mobility
T tissue, tone, muscle, ligament Caution c Work lifting Bending, twisting

Assessment: Better Same Worse ____%
Plan: Goal Short Goal Long
Cont, Ice

A. CMT
____98940 1-2 areas c/f/c
X 98941 3-4 areas Lumb c/f/c
____98942 5 areas

B. Testing
____X-rays

____99201 Focused Exam
____99202 Expanded Exam
____99203 Detailed Exam

____99211 Est. Min Exam
____99212 Est. Prob. Foc. Exam
____99213 Est. Expanded Exam

C. Modalities
X 97032 Elect. Stim. attended
____97010 Heat / Cold
____97035 Ultrasound

X 97012 Traction Mech. F/D
____97140 Man. Therapy Tech. myofascial/ lymphatic

D. Exercises
____97110 Therapeutic Exercise
____97112 Neuro-Mus Re-ed

____Other

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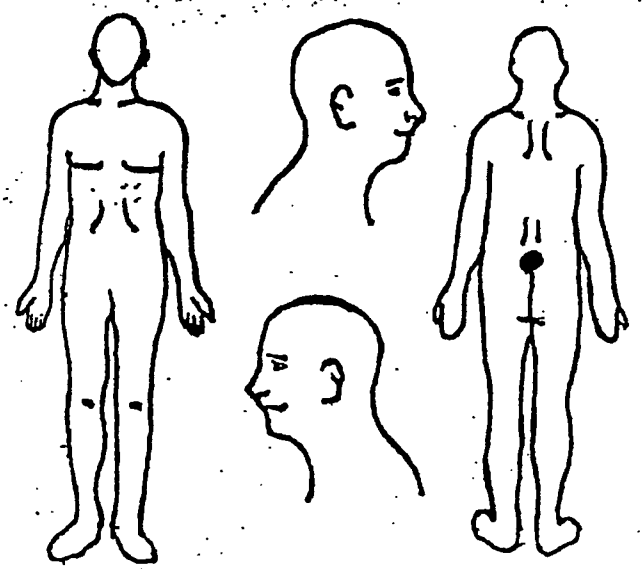
HISTORY

NAME Allen Smoak DATE 6-20-07



HPI ELEMENTS

Location LB - No Radiate
Quality Sharp, constant
Severity 1-10 "8"
Duration 3wks (off + on)
Timing
Context
Better or Worse B: massage W: movement, bending, lifting, twisting
Assc. S&S

****

Review of Systems (ROS)	Normal	If Abnormal, Describe Below:
General (Constitutional) wt.		Ht: 6'5" Wt: 305
Skin (Integumentary)		
Eyes		Hx: Football, Lifting injuries over yrs
Ear, nose, mouth, throat		LB - X-Rays - DJD, "Slight shift L"
Cardiovascular		
Respiratory		Current Bronch.
Gastrointestinal		
Genito-urinary		
Musculoskeletal		
Neurological		Meds: Allegra, Allopurinol
Hematologic/Lymphatic		
Endocrine		
Psychiatric		
Allergic/Immumologic		

****

Past Medical History

- Past illnesses – Gout + Allergies (Seasonal)
- Operations – tonsils (child)
- Injuries – N/A
- Treatment – N/A

Family History

	Y	N	
Cancer	✓		Parents
Diabetes		✓	
Heart Disease		✓	
High B/P		✓	
Stroke		✓	
Tuberculosis		✓	
Asthma	✓		mother
Allergies	✓		Seasonal (sep)
Thyroid Disease		✓	
Kidney Disease		✓	
Ulcers	✓		Father
Drug/Alcohol problems			
Any Other			

Social History

Age appropriate review past/current

Patient's Name Allen Smoak Date 6-25-07

Diagnosis/Problems Same

Care Plan AT GA Tht

Subjective: Date of Onset

Primary Complaint/Area/Activities of life
(walking, standing, sitting, driving, bending over, self care)
P/P & "a lot less pain. Feels much better.

Pain Today 1-10
Cervical
Thoracic
Lumbar

Objective:
P ~~pain/tenderness~~ (location,quality, intensity) mls, subocc tdr
A ~~asymmetry~~/misalignment section or segment RPL3-S1 tender over SP
R ROM changes in mobility L5 fix in RPIP & Rt
T tissue, tone, muscle, ligament Shortly

Assessment: Better (Same) Worse _____%
Plan: Goal Short Goal Long

Rest H/C

A. CMT
- 98940 1-2 areas
- X 98941 3-4 areas c/t/l
- 98942 5 areas

B. Testing
- X-rays

- 99201 Focused Exam
- 99202 Expanded Exam
- 99203 Detailed Exam

- 99211 Est. Min Exam
- 99212 Est. Prob. Foc. Exam
- 99213 Est. Expanded Exam

C. Modalities
- 97032 Elect. Stim. attended
- 97010 Heat / Cold
- 97035 Ultrasound

- 97012 Traction Mech. F/D
- 97140 Man. Therapy Tech. myofascial/ lymphatic

D. Exercises
- 97110 Therapeutic Exercise
- 97112 Neuro-Mus Re-ed

- Other

Patient's Name Date

Diagnosis/Problems

Care Plan AT GA

Subjective: Date of Onset

Primary Complaint/Area/Activities of life
(walking, standing, sitting, driving, bending over, self care)

Pain Today 1-10
Cervical
Thoracic
Lumbar

Objective:
P pain/tenderness (location,quality, intensity)
A asymmetry/misalignment section or segment
R ROM changes in mobility
T tissue, tone, muscle, ligament

Assessment: Better Same Worse _____%
Plan: Goal Short Goal Long

A. CMT
- 98940 1-2 areas
- 98941 3-4 areas
- 98942 5 areas

B. Testing
- X-rays

- 99201 Focused Exam
- 99202 Expanded Exam
- 99203 Detailed Exam

- 99211 Est. Min Exam
- 99212 Est. Prob. Foc. Exam
- 99213 Est. Expanded Exam

C. Modalities
- 97032 Elect. Stim. attended
- 97010 Heat / Cold
- 97035 Ultrasound

- 97012 Traction Mech. F/D
- 97140 Man. Therapy Tech. myofascial/ lymphatic

D. Exercises
- 97110 Therapeutic Exercise
- 97112 Neuro-Mus Re-ed

- Other

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Patient's Name Allen Smoak Date 7-2012

Diagnosis/Problems
Same

Care Plan AT GA
Same

Subjective: Date of Onset
Primary Complaint/Area/Activities of life
(walking, standing, sitting, driving, bending over, self care)
PPT Neck/LBP Stiff Neck Same helps

Pain Today 1-10
Cervical
Thoracic
Lumbar

Objective:
P pain/tenderness (location, quality, intensity) M/S Stiff (T/L
A asymmetry/misalignment section or segment T/L spasm
R ROM changes in mobility Very Rigid guarded
T tissue, tone, muscle, ligament C5 RP Good Release on Sidelying

Assessment: Better (Same) Worse ____% RPW
Plan: Goal Short Goal Long
MC Applex

A. CMT
___98940 1-2 areas
X 98941 3-4 areas (##)
___98942 5 areas

B. Testing
___X-rays

___99201 Focused Exam
___99202 Expanded Exam
___99203 Detailed Exam

___99211 Est. Min Exam
___99212 Est. Prob. Foc. Exam
___99213 Est. Expanded Exam

C. Modalities
___97032 Elect. Stim. attended
___97010 Heat / Cold
___97035 Ultrasound

___97012 Traction Mech. F/D
___97140 Man. Therapy Tech. myofascial/ lymphatic

D. Exercises
___97110 Therapeutic Exercise
___97112 Neuro-Mus Re-ed

___Other

Patient's Name Smoak, Allen Date 9-24-12

Diagnosis/Problems
Same

Care Plan AT GA

Subjective: Date of Onset
Primary Complaint/Area/Activities of life
(walking, standing, sitting, driving, bending over, self care)
PPT Neck/LBP

Pain Today 1-10
Cervical
Thoracic
Lumbar

Objective:
P pain/tenderness (location, quality, intensity) MULT FIX
A asymmetry/misalignment section or segment C5-RP Occiput Levels
R ROM changes in mobility Mult fix
T tissue, tone, muscle, ligament RPLS/SI

Assessment: Better (Same) Worse ____%
Plan: Goal Short Goal Long
Same

A. CMT
___98940 1-2 areas
X 98941 3-4 areas (##)
___98942 5 areas

B. Testing
___X-rays

___99201 Focused Exam
___99202 Expanded Exam
___99203 Detailed Exam

___99211 Est. Min Exam
___99212 Est. Prob. Foc. Exam
___99213 Est. Expanded Exam

C. Modalities
___97032 Elect. Stim. attended
___97010 Heat / Cold
___97035 Ultrasound

___97012 Traction Mech. F/D
___97140 Man. Therapy Tech. myofascial/ lymphatic

D. Exercises
___97110 Therapeutic Exercise
___97112 Neuro-Mus Re-ed

___Other

651

REVISED: AUGUST 17, 2005

Patient's Name Allen Smoak Date 10-13-12

Diagnosis/Problems UNDX Care Plan AT GA

Subjective: Date of Onset

Primary Complaint/Area/Activities of life

(walking, standing, sitting, driving, bending over, self care)

plt Mgt Neck Stiff

L3 offlow

Pain Today 1-10

Cervical

Thoracic

Lumbar

Objective:

P pain/tenderness (location, quality, intensity) mild C5/6 RP

A asymmetry/misalignment section or segment Mild C/T Tenda to

R ROM changes in mobility P&P. RP C3-5

T tissue, tone, muscle, ligament

Assessment: Better (Same) Worse %

Plan: Goal Short Goal Long

A. CMT

98940 1-2 areas

98941 3-4 areas CPT

98942 5 areas

B. Testing

X-rays

99201 Focused Exam

99202 Expanded Exam

99203 Detailed Exam

99211 Est. Min Exam

99212 Est. Prob. Foc. Exam

99213 Est. Expanded Exam

C. Modalities

97032 Elect. Stim. attended

97010 Heat / Cold

97035 Ultrasound

97012 Traction Mech. F/D

97140 Man. Therapy Tech, myofascial/ lymphatic

D. Exercises

97110 Therapeutic Exercise

97112 Neuro-Mus Re-ed

Other

Patient's Name Date

Diagnosis/Problems Care Plan AT GA

Subjective: Date of Onset

Primary Complaint/Area/Activities of life

(walking, standing, sitting, driving, bending over, self care)

Pain Today 1-10

Cervical

Thoracic

Lumbar

Objective:

P pain/tenderness (location, quality, intensity)

A asymmetry/misalignment section or segment

R ROM changes in mobility

T tissue, tone, muscle, ligament

Assessment: Better Same Worse %

Plan: Goal Short Goal Long

A. CMT

98940 1-2 areas

98941 3-4 areas

98942 5 areas

B. Testing

X-rays

99201 Focused Exam

99202 Expanded Exam

99203 Detailed Exam

99211 Est. Min Exam

99212 Est. Prob. Foc. Exam

99213 Est. Expanded Exam

C. Modalities

97032 Elect. Stim. attended

97010 Heat / Cold

97035 Ultrasound

97012 Traction Mech. F/D

97140 Man. Therapy Tech, myofascial/ lymphatic

D. Exercises

97110 Therapeutic Exercise

97112 Neuro-Mus Re-ed

Other

8035341575 Carolina Chiropractic Dec 18 12 10:02a

652

Patient's Name Smoak, Allen Date 10-17-12

Diagnosis/Problems Acute Facet Syndrome Lumbar T11/S Sublux

Care Plan AT GA 2-3x/wk / 2-4wk

Subjective: Date of Onset 10-17-12

Primary Complaint/Area/Activities of life (walking, standing, sitting, driving, bending over, self care)

Pt c extreme pain c Antalgia due to flare up of LBP Bent over lawn mower felt sharp catch pain Could not straighten up.

Pain Today 1-10
Cervical
Thoracic
Lumbar "9/10"

Objective:
P pain/tenderness (location, quality, intensity)
A asymmetry/misalignment section or segment Kemp's (+) (RP) Cyst
R ROM changes in mobility RPiI c (RP) Shortley
T tissue, tone, muscle, ligament Guarding to ROM other than 15° Antalgia flex. No obvious swelling noted

Adj in (RP) Sidelying c Audible Release. T11 PtoA

Assessment: Better Same (Worse) ____%

Plan: Goal Short Goal Long

ICL, KC c/i ↓ pain

Tolerenced ↑ ROM L/S Joint

A. CMT
- ____98940 1-2 areas
- X 98941 3-4 areas T11/S
- ____98942 5 areas

B. Testing
- ____X-rays

- ____99201 Focused Exam
- ____99202 Expanded Exam
- ____99203 Detailed Exam
- X 99211 Est. Min Exam
- ____99212 Est. Prob. Foc. Exam
- ____99213 Est. Expanded Exam

C. Modalities
- ____97032 Elect. Stim. attended
- ____97010 Heat / Cold
- ____97035 Ultrasound
- ____97012 Traction Mech. F/D
- ____97140 Man. Therapy Tech. myofascial/ lymphatic

D. Exercises
- ____97110 Therapeutic Exercise
- ____97112 Neuro-Mus Re-ed

____Other

Patient's Name ____ Date ____

Diagnosis/Problems ____ Care Plan AT GA

Subjective: Date of Onset ____

Primary Complaint/Area/Activities of life (walking, standing, sitting, driving, bending over, self care)

Pain Today 1-10
Cervical
Thoracic
Lumbar

Objective:
P pain/tenderness (location, quality, intensity)
A asymmetry/misalignment section or segment
R ROM changes in mobility
T tissue, tone, muscle, ligament

Assessment: Better Same Worse ____%

Plan: Goal Short Goal Long

A. CMT
- ____98940 1-2 areas
- ____98941 3-4 areas
- ____98942 5 areas

B. Testing
- ____X-rays

- ____99201 Focused Exam
- ____99202 Expanded Exam
- ____99203 Detailed Exam
- ____99211 Est. Min Exam
- ____99212 Est. Prob. Foc. Exam
- ____99213 Est. Expanded Exam

C. Modalities
- ____97032 Elect. Stim. attended
- ____97010 Heat / Cold
- ____97035 Ultrasound
- ____97012 Traction Mech. F/D
- ____97140 Man. Therapy Tech. myofascial/ lymphatic

D. Exercises
- ____97110 Therapeutic Exercise
- ____97112 Neuro-Mus Re-ed

____Other

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CAROLINA CHIROPRACTIC CLINIC
Michael E. Farnham, D.C.
1983 Carolina Avenue
Orangeburg, SC 29115
Telephone: (803).534-3656

NAME Allen Smoak DATE 10-17-12

INSTRUCTIONS

No work for
3 days.
No lifting, bending
or twisting.

Michael Farnham. DC

#13217—©Medical Arts Press® 1-800-328-2179

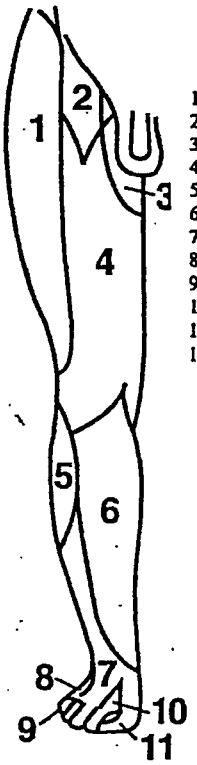
10

NAME Smoak, Jillian _____ _____ ID# _____

DATES

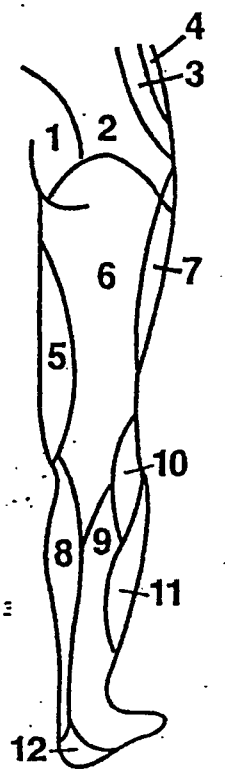
EXAM 1 6-20-07 EXAM 2 _____ EXAM 3 10-17-12 EXAM 4 _____

THORACO RANGE OF MOTION				
EXAM	1	2	3	4
Flex 60				
L.R. 30				
R.R. 30				
LUMBAR RANGE OF MOTION				
Flex 60	30		10 PP	
Ext 25 ↑ Pain	0-5		0-5 PP	
R.L.F. 25 c↑ Pain	10		0	
L.L.F. 25	20		0	
PRONE				
Ely's				
Nachlas				
Yeomans Central	+		—	
Hip Rot L	—		—	
Hip Rot R	—		—	
SUPINE				
Laseque L	—			
Laseque R	—			
Pat. Fabere L				
Pat. Fabere R				
Braggard L				
Braggard R				
Lindners				
Gaenslens L				
Gaenslens R				
Goldthwait L				
Goldthwait R				
Smith-Peterson				
Neri Bowing				
Kemps L Central	+		+S	
Kemps R L5/S1	+		+S	
Adams				
DEEP TENDON REFLEXES				
L4 Patella R	2			
L4 Patella L	2			
L5 Medial Hamstring R				
L5 Medial Hamstring L				
S1 Achilles R	2			
S1 Achilles L	2			
SENSORY				
Hypoesthesia	—			
Hyperesthesia	—			
Dermatome Level				



ANTERIOR VIEW

1. Lateral femoral cutaneous L 2, 3
2. Lumboinguinal L1, 2
3. Ilioinguinal L 1
4. Ant. Femoral cutaneous L 2, 3
5. Common Peroneal L5, S 1, 2
6. Saphenous L 3, 4
7. Superficial peroneal L4, 5, S1
8. Sural S 1, 2
9. Lateral Plantar S 1, 2
10. Deep Peroneal L 4, 5
11. Medial Plantar L 4, 5
12. Tibial S 1, 2



POSTERIOR VIEW

1. Post. Division of Sacral L 2, 3
2. Post. Division of lumbar L 2, 3
3. Iliohypograstic L 1
4. Lat. Thoracic
5. Ant. Femoral Cutaneous L 2, 3
6. Post. Femoral Cutaneous S 1, 2, 3
7. Lat. Femoral Cutaneous L 2, 3
8. Saphenous L 3, 4
9. Sural L 1, 2
10. Common Peroneal L 5, S 1
11. Superficial Peroneal L 5, S 1
12. Tibial S 1, 2

MUSCLE STRENGTH		1	2	3	4
T2-12 Rectus Abdominis	Trunk Flexion				
T12-L3 Iliopsias	Hip Flex				
L2-4 Quadriceps	Hip Flex/Knee Ext				
L2-4 Adductors	Hip Adduction				
L4 Tibialis Anterior	Dorsi Flexion w/ inversion				
L5 Extensor Hallucislongus	Heel Walk				
L5 Extensor Digitorum	Toe Ext				
L5 Gluteus Medius/minimus	Hip Abduction				
S1 Peroneus Longus	Toe Walk				
S1 Peroneus Brevis	Toe Walk				
S1 Gluteus Maximus	Hip Extension				
S2-4 Anal Sphincter	Anal Wink				

Heel Toe Goals

MUSCLE SPASM/TRIGGER POINT	1	2	3	4
[illegible]				
Central C3-S1 tender c			+	
Counterclockwise, FIK to			+	
Motor pole Rectus RPIO				

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****** INSTANT RTI ****** ACCT:15669 DATE:10/31/12 PAGE 1 OF 1

R. DALE PADGETT,M.D.
P. O. BOX 524
326 NORTH STREET
RAMBERG, SC 29003-0524

LAST PAYMENT		YTD PAY
10/31/12	$20.00	$260.00

OFFICE PH:8032452433 HOME PH:803-347-0231 BUSINESS PH: EXT:

JAMES A. SMOAK
4053 PLOW ROAD
ORANGEBURG, SC 29115

PAT	NAME	APPOINTMENT
JS	JAMES A. SMOAK	11/14/12 9:40AM

DIAGNOSIS

1-724.2 LOW BACK PAIN
2-780.79 WEAKNESS
3-724.3 SCIATICA

NUM	DOCTOR	SSN#	TAX ID	MEDICAID	PROVIDER
1	R. DALE PADGETT, MD.	249064526	57-0964732	103328	57-0964732

DATE	DR	PAT	DIAGPTRS	TCODE	MOD	DESCRIPTION	CHARGE	CREDIT	BALANCE
10/18/12	1	JS	123	99213		*ESTABLISHED P	90.00		90.00
** INS. FILED:10/19/12									
10/18/12	1	JS		11		*PAYMENT BY CH		25.00	65.00
						CHK#:1616			
10/24/12	1	JS	132	99213		*ESTABLISHED P	90.00		155.00
** INS. FILED:10/25/12									
10/24/12	1	JS		11		*PAYMENT BY CH		25.00	130.00
						CHK#:1618			
10/30/12	1	JS		2		*BLUE-CROSS PA		19.00	111.00
** APPLIES TO CHARGES ON: 10/18/12 CHK#:0000166900									
10/30/12- 10/18/12	1	JS		3C		*BLUE SHIELD A		46.00	65.00
10/30/12	1	JS		2		*BLUE-CROSS PA		19.00	46.00
** APPLIES TO CHARGES ON: 10/24/12 CHK#:0000166900									
10/30/12- 10/24/12	1	JS		3C		*BLUE SHIELD A		46.00	0.00
10/31/12	1	JS	1	99213		*ESTABLISHED P	90.00		90.00
10/31/12	1	JS		11		*PAYMENT BY CH		20.00	70.00
						CHK#:1619			

MESSAGES

TOT: $70.00

* The Balance shown may not be the entire Account Balance.
It only reflects the transactions listed on this statement.

12

Patient Name [illegible] Chart Number 1876 Date 10/15/12

Weight 324 Temperature _____ Pulse 77 Respirations _____ Blood Pressure 124/82

Height _____ BMI _____

PHYSICAL EXAM

Constitutional: (✓) Vital signs reviewed (✓) WDWN in mild distress
( ) Positive findings: _____

Eyes: ( ) Conjunctiva and lids are normal, PERRLA. ( ) Fundi and optic discs are normal.
( ) Positive findings: _____

ENT: ( ) Normal TM and canals. Normal nasal canal septum and turbinates, oropharynx. Throat clear w/o exudate.
( ) Dentition normal. No bleeding gums. Gingiva intact.
( ) Positive findings: _____

Neck: ( ) Supple w/o masses, no tenderness. Trachea midline. No JVD. Thyroid normal size and consistency. No carotid bruits.
( ) Positive findings: _____

Chest/Breast: ( ) Chest symmetrical w/o deformities. Nontender to palpation. No lumps, masses. No nipple discharge.
( ) Positive findings: _____

Respiratory: ( ) BLS clear to auscultation. A/P clear. No rales, rhonchi or wheezes. Nonlabored/even effort.
( ) Positive findings: _____

Cardiovascular: ( ) Good heart tones. RRR w/o ectopy. S1, S2. No murmurs, rubs, clicks, gallops, bruits, or thrills. No S3, S4. PMI WNL.
( ) Positive findings: _____

GI/Abdominal: ( ) Flat, nontender to palpation. BS x4 quads. No HSM. No CVAT. No abd/inguinal hernias. No masses palpated.
( ) Positive findings: _____

GU (Male): ( ) Penis w/o lesions. No discharge. Bilateral testicles are non-tender and of normal size.
( ) Positive findings: _____

GU (Female): ( ) External genitalia WNL. No vaginal discharge or cervical lesions. Uterus normal. No CMT. No adnexal tenderness.
( ) Positive findings: _____

Lymphatic: ( ) No palpable nodes in cervical, axillae and inguinal regions.
( ) Positive findings: _____

Musculoskeletal: ( ) Gait normal. No pain to palpation in cervical, thoracic or lumbar regions. No deformities noted.
(✓) Positive findings: L5 rad

Extremities: ( ) Full ROM w/o deformities. No pretibial edema. Negative Homan's sign. No clubbing, cyanosis or petechiae.
(✓) Positive findings: slight (B) LE's

Skin: ( ) Warm/dry. No rashes, lesions or bruising noted. Normal color and texture.
( ) Positive findings: _____

Neurologic: (✓) A/A/Ox3. CN II-VII grossly intact. No pronator drift. Normal strength and sensation.
(✓) Positive findings: as c

Psychiatric: ( ) A/A/Ox3. Answers questions appropriately. Denies suicidal thoughts. Judgement, mood and affect normal.
( ) Positive findings: _____

COMPLEXITY OF MEDICAL DECISION MAKING

Diagnosis	Plan/Medications/Findings/Procedures
LBP/rad	MRI L Spine
Sciatica	Lortab 10/500 qam RDP #60
	Dexpak x10d
	TCE
	OOW x 1 wk
	FMLA
JMD	MD/NP/PA Signature:

LABS ORDERED: [ ] FSBS [ ]CBC w/ diff [ ]CMP [ ]BMP [ ]Lipid Panel [ ]HgbA1C
[ ] TSH [ ] SGOT [ ] PT/INR [ ] U/A [ ] PSA [ ] Monospot
[ ]Throat Culture [ ] Pulse Oximeter [ ]Other: _____

XRAYS ORDERED: [ ] CXR (PA/LAT) [ ] Spine C T L [ ] AAS [ ] Other: _____

Patient Name James Smak Chart Number 1876 Date 10,24,12

Weight 328 Temperature 98.5 Pulse 81 Respirations _____ Blood Pressure 131/84

Height _____ BMI _____

PHYSICAL EXAM

Constitutional: (✓) Vital signs reviewed (✓) WDWN in ✓ distress
( ) Positive findings: _____

Eyes: ( ) Conjunctiva and lids are normal, PERRLA. ( ) Fundi and optic discs are normal.
( ) Positive findings: _____

ENT: ( ) Normal TM and canals. Normal nasal canal septum and turbinates, oropharynx. Throat clear w/o exudate.
( ) Dentition normal. No bleeding gums. Gingiva intact.
( ) Positive findings: _____

Neck: ( ) Supple w/o masses, no tenderness. Trachea midline. No JVD. Thyroid normal size and consistency. No carotid bruits.
( ) Positive findings: _____

Chest/Breast: ( ) Chest symmetrical w/o deformities. Nontender to palpation. No lumps, masses. No nipple discharge.
( ) Positive findings: _____

Respiratory: ( ) BLS clear to auscultation. A/P clear. No rales, rhonchi or wheezes. Nonlabored/even effort.
( ) Positive findings: _____

Cardiovascular: ( ) Good heart tones. RRR w/o ectopy. S1, S2. No murmurs, rubs, clicks, gallops, bruits, or thrills. No S3, S4. PMI WNL.
( ) Positive findings: _____

GI/Abdominal: ( ) Flat, nontender to palpation. BS x4 quads. No HSM. No CVAT. No abd/inguinal hernias. No masses palpated.
( ) Positive findings: _____

GU (Male): ( ) Penis w/o lesions. No discharge. Bilateral testicles are non-tender and of normal size.
( ) Positive findings: _____

GU (Female): ( ) External genitalia WNL. No vaginal discharge or cervical lesions. Uterus normal. No CMT. No adnexal tenderness.
( ) Positive findings: _____

Lymphatic: ( ) No palpable nodes in cervical, axillae and inguinal regions.
( ) Positive findings: _____

Musculoskeletal: ( ) Gait normal. No pain to palpation in cervical, thoracic or lumbar regions. No deformities noted.
( ) Positive findings: BL

Extremities: ( ) Full ROM w/o deformities. No pretibial edema. Negative Homan's sign. No clubbing, cyanosis or petechiae.
( ) Positive findings: BL

Skin: ( ) Warm/dry. No rashes, lesions or bruising noted. Normal color and texture.
( ) Positive findings: _____

Neurologic: ( ) A/A/Ox3. CN II-VII grossly intact. No pronator drift. Normal strength and sensation.
( ) Positive findings: _____

Psychiatric: ( ) A/A/Ox3. Answers questions appropriately. Denies suicidal thoughts. Judgement, mood and affect normal.
( ) Positive findings: _____

COMPLEXITY OF MEDICAL DECISION MAKING

Diagnosis	Plan/Medications/Findings/Procedures
LBP	waiting on approval from Ins for MRI
LB weakness	cont. Med.
Sciatica	
	FMLA papers filled out.
	Cont. to stay out & work for another week
	TWK
JMB	MD/NP/PA Signature:

LABS ORDERED: [ ] FSBS [ ]CBC w/ diff [ ]CMP [ ]BMP [ ]Lipid Panel [ ]HghA1C
[ ] TSH [ ] SGOT [ ]PT/INR [ ] U/A [ ] PSA [ ] Monospot
[ ]Throat Culture [ ] Pulse Oximeter [ ]Other: _____

X-RAYS ORDERED: [ ] CXR (PA/LAT) [ ] Spine C T L [ ] AAS [ ] Other: _____

14

Patient Name James Smaic Account Number 1976 Date 10/24/12

ALLERGIES: NKDA

CHIEF COMPLAINT: C/o bacrpain, orderd MRI. pt hasnt heard from MRI given pain meds
Pain to bend over.

HISTORY OF PRESENT ILLNESS: _____

PAST MEDICAL HISTORY: ( ) NEGATIVE or ( ) IDDM ( ) NIDDM ( ) HTN ( ) CHF ( ) COPD ( ) Asthma
( ) Other Gout HCM

PAST SURGICAL HISTORY: ( ) NEGATIVE or _____

SIGNIFICANT FAMILY HISTORY: ( ) NEGATIVE or ( ) Heart Disease ( ) HTN ( ) DM ( ) Cancer

SOCIAL HISTORY: TOBACCO YES _____ pk/day (NO)
ETOH (YES) occ per day NO
OTHER _____

REVIEW OF SYSTEMS

General: ( ) Negative ( ) Chills ( ) Fever ( ) Malaise ( ) Weight loss

Skin: ( ) Negative ( ) Rash ( ) Sweaty ( ) Itchy

Eyes: ( ) Negative ( ) Blurred Vision ( ) Diplopia ( ) Photophobia

ENT: ( ) Negative ( ) Hearing loss ( ) Nosebleeds ( ) Rhinitis ( ) Sore throat

Respiratory: ( ) Negative ( ) Cough ( ) Shortness of breath ( ) Hemoptysis

Cardiac: ( ) Negative ( ) Chest Pain ( ) Palpitations ( ) Orthopnea ( ) Dyspnea on exertion

Gastrointestinal: ( ) Negative ( ) Abdominal pain ( ) Constipation ( ) Diarrhea ( ) Nausea

Genitourinary: ( ) Negative ( ) Dysuria ( ) Frequency ( ) Urgency ( ) Nocturia

Musculoskeletal: ( ) Negative ( ) Back pain ( ) Myalgia ( ) Joint pain ( ) Limb pain

Neurological: ( ) Negative ( ) Seizures ( ) Dizziness ( ) Syncope ( ) Weakness ( ) Headaches

Endocrine: ( ) Negative ( ) Thirsty ( ) Polyuria ( ) Heat/Cold intolerance

Hematologic: ( ) Negative ( ) Bleeding ( ) Bruising

Psychologic: ( ) Negative ( ) Anxiety ( ) Depression ( ) Insomnia ( ) Suicidal Ideation

Other: _____

15

ADI CENTER

1728 Villagepark Drive / Orangeburg, SC 29118
803.536.1106 / 803.535.6033 f

Advanced Diagnostic Imaging Center, LLC

DALE PADGETT , MD
P O BOX 524

BAMBERG, SC 29003-

JAMES A SMOAK
4053 PLOW ROAD

ORANGEBURG, SC 29115-

Date of Birth
10-01-68

Date of Service
10-25-12

248-59-8198 11646

EYE FOR FOREIGN BODY 70030

HISTORY: Screening for MRI

No metallic density foci are identified overlying the orbits.

IMPRESSION: No orbital metallic foreign body identified.

Interpreted By: Steven G. Patterson, M.D.

N

Steven G. Patterson, MD

FAX CC:

transcribed: 10-25-2012 02:42:13 PM
released: Steven Patterson MD 10-25-2012 03:23:44 PM

SGP/kc/AC

1872

ADI CENTER

1728 Villagepark Drive / Orangeburg, SC 29118
803.536.1106 / 803.535.6033 f

Advanced Diagnostic Imaging Center, LLC

DALE PADGETT , MD
P O BOX 524

BAMBERG, SC 29003-

JAMES A SMOAK
4053 PLOW ROAD

ORANGEBURG, SC 29115-

Date of Birth
10-01-68

Date of Service
10-25-12

248-59-8198 11646

MR L-SPINE WO 72148

HISTORY: Low back pain

Imaging was accomplished on a Philips 1.5 Tesla 16 receiver channel MRI unit. Sagittal T1-weighted TSE, sagittal T2 and sagittal STIR images as well as axial T1 and T2-weigthed images were obtained.

L1-2: No abnormalities are noted.

L2-3: There is disc protrusion at this level. This is mild and occurs to the left of midline. This has some slight mass effect upon the L3 nerve on the left just prior to its exit from the thecal sac. The nerve is pushed slightly dorsally by this focal disc protrusion.

L3-4: There is no bulging and there is no protrusion. The neural foramina are patent and the posterior elements have a normal appearance.

L4-5: There is no bulging and there is protrusion. There is some mild facet overgrowth but the neural foramina are widely patent.

L5-S1: There is some disc protrusion at this level. This occurs to the right of midline with resultant obliteration of perhaps 50% of the right lateral recess. There is some minimal mass effect upon the S1 nerve on the right just as it leaves the thecal sac. This focal disc

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Advanced Diagnostic Imaging Center, LLC

protrusion also results in moderately prominent neural foraminal narrowing on the right. The left neural foramen is widely patent.

There is partial delineation of some lower thoracic vertebra on today's sagittal images. There may indeed be an element of disc protrusion partially delineated at the T11-12 level and there is a questionable disc abnormality at the T10-11 level. If clinically indicated, perhaps and MRI of the thoracic spine may be of value. The cord terminates at the T12-L1 level.

IMPRESSION:

1. There is disc protrusion at the L2-3 level to the left of midline.
2. There is an even greater degree of disc protrusion. At the L5-S1 level to the right of midline. Other findings and recommendations as above.

Interpreted by: Steven G. Patterson, MD

FAX CC:

transcribed: 10-25-2012 03:27:04 PM
released: Steven Patterson MD 10-25-2012 03:36:04 PM

SGP/kc/TP

CERTIFICATE TO RETURN TO WORK/SCHOOL

Name James Smoak

has been under my care from 10/24 to 11-1.

and will be able to return to work/school on 11-1-12

Limitations/Remarks _____

_____

_____

Dr. R. Dale Padgett

Phone _____ Date 10/24/12

R. Dale Padgett, M.D., P.A.

526 North Street
Bamberg, SC 29003
phone: 803-245-2433
fax: 803-245-6274

CERTIFICATE TO RETURN TO WORK/SCHOOL

Name James A. Smoak

has been under my care from 10/17 to 10/25

and will be able to return to work/school on 10/25/12

Limitations/Remarks _____

_____

_____

Dr. R. Dale Padgett

Phone _____ Date 10/17/12

R. Dale Padgett, M.D., P.A.

526 North Street
Bamberg, SC 29003
phone: 803-245-2433
fax: 803-245-6274

Patient Name James Smoak Chart Number 1876 Date 10,31,12

Weight 318 Temperature 99.2 Pulse 94 Respirations _____ Blood Pressure 130/88

Height _____ BMI _____

PHYSICAL EXAM

Constitutional: (✓) Vital signs reviewed (✓) WDWN in NAD distress
( ) Positive findings: _____

Eyes: ( ) Conjunctiva and lids are normal, PERRLA. ( ) Fundi and optic discs are normal.
( ) Positive findings: _____

ENT: ( ) Normal TM and canals. Normal nasal canal septum and turbinates, oropharynx. Throat clear w/o exudate.
( ) Dentition normal. No bleeding gums. Gingiva intact.
( ) Positive findings: _____

Neck: ( ) Supple w/o masses, no tenderness. Trachea midline. No JVD. Thyroid normal size and consistency. No carotid bruits.
( ) Positive findings: _____

Chest/Breast: ( ) Chest symmetrical w/o deformities. Nontender to palpation. No lumps, masses. No nipple discharge.
( ) Positive findings: _____

Respiratory: ( ) BLS clear to auscultation. A/P clear. No rales, rhonchi or wheezes. Nonlabored/even effort.
( ) Positive findings: _____

Cardiovascular: ( ) Good heart tones. RRR w/o ectopy. S1, S2. No murmurs, rubs, clicks, gallops, bruits, or thrills. No S3, S4. PMI WNL.
( ) Positive findings: _____

GI/Abdominal: ( ) Flat, nontender to palpation. BS x4 quads. No HSM. No CVAT. No abd/inguinal hernias. No masses palpated.
( ) Positive findings: _____

GU (Male): ( ) Penis w/o lesions. No discharge. Bilateral testicles are non-tender and of normal size.
( ) Positive findings: _____

GU (Female): ( ) External genitalia WNL. No vaginal discharge or cervical lesions. Uterus normal. No CMT. No adnexal tenderness.
( ) Positive findings: _____

Lymphatic: ( ) No palpable nodes in cervical, axillae and inguinal regions.
( ) Positive findings: _____

Musculoskeletal: ( ) Gait normal,. No pain to palpation in cervical, thoracic or lumbar regions. No deformities noted.
( ) Positive findings: ØA

Extremities: ( ) Full ROM w/o deformities. No pretibial edema. Negative Homan's sign. No clubbing, cyanosis or petechiae.
( ) Positive findings: ØA

Skin: ( ) Warm/dry. No rashes, lesions or bruising noted. Normal color and texture.
( ) Positive findings: _____

Urologic: (✓) A/A/Ox3. CN II-VII grossly intact. No pronator drift. Normal strength and sensation.
( ) Positive findings: ØA

Psychiatric: ( ) A/A/Ox3. Answers questions appropriately. Denies suicidal thoughts. Judgement, mood and affect normal.
( ) Positive findings: _____

COMPLEXITY OF MEDICAL DECISION MAKING

Diagnosis	Plan/Medications/Findings/Procedures
LBP	Refer to Neurosurgeon
L2-3 / L5-S1	
Disc Protrusion w/ nerve impingement on MRI	
	F/U 2 wks
JMD	MD/NP/PA Signature:

LABS ORDERED: [ ] FSBS [ ]CBC w/ diff [ ]CMP [ ]BMP [ ]Lipid Panel [ ]HgbA1C
[ ] TSH [ ] SGOT [ ] PT/INR [ ] U/A [ ] PSA [ ] Monospot
[ ]Throat Culture [ ] Pulse Oximeter [ ]Other: _____

X-RAYS ORDERED: [ ] CXR (PA/LAT) [ ] Spine C T L [ ] AAS [ ] Other: _____

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Patient Name James Smoak Account Number 19746 Date 10/31/12

ALLERGIES: NKDA

CHIEF COMPLAINT: F/u MR L-Spine & LBP

HISTORY OF PRESENT ILLNESS:

PAST MEDICAL HISTORY: ( ) NEGATIVE or ( ) IDDM ( ) NIDDM ( ) HTN ( ) CHF ( ) COPD ( ) Asthma ( ) Other Gout-1cml

PAST SURGICAL HISTORY: ( ) NEGATIVE or

SIGNIFICANT FAMILY HISTORY: ( ) NEGATIVE or ( ) Heart Disease ( ) HTN ( ) DM ( ) Cancer

SOCIAL HISTORY: TOBACCO YES ____ pk/day (NO) ____
ETOH (YES) occ per day NO ____
OTHER ____

REVIEW OF SYSTEMS

General: ( ) Negative ( ) Chills ( ) Fever ( ) Malaise ( ) Weight loss

Skin: ( ) Negative ( ) Rash ( ) Sweaty ( ) Itchy

Eyes: ( ) Negative ( ) Blurred Vision ( ) Diplopia ( ) Photophobia

ENT: ( ) Negative ( ) Hearing loss ( ) Nosebleeds ( ) Rhinitis ( ) Sore throat

Respiratory: ( ) Negative ( ) Cough ( ) Shortness of breath ( ) Hemoptysis

Cardiac: ( ) Negative ( ) Chest Pain ( ) Palpitations ( ) Orthopnea ( ) Dyspnea on exertion

Gastrointestinal: ( ) Negative ( ) Abdominal pain ( ) Constipation ( ) Diarrhea ( ) Nausea

Genitourinary: ( ) Negative ( ) Dysuria ( ) Frequency ( ) Urgency ( ) Nocturia

Musculoskeletal: ( ) Negative ( ) Back pain ( ) Myalgia ( ) Joint pain ( ) Limb pain

Neurological: ( ) Negative ( ) Seizures ( ) Dizziness ( ) Syncope ( ) Weakness ( ) Headaches

Endocrine: ( ) Negative ( ) Thirsty ( ) Polyuria ( ) Heat/Cold intolerance

Hematologic: ( ) Negative ( ) Bleeding ( ) Bruising

Psychologic: ( ) Negative ( ) Anxiety ( ) Depression ( ) Insomnia ( ) Suicidal Ideation

Other:

To: Danny Wilson
From: James A Smoak
Date. 11/1/12

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Lexington Medical 11/1/2012 7:43:51 AM PAGE 2/002 Fax Server

667

CERTIFICATE TO RETURN TO WORK/SCHOOL

Name James Smoak

has been under my care from 10-31 to —

and will be able to return to work/school on —

Limitations/Remarks no lifting pending appt w/ New Surgeon.

Dr. R. Dale Padgett

Phone _____ Date 10-31-12

R. Dale Padgett, M.D., P.A.
526 North Street
Bamberg, SC 29003

Patient Name James Smoak Chart Number 1870 Date 11/14/12

Weight 321 Temperature _____ Pulse 98 Respirations _____ Blood Pressure 137/92

Height _____ BMI _____

PHYSICAL EXAM

Constitutional: (✓) Vital signs reviewed (✓) WDWN in _____ distress
( ) Positive findings: _____

Eyes: ( ) Conjunctiva and lids are normal, PERRLA. ( ) Fundi and optic discs are normal.
( ) Positive findings: _____

ENT: ( ) Normal TM and canals. Normal nasal canal septum and turbinates, oropharynx. Throat clear w/o exudate.
( ) Dentition normal. No bleeding gums. Gingiva intact.
( ) Positive findings: _____

Neck: ( ) Supple w/o masses, no tenderness. Trachea midline. No JVD. Thyroid normal size and consistency. No carotid bruits.
( ) Positive findings: _____

Chest/Breast: ( ) Chest symmetrical w/o deformities. Nontender to palpation. No lumps, masses. No nipple discharge.
( ) Positive findings: _____

Respiratory: ( ) BLS clear to auscultation. A/P clear. No rales, rhonchi or wheezes. Nonlabored/even effort.
( ) Positive findings: _____

Cardiovascular: ( ) Good heart tones. RRR w/o ectopy. S1, S2. No murmurs, rubs, clicks, gallops, bruits, or thrills. No S3, S4. PMI WNL.
( ) Positive findings: _____

GI/Abdominal: ( ) Flat, nontender to palpation. BS x4 quads. No HSM. No CVAT. No abd/inguinal hernias. No masses palpated.
( ) Positive findings: _____

GU (Male): ( ) Penis w/o lesions. No discharge. Bilateral testicles are non-tender and of normal size.
( ) Positive findings: _____

GU (Female): ( ) External genitalia WNL. No vaginal discharge or cervical lesions. Uterus normal. No CMT. No adnexal tenderness.
( ) Positive findings: _____

Lymphatic: ( ) No palpable nodes in cervical, axillae and inguinal regions.
( ) Positive findings: _____

Musculoskeletal: ( ) Gait normal. No pain to palpation in cervical, thoracic or lumbar regions. No deformities noted.
( ) Positive findings: _____

Extremities: ( ) Full ROM w/o deformities. No pretibial edema. Negative Homan's sign. No clubbing, cyanosis or petechiae.
( ) Positive findings: _____

Skin: ( ) Warm/dry. No rashes, lesions or bruising noted. Normal color and texture.
( ) Positive findings: _____

rologic: ( ) A/A/Ox3. CN II-VII grossly intact. No pronator drift. Normal strength and sensation.
( ) Positive findings: _____

Psychiatric: ( ) A/A/Ox3. Answers questions appropriately. Denies suicidal thoughts. Judgement, mood and affect normal.
( ) Positive findings: _____

COMPLEXITY OF MEDICAL DECISION MAKING

Diagnosis	Plan/Medications/Findings/Procedures
LBP	Waiting on Neurosurg visit
	excused from work appt
	MD/NP/PA Signature:

LABS ORDERED: [ ] FSBS [ ] CBC w/ diff [ ] CMP [ ] BMP [ ] Lipid Panel [ ] HgbA1C
[ ] TSH [ ] SGOT [ ] PT/INR [ ] U/A [ ] PSA [ ] Monospot
[ ] Throat Culture [ ] Pulse Oximeter [ ] Other: _____

XRAYS ORDERED: [ ] CXR (PA/LAT) [ ] Spine C T 6LS [ ] AAS [ ] Other: _____

Lexington Medical 12/14/2012 9:16:25 AM PAGE 3/003 Fax Server

CERTIFICATE TO RETURN TO WORK/SCHOOL

Name James Smoak

has been under my care from 12/13 to 1/15/13

and will be able to return to work/school on 1-15-13

Limitations/Remarks _____

_____

_____

Dr. R Dale Padgett

Phone _____ Date 12/13/12

R. Dale Padgett, M.D., P.A.

526 North Street
Bamberg, SC 29003
phone: 803-245-2433

WILSON LAW OFFICE, LLC
597 Old Mount Holly Road, Suite 202
Goose Creek, South Carolina 29445

William D. Wilson, Jr.
Attorney at Law

TEL 843-553-6799
FAX 843-553-0724
wilson-law@comcast.net

Mailing Address:
Post Office Box 538
Goose Creek, SC 29445

December 18, 2012

VIA FAX: (803)245-6274
Charles Gaillard, MD
R. Dale Padgett, MD, PA
526 North Street
Bamberg, SC 29003

FAXED 12/20/12

Re: James A. Smoak v. Husqvarna
SCWCC No. 1214612

Dear Dr. Gaillard:

This office represents Mr. James A. Smoak for an injury to his low back which occurred on October 17, 2012 while at work for Husqvarna. In reviewing his medical chart, it doesn't appear that you have rendered an opinion as to whether or not his complaints of pain and his low back injury were work related. We would appreciate your opinion as we have a hearing scheduled in the near future. If you have any questions, please do not hesitate to contact us.

With kindest regards, I remain

Very truly yours,

William D. Wilson, Jr.

James A. Smoak is a current patient of mine, and it is my opinion, to a reasonable degree of medical certainty that Mr. Smoak's low back injury and his symptoms are related to an on the job injury which occurred on October 17, 2012 while at work ~~with his employer, Husqvarna.~~ which aggravated a pre-existing condition causing his extended absence from work.

_____ Yes _____ No

~~marked out~~ Charles Gaillard, M.D. 12/21/2012
~~accident~~ Date

25

UNIVERSITY SPECIALTY CLINICS
Department of Neurosurgery

Phone 803-434-8323 — Three Medical Park • Suite 310 • Columbia, SC 29203 — Fax 803-434-83

CODE	PROCEDURE	FEE
OFFICE CONSULTATIONS		
99241	Problem Focused	
99242	Expanded Problem	
99243	Detailed, Low Complexity	
99244	Comp., Moderate Complexity	
99245	Comp., High Complexity	
INITIAL H&P		
99221	Detailed, Low Complexity	
99222	Comp., Moderate Complexity	
99223	Comp., High Complexity	
	(use hospital as place of service)	

CODE	PROCEDURE	FEE
OV - NEW PATIENT		
99201	Problem Focused	
99202	Expanded Problem	
99203	Detailed, Low Complexity	
99204	Comp., Moderate Complexity	
99205	Comp., High Complexity	
OV - ESTABLISHED PATIENT		
99211	Problem Focused	
99212	Expanded Problem	
99213	Detailed, Low Complexity	
99214	Comp., Moderate Complexity	
99215	Comp., High Complexity	

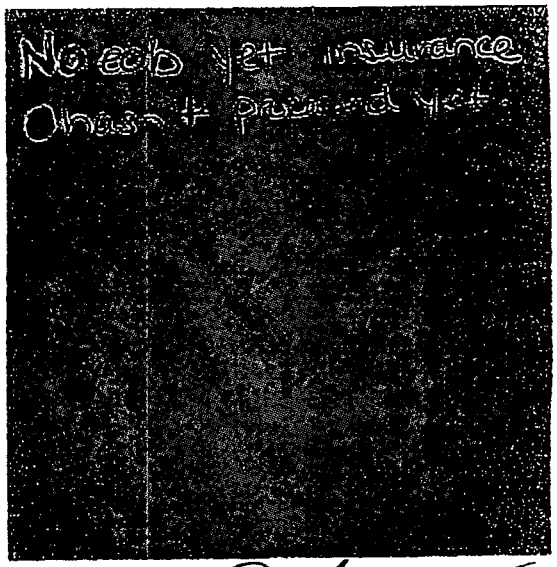
CODE	PROCEDURE	FEE
OTHER		
99024	Post-Op Follow Up Visit	
62252	Shunt, Reprogram	
CLERICAL		
99075	Deposition/Attorney Conf.	
99080	Disability Form	
99080	Medical Records	
99371	Telephone Consultation	
99199	Revision of Records	
99361	Conference w/Case Manager	

DIAGNOSIS CODES

- ☐ Abnormal Brain Scan Radiological 793.0
- ☐ Abnormal Spine Scan Radiological 793.7
- ☐ Abnormal Gait 781.2
- ☐ Abscess, Intracranial 324.0
- ☐ Abscess, Intraspinal 324.1
- ☐ Abscess, unspecified 324.9
- ☐ Aneurysm, Brain, Non-ruptured 437.3
- ☐ Aneurysm, Brain, Ruptured 430
- ☐ Arachnoid Cyst 348.0
- ☐ Arterior Venous Malformation 747.81
- ☐ Astrocytoma, specify site 191.x
- ☐ Atypical Face Pain 350.2
- ☐ Brachial Plexus Injury 953.4
- ☐ Carpal Tunnel 354.0
- ☐ Cephalohematoma 767.19
- ☐ Cerebral contusion "see back" 851.0x
- ☐ Cerebral laceration "see back" 851.2x
- ☐ Cerebellar or Brain Stem cont. "see back" ... 851.4x
- ☐ Cerebellar or Brain Stem lac. "see back" 851.6x
- ☐ Cerebral Palsy, Cong. spastic paraplegic 343.0
- ☐ Cerebral Palsy, Cong. spastic quadriplegic ... 343.2
- ☐ Cerebral Palsy, Infantile NOS 343.9
- ☐ Chiari Malformation, Type I 348.4
- ☐ Chiari Malformation, Type II 741.0x
- ☐ Closed Head Injury, intracranial "see back" .. 854.xx
- ☐ Concussion, no LOC 850.0
- ☐ Concussion, w/ LOC "see back" 850.xx
- ☐ CSF otorrhea 388.61
- ☐ CSF rhinorrhea 349.81
- ☐ Craniosynostosis 756.0
- ☐ CVA 434.91
- ☐ Degenerative disc disease, cervical 722.4
- ☐ Degenerative disc disease, lumbar 722.52
- ☐ Degenerative disc disease, thoracic 722.51
- ☐ Dandy Walker Cyst 742.3
- ☐ Diastematomyelia 742.51
- ☐ Encephalocele 742.0
- ☐ Failed low back syndrome 722.83
- ☐ Fever NOS 780.60
- ☐ Following Surgery V67.00
- ☐ Fracture, skull vault w/o intracranial injury 800.0x
- ☐ Fracture, skull vault w/ cerebral lac. & cont. 800.1x
- ☐ Fracture, skull vault w/ SAH, SDH, EDH 800.2x
- ☐ Fracture, skull base w/o intracranial injury 801.0x
- ☐ Fracture, skull base w/ cerebral lac. & cont. 801.1x
- ☐ Fracture, skull base w/ SAH, SDH, EDH 801.2x
- ☐ Fracture, Spine w/o cord injury 805.xx
- ☐ Fracture, Spine w/ cord injury 806.xx
- ☐ Glioblastoma, specify site 191.x
- ☐ Headaches 784.0

Hemorrhage, Brain w/ injury w/o open wound
- ☐ " Extradural "see back" 852.4x
- ☐ " Subdural "see back" 852.2x
- ☐ " Subarachnoid "see back" 852.0x
- ☐ Hemorrhage, Subarachnoid Nontraumatic ... 430
- ☐ HNP, cervical w/o myelopathy 722.0
- ☐ HNP, lumbar w/o myelopathy 722.10
- ☐ HNP, thoracic w/o myelopathy 722.11
- ☐ Hydrocephalic Fetus 653.6x
- ☐ Hydrocephalus, Communicating 331.3
- ☐ Hydrocephalus, Obstructive 331.4
- ☐ Hydrocephalus, Congenital 742.3
- ☐ ICH 431
- ☐ Large Ventricles, Ventriculomegaly 742.4
- ☐ Leptomeningeal cyst 348.0
- ☐ Low Back Pain 724.2
- ☐ Lumbar Instability 724.6
- ☐ Meningioma 225.2
- ☐ Myelomeningocele 741.9X
- ☐ Myelomeningocele, Fetal 653.7X
- ☐ Nausea Only 787.02
- ☐ Nausea With Vomiting 787.01
- ☐ Neoplasm Brain & Spinal Cord, Uncertain beh. 237.5
- ☐ Neoplasm Meninges, Uncertain behavior 237.6
- ☐ Neurofibromatosis, Unspecified 237.70
- ☐ von Recklinghausen, Type 1 ..... 237.71
- ☐ Acoustic, Type 2 ..... 237.72
- ☐ Neuroma, Acoustic 225.1
- ☐ Neuropathy, Lower Extremities 355.71
- ☐ Neuropathy, Peripheral 356.0
- ☐ Papilledema w/ Increased ICP 377.01
- ☐ Pineal Cyst 227.4
- ☐ Pituitary Tumor, Benign 227.3
- ☐ Pituitary, Tumor, Malignant 194.3
- ☐ Plagiocephaly 754.0
- ☐ Radiculitis or Brachial Neuritis 723.4
- ☐ Radiculopathy, Cervical 723.4
- ☐ Radiculopathy, Lumbar/Thoracic 724.4
- ☐ Reflex sympathetic dystrophy, lower limb 337.22
- ☐ Sacral Dimple w/o abscess 685.1
- ☐ Seizure NOS 780.39
- ☐ Shunt, Malfunction 996.2
- ☐ Shunt, Infection/Inflammation 996.63
- ☐ Skull Abnormality 756.0
- ☐ Spina Bifida, Aperta w/ HCP , Cervical 741.01
- ☐ " , Dorsal/Thoracic 741.02
- ☐ " , Lumbar 741.03
- ☐ Spina Bifida, Aperta w/o HCP , Lumbar 741.93
- ☐ Spina Bifida, Fetal 655.0x
- ☐ Spina Bifida, Occulta 756.17
- ☐ Spinal Stenosis, Cervical 723.0
- ☐ Spinal Stenosis, Lumbar 724.02
- ☐ Spondylolisthesis, congenital 756.12
- ☐ Spondylosis, Cervical w/o myelopathy 721.0
- ☐ Spondylosis, Cervical With Myelopathy 721.1
- ☐ Spondylosis, Lumbar 721.3
- ☐ Spondylosis, Lumbar With Myelopathy 721.42
- ☐ Spondylosis, Thoracic 721.2
- ☐ Spondylosis, Thoracic With Myelopathy 721.41
- ☐ Sprain/Strain, Cervical 847.0
- ☐ Sprain/Strain, Lumbar 847.2
- ☐ Sprain/Strain, Thoracic 847.1
- ☐ Syringomyelia 336.0
- ☐ Tethered Cord Syndrome 742.59
- ☐ Trigeminal Neuralgia 350.1
- ☐ Ulnar Neuropathy 354.2
- ☐ Vomiting, Only 787.03

PATIENT INFORMATION



Medications Date Size Frequen Count

Attending Physician's Signature

DATE	TIME	PATIENT	REASON	PRIOR BALANCE
12/11/12	2.30	JAMES A SMOAK	L5-S1 DISC PROTRUS	PAT 0.00 INS 0.00

TICKET NO.	DR.#	DOCTOR	LOCATION	D.O.B.	TODAY'S CHARGE
70628	1216	SWEET	USC NEUROSURGERY	10/01/68	725.00

PATIENT NO.	RESPONSIBLE PARTY	PH#	REFERRING DR.	ADJUSTMENTS
70147	JAMES A SMOAK	803 937 5080	GAILLARD	

SEX M	SEX F	ADDRESS	CITY/STATE	ZIP CODE
X		4053 PLOW ROAD	ORANGEBURG	SC 29115

PT. CODE	OVER 90	OVER 60	OVER 30	CURRENT	TOTAL DUE	PT	BC	CS	PAY CHOICE	TODAY'S PAYMENTS
	0.00	0.00	0.00	0.00	0.00	1	4		0	50.00 CK#1631

INSURANCE COMPANY	BA	SCT	POLICY I.D.	RELATIONSHIP TO INSURED	BALANCE DUE
20% COPAY	Y	I	ECC88350273	SELF X SPOUSE CHILD 672 OTHER	

SSN # 248 59 8198

NEXT APPOINTMENT: Days ____ Weeks ____ Months ____

SPECIAL ORDERS

26

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UNIVERSITY OF SOUTH CAROLINA
SCHOOL OF MEDICINE
UNIVERSITY SPECIALTY CLINICS

C

December 11, 2012

Charles L. Gaillard, M.D.
Post Office Box 524
Bamberg, South Carolina 29003

Re: James Smoak
Chart #: 70147
DOB: 10/01/68

Dear Dr. Gaillard:

Thank you for referring Mr. Smoak to me. I saw him in my office today 12/11/12. As you remember, this 44-year-old, right-handed white male was complaining of pressure on the low back. Constantly giving him trouble, especially with bending and occasional right leg pain.

History of present illness reveals he has had trouble with the low back for ten years. No trauma or history of surgery. He repairs lawnmowers and bends a lot. He felt a pull in his back 10/17/12. He was extremely sore, but he has gotten a little better. Basically, he has some pain 1-2, unless he bends over and he has more pain in the back. He states this is an achy type of pain. Pain is 95% back pain. According the patient and his wife has had three flare-ups in the past six months.

He has been seeing a chiropractor for years. No diabetes and nonsmoking.

I discussed the medical history, surgical history, social history, and family medical history with the patient. No surgery. No past medical history. He takes Zocor, Allegra, and Uloric. No allergies. He is married, a repair operator. He has missed eight weeks of work. He smokes. No alcohol, no drugs. There is a history of lung and skin cancer in his family.

A 10-point review of systems was done and was positive for ankle swelling; numbness and tingling, pain hips, legs, knees, feet, low back; weakness in the legs.

Physical examination reveals a 6 feet 5 inches, 325-pound male in no acute distress. Blood pressure 140/100. Pulse 68. Respirations 16. He does have glasses. Ears, nose, and throat: He has a mustache. Head and face: Moderate pain. Respiratory: Lungs clear. Cardiovascular: Heart regular rate and rhythm. GI: Abdomen is soft, benign. GU/Rectal: Deferred. Skin: Unremarkable. Musculoskeletal: No swollen joints. Limbs/extremities: Dorsalis pedis pulse intact. Good range of motion of the neck. Straight leg-raising test is negative.

Neurological Exam: Oriented x3 and cooperative. No aphasia. Cranial nerves II-XII. Pupils equal and reactive to light. Full extraocular movements. Symmetrical face. Hearing and vision are grossly intact. Tongue midline. Motor exam: Good strength all four extremities. Pin and position intact. DTRs absent in the lower extremities. Finger-nose-finger intact. No Babinski. The gait is somewhat slow.

MRI showed some lumbar spondylosis. He also has, by history, gout in the ankles.

I see no evidence of a surgical problem. I have suggested continued medical management and perhaps consideration of a pain clinic evaluation.

Sincerely,

Raymond C. Sweet, M.D., F.A.C.S.

RCS:TrUSA0366-348077

m-12-18-12

UNIVERSITY SPECIALTY CLINICS - NEUROSURGERY
Three Richland Medical Park, Suite 310, Columbia, SC 29203
803-434-8323, FAX 803-434-8326

SOUTHEASTERN SPINE INSTITUTE

January 17, 2013

Charles Gaillard, M.D.
131 Buford Ave
Anderson, SC 29621

RE: James Smoak
DOB: 10/01/1968
Patient # 679610

Dear Dr. Gaillard:

Thank you for the referral of your patient Mr. James Smoak. As you know, Mr. James Smoak is a 44-year-old white male that presents today with low back pain. Mr. Smoak has had this low back pain since October 17, 2012, when he was bent over working on a lawnmower and felt something extremely painful in his back. At that time, he was unable to stand up and had to be helped into a wheelchair. Following the accident, Mr. Smoak went to a chiropractor for which the chiropractor used a TENS unit for relief. The following day Mr. Smoak was seen by his primary care doctor and they obtained a lumbar MRI, see results below. Since the accident, Mr. Smoak has had low back pain right in the center of his back that radiates to his right buttocks. He denies any radiation into the lower extremities and denies any pain on the left side. The pain is made worse with bending, twisting, or lifting. His pain is better when he sits with his back supported either by a back brace or a chair.

He rates his pain a 5 out of 10. He compares his pain as 75% back pain and 25% buttock pain. Mr. Smoak has had pain in his back prior to the accident on and off but the pain has never been to this extent. Mr. Smoak has been out of work for about three months due to this injury.

PAST MEDICAL HISTORY: Gout and high cholesterol.

MEDICATIONS: Allegra, Naproxen, Zocor, and Uloric.

ALLERGIES: No known drug allergies.

REVIEW OF SYSTEMS: Reviewed per patient intake packet.

FAMILY HISTORY: Arthritis, back pain, cancer, and stroke.

SMOAK, JAMES
Patient # 679610
DOB: 10/01/1968
January 17, 2013
Page 2

SOCIAL HISTORY: Mr. Smoak is married and works as lawnmower repair man for Husqvarna. He has been out of work for the past three months due to this injury. He denies alcohol use and does chew tobacco.

PHYSICAL EXAM: The patient is 6 foot 5 inches weighing 325 pounds. There is no tenderness over his cervical or thoracic spine. There is tenderness over the superior aspect of his lumbar spine. No tenderness into his buttock region. Strength in his lower extremities are 5/5 in all major muscle groups bilaterally. He has a negative straight leg raise bilaterally; however, with raising his leg there is pain in his back. There is decreased flexion due secondary to pain. He is able to extend. Strength in the upper extremities is 5/5 in all major muscle groups. Deep tendon reflexes of the patella and Achilles tendon are intact and symmetrical. Mr. Smoak has full range of motion of his neck without pain. No focal or sensory deficits. No dysvascular skin changes or rashes. No edema. No respiratory or cardiovascular distress.

RADIOLOGIC STUDIES: I reviewed the lumbar MRI Mr. Smoak had on 10/25/12; this revealed degenerative discs at the L5-S1, L4-5, and L3-4 levels. Also, at the L2-3 level there is a contained disc bulge with a possible annular tear with possible compression of the L3 nerve root and also disc protrusion at the L5-S1 level to the right of the mid line causing right lateral recess stenosis.

PLAN: Given Mr. Smoak's MRI findings along with the consistent physical exam findings of superior low back pain, all axial, we recommend an L2-3 LESI; this should be on the right side. Hopefully he can get this done today, as they does travel from Orangeburg, South Carolina; scheduling for this is underway. He will return to the clinic in two to three weeks for follow up. In the meantime, I have prescribed Tramadol for analgesia. I discussed the plan stated above with Mr. Smoak and his wife and they are both in agreement to proceed.

Thank you, Dr. Gaillard for the referral of your patient Mr. James Smoak. We certainly will keep you informed with any treatment moving forward. If you have any questions, please don't hesitate to call or write.

Thank you,

John F. Johnson, M.D.

JFJ/HK/sk
CC: Danny Wilson, Esquire

PATIENT MEDICATION MANAGEMENT AGREEMENT

Patient Name: James A. Smoak Pharmacy: _____

Doctor: _____ Family Doctor: _____

Please read and initial the following:

JAS Only your physician at The Southeastern Spine Institute will prescribe narcotic medication for you. It is our legal obligation to contact DHEC if we find you are getting medication from any other providers.

JAS You agree not to ask for narcotic medication from any other doctor without the knowledge and assent of your physician at The Southeastern Spine Institute.

JAS You agree to keep all scheduled appointments, not just with your physician, but also with recommended therapists and physicians. Three or more missed appointments or same day cancellations will lead to patient dismissal.

JAS No prescriptions will be refilled early.

JAS No prescriptions will be refilled if you lose, destroy, or have any of your medication stolen.

JAS Prescription refills will be authorized only during regular office hours. If you want to refill your prescription, call two working days in advance of renewal date.

JAS Patients taking chronic narcotics should NOT drink alcohol.

JAS No prescription dosage changes will be made without an office visit.

JAS Prefer Only one Pharmacy may be used.

JAS You agree to comply fully with all aspects of your treatment program including behavioral medicine (psychology/psychiatry) and physical therapy, if recommended. Failure to do so may result in discontinuation of your medication and referral to another provider or treatment center.

JAS Successful pain management includes using multiple interventions, including active participation in regular exercise and use of psychological coping strategies. Failure to follow the prescribed treatment plan including medication, therapy, etc., may result in discontinuation of medication and/or referral to another provider or treatment center.

JAS Southeatern Spine reserves the right to check the South Carolina DHEC Drug website to ensure patient is not receiving narcotics from other physicians.

Side Effects:

Opioids (narcotics) may cause drowsiness that can be worsened with alcohol, benzodiazepines, and other sedating medications. Use care when driving and operating machinery. An overdose can cause severe side effects, even death.

Other common, usually temporary, side effects include nausea, itching, and sweating. Psychological depression and lowered testosterone levels (in men) may also occur. Sleep apnea, if present, may be worsened by opioids. Constipation commonly occurs and often does not improve with time. It is impossible to predict opioid side effects in any individual patient. Having side effects on one opioid does not necessarily mean there will be side effects on another opioid.

You must take opioids only as directed. Federal law prohibits giving this medication to anyone else. Physical dependence will develop with regular use but does not by itself indicate addiction; this means that a withdrawal syndrome will develop if you stop your medication abruptly. Tolerance may develop to the pain-relieving effects of opioids; this means that the pain relief may decrease over time, but in chronic pain states this usually occurs slowly if at all.

Not all pain conditions respond to opioids. Some pain may only be partially responsive to opioid therapy. Total elimination of pain is an unrealistic goal. Increasing dosages may indicate that opioids are not effective or that there is an underlying problem with addiction or psychological dependence. Discontinuation of opioid medications may need to be done under these circumstances: Not enough pain relief, persistent side effects, not achieving goals of opioid treatment (such as improvement in function), problematic dosage increases, or inability to comply with the treatment agreement.

I, the undersigned, agree to follow these guidelines that have been fully explained to me. All of my questions and concerns regarding treatment have been adequately answered.

I, the undersigned, give permission to my pain doctor to contact my other healthcare providers for the purposes of sharing information concerning my situation as is deemed necessary for coordinated, high-quality care.

If I do not follow these guidelines fully, my doctor may stop opioid treatment and refer me elsewhere for care.

A copy of this document has been given to me.

Patient Signature: James A. Smith Date: 1/15/13

Physician Signature: _____ Date: _____

Use the body diagram below to indicate the location of any of the 5 sensations listed. Mark the areas on the drawings with the symbol that best describes the sensation that you feel.

= = = = = = =	Numbness
O O O O O	Pins and needles
X X X X X	Burning Pain
/ / / / / / / / /	Stabbing Pain
^ ^ ^ ^ ^ ^ ^	Aching Pain

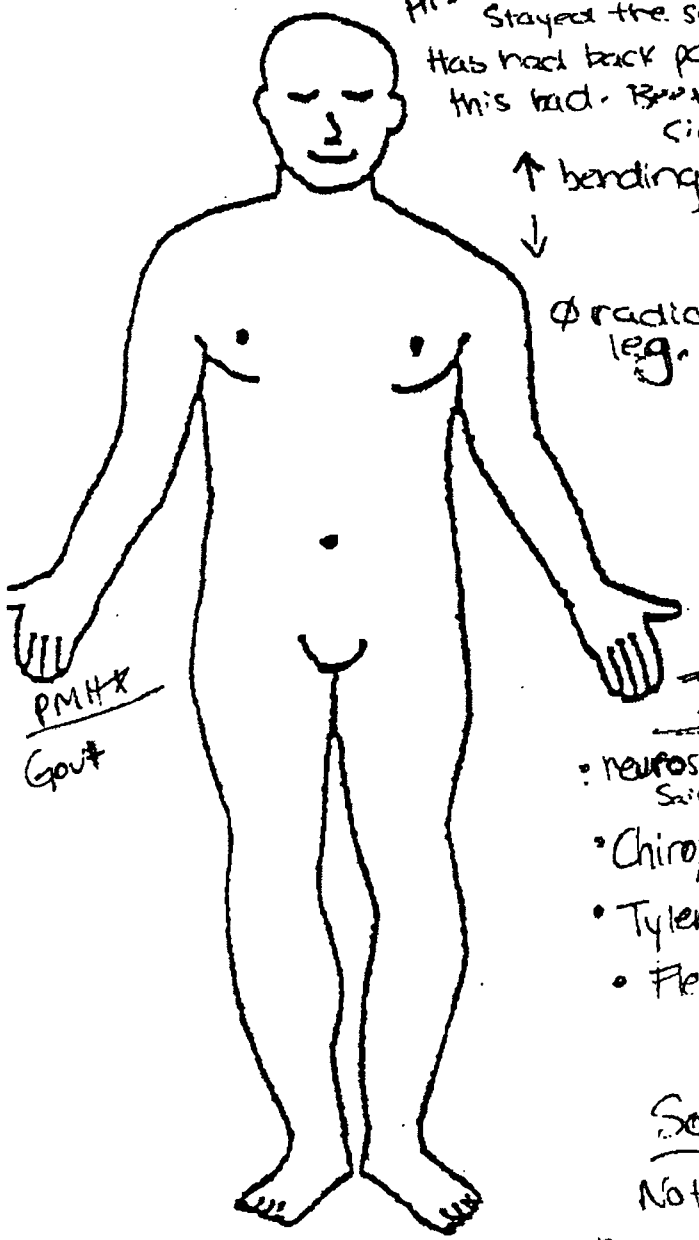
FRONT

BACK

Right

Left

Right

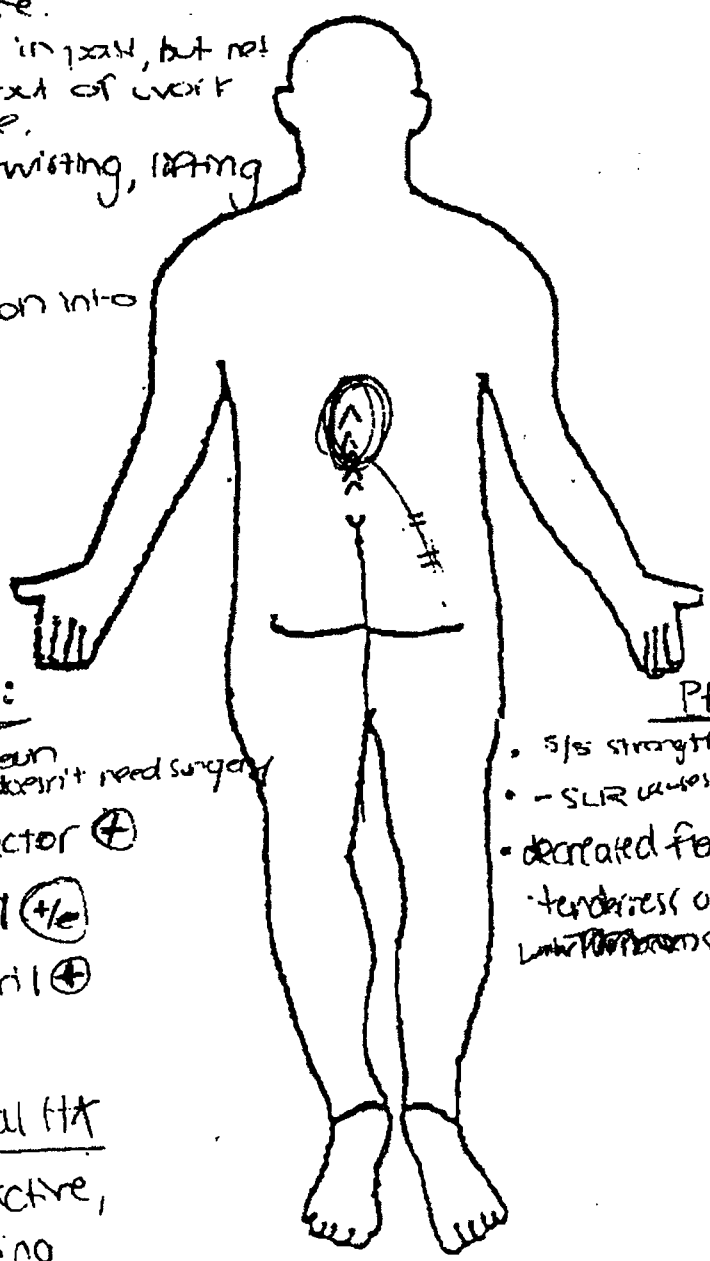


HPI: Oct 17 accident at work
Stayed the same.
Has had back pain in past, but not this bad. Been out of work since.
↑ bending, twisting, lifting
↓
Ø radiation into leg.

PMHx
Gout

Tx:
- neurosurgeon Said doesn't need surgery
- Chiropractor ⊕
- Tylenol ⊕/⊖
- Flexeril ⊕

Social Hx
Not active, not working



PE
- 5/5 strength in LE
- - SLR causes back pain
- decreased flexion
- tenderness over Lumbar/Thoracic spine,

1. Soma
2. Tramadol

(1) Who referred you to us?
Dr. Gaillard - Dr Dale Padgett's office • Danny Wilson.

(2) Who is your primary care physician?
Dr. Charles Gaillard.

(3) Briefly describe the details of your injury or the initial onset of your symptoms:
I was at work, bent over a lawnmower working, when I felt extreme pain in lower back and it felt as if something had moved in my back. I was not able to stand up and had to be helped into a wheelchair.

(4) How long have the symptoms been present?
Since the accident on october 17, 2012

(5) Please provide the following information:
If this was a work injury or a motor vehicle accident: work injury
Please briefly describe the accident/injury: _____

Were you taken to the hospital? Yes (No)

Were you hospitalized? Yes (No)

What physicians (or other) healthcare professionals who have treated you for this injury to date?
Chiropractor

(6) How would you compare your pain ratio (circle one)

FOR BACK AND LEG PAIN ONLY
1 = 100% back pain and 0% leg pain
(2) = 75% back pain and 25% leg pain
3 = 50% back pain and 50% leg pain
4 = 25% back pain and 75% leg pain
5 = 0% back pain and 100% leg pain

FOR NECK AND ARM PAIN ONLY
1 = 100% neck pain and 0% arm pain
2 = 75% neck pain and 25% arm pain
3 = 50% neck pain and 50% arm pain
4 = 25% neck pain and 75% arm pain
5 = 0% neck pain and 100% arm pain

W/C w/attorney

(7) Put a check mark next to the activities which change the nature of your pain:

		Aggravates	Relieves
1.	Sitting		✓
2.	Standing	✓	
3.	Rising from sitting		
4.	Leaning forward (Brushing teeth)	✓	
5.	Walking		
6.	Lying on your side		✓
7.	Lying on your back	✓	
8.	Lying on your stomach		
9.	Driving		
10.	Coughing/sneezing	✓	
11.	Bending forward	✓	

(8) Please circle the number that best applies to your usual level of pain.
0 = No pain
10 = Pain as bad as it can be

0 1 2 3 4 (5) 6 7 8 9 10

(9) What makes your pain better?
Sitting with back support

(10) What makes your pain worse?
any type of bending forward

(11) Circle the tests that have been performed thus far:
X-ray CT-Scan Myelogram (MRI) EMG
Other: _____

(12) Circle the treatment that you have had so far:
Back Brace Nerve Block Physical Therapy (Chiropractic)
TENS Unit
Other: _____

(13) Have you had any previous neck or back problems or surgeries? Describe:
No surgeries, have had previous back problems intermittent since Middle School.

(14) List all major illnesses (glaucoma, diabetes, high blood pressure, heart attack, etc.) or injuries (concussion, etc.):
Gout in ankles, on medication

(15) List any medications you currently take: Ultric, Naproxen, Zocor, Allegra

(16) Do you have allergies to any medications? YES (NO)
If YES, list the medications: _____

(17) Do you currently have any problems in the following areas? If YES, please provide additional information.

	YES	NO	Details
Eyes (poor vision, eye pain, tearing, redness, etc.)		✓	
General / constitutional (fever, heat stroke, weight loss, weight gain, unusually tired)		✓	
Ears, nose, throat (hard of hearing, stuffy nose, earache, cough, dry mouth, etc.)		✓	
Cardiovascular (high bp, racing pulse, etc.)		✓	
Respiratory (congestion, wheezing, short of breath, etc.)		✓	
Gastrointestinal (stomach upset, diarrhea, constipation, hernia, ulcers, etc.)		✓	
Genital, kidney, bladder (painful urination, frequent urination, impotence, yellow jaundice, etc.)		✓	
Females are you pregnant? Nursing?	—	—	
Muscles, bones, joints (joint pain, stiffness, swelling, cramps, arthritis, etc.)			
Skin (pimples, warts, growths, rash, etc.)		✓	
Neurological (numbness, headache, seizures, paralysis, etc.)			
Psychiatric (anxiety, depression, insomnia)		✓	
Endocrine (diabetes, hypothyroid, etc.)		✓	
Blood / lymph (bleeding, cholesterolemia, anemia, problems related to blood transfusion, etc.)		✓	
Allergic / immunologic (sneezing, swelling, redness, itching, hives, lupus, etc.)	✓		have seasonal allergies.

(18) Social History
Have you ever had a blood transfusion? ..... YES (NO)

Do you drink alcohol ..... YES (NO) If YES, how much? _____

Do you presently smoke? (YES) NO If YES, how many packs per day? ___ smokeless.
How many years? _____

Are you a past smoker? ..... (YES) NO If YES, how many packs per day? _____
How many years? _____

(19) Family History of: (Please Circle)

(1) Arthritis	5- Diabetes	9- Tuberculosis
(2) Back Pain	6- Glaucoma	10- Other Inheritable Diseases
3- Neck Pain	(7) Cancer	11- Blood Transfusion - yes or no
4- Hypertension	(8) Stroke	

Other _____

(20) Are you (circle one)

1- Unemployed	(2) Employed	3- Homemaker
4- Student	5- Retired	

(21) If you selected "1" or "2", please answer the following questions:

1- If you have been off work this year, how much time have you lost?

1- Unknown	2- About 1 day
3- About 3 days	4- About a week
5- About 1 month	(6) About 3 months
7- About 6 months	8- About 6 months to a year

(22) To help us better understand the physical stresses during your work day, please tell us what type of job you do.

Job Description:
Lawn mower repairman -

Employer:
Husqvarna

(23) If you want to make any additional comments please do so below and on the back of this page.

Patient Signature James A. Smith **Date** 1/15/13

Southeastern Spine Institute

PATIENT INFORMATION

Name: James A Smoak	Patient Number:679610
Address One: 4053 Plow Rd	SSN:248-59-8198
Address Two:	Date of Birth: 10/01/1968
City: Orangeburg	Sex: M
State: SC County:OR	Ethnicity:
Zip: 29115	Emergency Phone#:
Home Phone#: (803) 347-0231	Emergency Contact:
Work Phone#:	Employer:
Cell Phone#:	Referring Doctor:Gaillard, Charles

GUARANTOR INFORMATION

Name: James A Smoak	Date of Birth: 10/01/1968
Address One: 4053 Plow Rd	
Address Two:	
City: Orangeburg	Employer:
State: SC Zip: 29115	Employer Address:
Home Phone#: (803) 347-0231	Employer City:
Work Phone#:	Employer State: Zip:
Cell Phone#:	

INSURANCE INFORMATION

Primary Insurance: Bluechoice Health Plan	Secondary Insurance:
Certificate#: ZCC88350273	Certificate#:
Group Number:	Group Number:
Group Name:	Group Name:
Address:PO Box 6170 Columbia SC 29260-6170	Address:
Subscriber Name:Dawn Smoak	Subscriber Name:
Workers Comp Insurance:	Certificate#

Authorization To Pay Benefits To Physician: I authorize the release of medical or other information necessary to process health insurance claims. I also request payment of benefits to myself or to my Provider, when he accepts assignment.
Authorization To Release Medical Information. I hereby authorize my Provider, to release any information necessary for my course of treatment.

Signed (patient or parent if minor) Date

SOUTHEASTERN SPINE INSTITUTE

SMOAK, JAMES
Patient # 679610
DOB: 10/01/1968
February 7, 2013

Mr. Smoak is seen in follow-up from his 2-3 LESI done on 1/17/13. He states for three days he had virtually no symptoms at all, but then started having to take pain medicine to sleep because of pain. He has had a gradual worsening of his symptoms. He states he has no sharp pain, but with prolonged positions or bending, it can be severe. If he continues a position or activity past the point of pain, he states it feels like his "back is locking up." He has remained out of work and, since he was injured at work, is trying to get South Carolina Workers' Comp to take his case.

I have reviewed his MRI scan which shows multilevel degenerative changes with disc bulges and annular tears.

Since he did have transient improvement, I have recommended a repeat injection at 2-3 with caudal flow. He should remain out of work. He has analgesic medicine at home. We will see him back in the clinic in 2-3 weeks.

John F. Johnson, M.D.

JFJ/js
CC: Charles Gaillard, M.D.
Danny Wilson, Esquire

1106 Chuck Dawley Blvd. Mt. Pleasant, SC 29464 (843) 849-1551 Fax (843) 884-0629

Southeastern Spine Institute ASC
Mt. Pleasant – Chuck Dawley

Patient: Smoak, James Date: February 7, 2013
ID: # 679610

Physician: Leonard E. Forrest, M.D.

Preoperative Diagnosis: Disc Disruption.

Postoperative Diagnosis: Disc Disruption.

Operation: L2-3 Lumbar Epidural Steroid Injection

Procedure Note:

After informed consent was obtained from the patient, and IV placed, the patient was taken to the Block Suite and placed prone on the fluoroscopy table. Conscious sedation obtained using IV Versed. Under fluoroscopy the appropriate sites of injection were identified and the overlying skin marked. The area was then prepped and draped in the usual sterile fashion. The skin and subcutaneous tissues were anesthetized with 1% Lidocaine. A 3½ inch 17 gauge Tuohy needle was advanced to the appropriate interspace. The epidural space was reached utilizing loss of resistance technique. Correct positioning was confirmed under fluoroscopy with 1 cc Isovue contrast dye (200 mg/mL iodine) with good epidural flow. Aspiration was negative for blood and CSF. Then a solution of 2 cc 1% Lidocaine and 80 mg of methylprednisolone was injected.

Vital signs were monitored including blood pressure, pulse, and 0_2 saturation prior to, during, and after the procedure. The patient tolerated the procedure well without complications and was discharged without incident.

Leonard E. Forrest, M.D.

LEF/jbb
T: 02/08/2013

SOUTHEASTERN SPINE INSTITUTE

Steven C. Priletti, MD
B. Blake Dennis, MD
Daisy Butler, PA-C
Justin Swain, PA-C
Amanda Taurber, PA-C

CONSERVATIVE SPINE CARE
Leonard E. Forrest, MD
John F. Johnson, MD
G. Robert Richardson III, MD

PAIN MANAGEMENT
Mark D. Netherton, MD
Blaire Richardson, MD
Virginia Blease, PA-C
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[illegible] Dunes Drive Blvd., Suite 200
Mt. Pleasant, SC 29464

(843) 849-1551
Fax 884-0629
1-800-432-0174

1941 Savage Rd., Ste. 103E
Charleston, SC 29407
(843) 763-2725

Patient Status Report

Date: 2/07/13 Name: James Smoak

Diagnosis: _____

Work Limitations

None	
Cannot Work	✓
May Work with Restrictions	

* Patient is currently unable to work due to spinal condition. We will re-evaluate at next appointment.

Restrictions

Lifting 0 to 5 lbs.	
Lifting 0 to 20 lbs.	
Lifting 50 and more lbs.	
Pushing	
Bending	
Pulling	
Twisting	
Alternate sitting and standing	
No sweeping or vacuuming	

Treatment Plan

_____

_____

_____

Signature: _____

Follow-Up Appointment: 3/07/13 @ 2:50 PM.

SOUTHEASTERN SPINE INSTITUTE

SMOAK, JAMES
Patient # 679610
DOB: 10/01/1968
March 21, 2013

Mr. Smoak returns following his 2-3 LESI done on 2/7/13, his second injection this year. He states this one was quite painful, but he had no improvement afterwards. He is very frustrated with his situation stating he is not only missing work, but hunting season. He has been taking ½ Lortab twice a day. He has remained out of work since we last saw him.

His exam is essentially unchanged.

I have reviewed his MRI scan again. He has some multilevel degenerative changes, particularly at 2-3 and 5-1. This does not appear to be medically serious in the sense that he should come to surgery. It is possible his lack of response and primarily axial complaints are an indication his symptoms are facetogenic in nature. To this end, I have recommended proceeding with a right 2-3, 3-4 and 4-5 facet joint injection which I think could be both diagnostic as well as therapeutic. We will have him get into some formal physical therapy for application of modalities and instruction on a stabilization home exercise program. I have given him Lortab for analgesia with the admonishment to use it sparingly. Finally, I have recommended that he remain out of work until we see him back in a couple of weeks for reevaluation.

John F. Johnson, M.D.

JFJ/js
CC: Charles Gaillard, M.D.
Danny Wilson, Esquire

WILSON LAW OFFICE, LLC #679610

597 Old Mount Holly Road, Suite 202
Goose Creek, South Carolina 29445

William D. Wilson, Jr.
Attorney at Law

TEL 843-553-6799
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wilson-law@comcast.net

Mailing Address:
Post Office Box 538
Goose Creek, SC 29445

March 27, 2013

John F. Johnson, MD
Southeastern Spine Institute
1106 Chuck Dawley Blvd.
Mt. Pleasant, SC 29464

Re: James A. Smoak v. Husqvarna
SCWCC No. 1214612

Dear Dr. Johnson:

This office represents Mr. James A. Smoak for an injury to his low back which occurred on October 17, 2012 while at work for Husqvarna. In reviewing his medical chart, it doesn't appear that you have rendered an opinion to a reasonable degree of medical certainty as to whether or not his complaints of pain and his low back injury were work related. We ask for a quick response as we have a hearing scheduled April 19, 2013. If you have any questions, please do not hesitate to contact us.

Sincerely,

William D. Wilson, Jr.

James A. Smoak was referred to me by his primary care physician, Charles Gaillard, MD and is a current patient of mine. Mr. Smoak suffered an injury at work to his low back on October 17, 2012. On October 25, 2012, Mr. Smoak had a Lumbar MRI which revealed degenerative changes at L3-4, L4-5, and L5-S1. In addition, he had a disc bulge at L2-3 with a possible annular tear with compression of the L3 nerve root and a disc protrusion at L5-S1 to the right of the mid-line causing right lateral recess stenosis. As a result of my treatment of Mr. Smoak, it is my opinion to a reasonable degree of medical certainty that Mr. Smoak's pre-existing low back injury was aggravated by an on the job injury which occurred on October 17, 2012. Further, it is my opinion to a reasonable degree of medical certainty that Mr. Smoak suffered a new injury to his low back with radicular symptoms into his buttocks from the same incident on October 17, 2012.

John F. Johnson, M.D. Date

SOUTHEASTERN SPINE INSTITUTE

SMOAK, JAMES
Patient # 679610
DOB: 10/01/1968
April 18, 2013

Mr. Smoak is seen in follow-up from his right 2-3, 3-4 and 4-5 facet joint injection done on 3/21/13. He states that Monday while trying to get out of bed bending over, he had a sensation of severe fire running down his back and legs. He had physical therapy afterwards and states he "couldn't move." He is much worse now than he was when we previously saw him.

On exam, he is in obvious discomfort. He has tenderness to palpation throughout his spine. He has a flexed posture of the lumbar spine. He has decreased range of motion particularly to full extension. He has an antalgic gait with a slow cadence and shortened step. Lower extremity strength is intact. Sensation is normal. Deep tendon reflexes are symmetrical. Straight leg raise is positive bilaterally.

Assessment: Rule out disc disruption.

Plan: At this point, given the dramatic change in his symptoms, I think further diagnostic tests need to be performed, in particular an MRI scan fairly urgently. I have given him some Soma as a muscle relaxant. We will try to get this scan scheduled as soon as possible and see him back in the clinic directly afterwards or do a call report.

John F. Johnson, M.D.

JFJ/js
CC: Charles Gaillard, M.D.
Danny Wilson, Esquire

SOUTHEASTERN SPINE INSTITUTE

SMOAK, JAMES
Patient # 679610
DOB: 10/01/1968
April 23, 2013

ADDENDUM:

I have reviewed Mr. Smoak's MRI scan of the lumbar spine. I do have the official radiologist report. I have gone over the scan in detail. There is worsening of disc protrusion to disc herniation to the right at L5-S1. There is probable compression of the right S1 nerve root. At 4-5, there is disc bulging with increased intensity consistent with annular tear. Slight bulging at L3-4 with central annular tear. Slight tearing at L2-3.

Mr. Smoak has had three injections so far. He would like to hold off on doing another injection since he has had no improvement with these three thus far. I have discussed the possibility of him seeing a surgeon and he would like to proceed with this option. Scheduling for this is currently underway. We would be happy to see Mr. Smoak back as needed.

Kirsten Loeffler, PA-C

KL/js
CC: Charles Gaillard, M.D.
Danny Wilson, Esquire

0126832

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Columbia, SC 29260-6170

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DAWN M SMOAK
4053 PLOW RD
ORANGEBURG SC 29115

0001 OF 0002 00926

October 29, 2012

SUMMARY INFORMATION

Patient's Name	Relationship to Policyholder	ID No.	Claim No.
JAMES A SMOAK	SPOUSE	ZCC88350273	K2I934378-00-00

TOTAL CHARGE FOR YOUR CLAIM:	TOTAL AMOUNT WE PAID: Sent to Provider	WHAT YOU OWE PROVIDER: The provider can bill you for this amount if you have not yet paid.
90.00	19.00	25.00

To date, you have satisfied 0.00 of the 500.00 deductible for the benefit period that began 01/01/2012. This claim contributed 0.00 toward your out-of-pocket maximum. You have satisfied 0.00 of the 2,000.00 out-of-pocket maximum for this benefit period. We paid a total of 76.00 for this person this benefit period.

DETAIL INFORMATION

Provider	R. DALE RADGETT, M.			
Network Participation	YES			
Dates of Service	10/18/12			
Type of Service	OFFICE VISIT(S)			
Charge	90.00			
Amount Not Covered	46.00 1*			
Covered Expenses	44.00			
Deductible	0.00			
Copayment	25.00			
Allowed Amount	19.00			
Coinsurance	0.00			
Amount Paid	19.00			

*** Please refer to the remarks section.**

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DAWN M SMOAK
4053 PLOW RD
ORANGEBURG SC 29115

0001 OF 0002 002629

October 29, 2012

SUMMARY INFORMATION

Patient's Name	Relationship to Policyholder	ID No.	Claim No.
JAMES A SMOAK	SPOUSE	ZCC88350273	K21994280-00-00

TOTAL CHARGE FOR YOUR CLAIM:	TOTAL AMOUNT WE PAID: Sent to Provider	WHAT YOU OWE PROVIDER: The provider can bill you for this amount if you have not yet paid.
90.00	19.00	25.00

To date, you have satisfied 0.00 of the 500.00 deductible for the benefit period that began 01/01/2012. This claim contributed 0.00 toward your out-of-pocket maximum. You have satisfied 0.00 of the 2,000.00 out-of-pocket maximum for this benefit period. We paid a total of 95.00 for this person this benefit period.

DETAIL INFORMATION

Provider	R. DALE PADGETT M			
Network Participation	YES			
Dates of Service	10/24/12			
Type of Service	OFFICE VISIT(S)			
Charge	90.00			
Amount Not Covered	46.00 1*			
Covered Expenses	44.00			
Deductible	0.00			
Copayment	25.00			
Allowed Amount	19.00			
Coinsurance	0.00			
Amount Paid	19.00			

*** Please refer to the remarks section.**

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DAWN M SMOAK
4053 PLOW RD
ORANGEBURG SC 29115

0001 OF 0002 000000

October 29, 2012

SUMMARY INFORMATION

Patient's Name	Relationship to Policyholder	ID No.	Claim No.
JAMES A SMOAK	SPOUSE	ZCC88350273	K2J004184-00-00

TOTAL CHARGE FOR YOUR CLAIM:	TOTAL AMOUNT WE PAID:	WHAT YOU OWE PROVIDER:
1,323.00	446.72 Sent to Provider	611.68 The provider can bill you for this amount if you have not yet paid.

To date, you have satisfied 500.00 of the 500.00 deductible for the benefit period that began 01/01/2012. This claim contributed 111.68 toward your out-of-pocket maximum. You have satisfied 111.68 of the 2,000.00 out-of-pocket maximum for this benefit period. We paid a total of 541.72 for this person this benefit period.

DETAIL INFORMATION

Provider	ADVANCED DIAGNOSTI	ADVANCED DIAGNOSTI		
Network Participation	YES	YES		
Dates of Service	10/25/12	10/25/12		
Type of Service	OFFICE RADIOLOGY	OFFICE RADIOLOGY		
Charge	73.00	1,250.00		
Amount Not Covered	14.60 1*	250.00 1*		
Covered Expenses	58.40	1,000.00		
Deductible	58.40	441.60		
Copayment	0.00	0.00		
Allowed Amount	0.00	558.40		
Coinsurance	0.00	111.68		
Amount Paid	0.00	446.72		

* Please refer to the remarks section.

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DAWN M SMOAK
4053 PLOW RD
ORANGEBURG SC 29115

002981
0001 of 0002

November 05, 2012

SUMMARY INFORMATION

Patient's Name	Relationship to Policyholder	ID No.	Claim No.
JAMES A SMOAK	SPOUSE	ZCC88350273	K2J064492-00-00

TOTAL CHARGE FOR YOUR CLAIM:	TOTAL AMOUNT WE PAID:	WHAT YOU OWE PROVIDER:
90.00	19.00 Sent to Provider	25.00 The provider can bill you for this amount if you have not yet paid.

To date, you have satisfied 500.00 of the 500.00 deductible for the benefit period that began 01/01/2012. This claim contributed 0.00 toward your out-of-pocket maximum. You have satisfied 111.68 of the 2,000.00 out-of-pocket maximum for this benefit period. We paid a total of 560.72 for this person this benefit period.

DETAIL INFORMATION

Provider	R. DALE PADGETT,M.			
Network Participation	YES			
Dates of Service	10/31/12			
Type of Service	OFFICE VISIT(S)			
Charge	90.00			
Amount Not Covered	46.00 1*			
Covered Expenses	44.00			
Deductible	0.00			
Copayment	25.00			
Allowed Amount	19.00			
Coinsurance	0.00			
Amount Paid	19.00			

* Please refer to the remarks section.

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DAWN M SMOAK
4053 PLOW RD
ORANGEBURG SC 29115

0001 of 0002 003254

November 19, 2012

SUMMARY INFORMATION

Patient's Name	Relationship to Policyholder	ID No.	Claim No.
JAMES A SMOAK	SPOUSE	ZCC88350273	K2J204311-00-00

TOTAL CHARGE FOR YOUR CLAIM:	TOTAL AMOUNT WE PAID: Sent to Provider	WHAT YOU OWE PROVIDER: The provider can bill you for this amount if you have not yet paid.
90.00	19.00	25.00

To date, you have satisfied 500.00 of the 500.00 deductible for the benefit period that began 01/01/2012. This claim contributed 0.00 toward your out-of-pocket maximum. You have satisfied 111.68 of the 2,000.00 out-of-pocket maximum for this benefit period. We paid a total of 579.72 for this person this benefit period.

DETAIL INFORMATION

Provider	R. DALE PADGETT,M.			
Network Participation	YES			
Dates of Service	11/14/12			
Type of Service	OFFICE VISIT(S)			
Charge	90.00			
Amount Not Covered	46.00 1*			
Covered Expenses	44.00			
Deductible	0.00			
Copayment	25.00			
Allowed Amount	19.00			
Coinsurance	0.00			
Amount Paid	19.00			

* Please refer to the remarks section.

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DAWN M SMOAK
4053 PLOW RD
ORANGEBURG SC 29115

0001 of 0002 000000

December 20, 2012

SUMMARY INFORMATION

Patient's Name	Relationship to Policyholder	ID No.	Claim No.
JAMES A SMOAK	SPOUSE	ZCC88350273	K2J544243-00-00

TOTAL CHARGE FOR YOUR CLAIM:	TOTAL AMOUNT WE PAID: Sent to Provider	WHAT YOU OWE PROVIDER: The provider can bill you for this amount if you have not yet paid.
725.00	128.09	32.02

To date, you have satisfied 500.00 of the 500.00 deductible for the benefit period that began 01/01/2012. This claim contributed 32.02 toward your out-of-pocket maximum. You have satisfied 143.70 of the 2,000.00 out-of-pocket maximum for this benefit period. We paid a total of 726.81 for this person this benefit period.

DETAIL INFORMATION

Provider	UNIVERSITY SPECIAL			
Network Participation	YES			
Dates of Service	12/11/12			
Type of Service	CONSULTATION			
Charge	725.00			
Amount Not Covered	564.89 1*			
Covered Expenses	160.11			
Deductible	0.00			
Copayment	0.00			
Allowed Amount	160.11			
Coinsurance	32.02			
Amount Paid	128.09			

* Please refer to the remarks section.

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DAWN M SMOAK
4053 PLOW RD
ORANGEBURG SC 29115

0001 of 0002 003320

December 24, 2012

SUMMARY INFORMATION

Patient's Name	Relationship to Policyholder	ID No.	Claim No.
JAMES A SMOAK	SPOUSE	ZCC88350273	K2J494083-00-00

TOTAL CHARGE FOR YOUR CLAIM:	TOTAL AMOUNT WE PAID:	WHAT YOU OWE PROVIDER:
90.00	19.00 Sent to Provider	25.00 The provider can bill you for this amount if you have not yet paid.

To date, you have satisfied 500.00 of the 500.00 deductible for the benefit period that began 01/01/2012. This claim contributed 0.00 toward your out-of-pocket maximum. You have satisfied 111.68 of the 2,000.00 out-of-pocket maximum for this benefit period. We paid a total of 598.72 for this person this benefit period.

DETAIL INFORMATION

Provider	R. DALE PADGETT M.			
Network Participation	YES			
Dates of Service	12/13/12			
Type of Service	OFFICE VISIT(S)			
Charge	90.00			
Amount Not Covered	46.00 1*			
Covered Expenses	44.00			
Deductible	0.00			
Copayment	25.00			
Allowed Amount	19.00			
Coinsurance	0.00			
Amount Paid	19.00			

* Please refer to the remarks section.

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DAWN M SMOAK
4053 PLOW RD
ORANGEBURG SC 29115

002378 0001 of 0002

January 21, 2013

SUMMARY INFORMATION

Patient's Name	Relationship to Policyholder	ID No.	Claim No.
JAMES A SMOAK	SPOUSE	ZCC88350273	K3G164298-00-00

TOTAL CHARGE FOR YOUR CLAIM:	TOTAL AMOUNT WE PAID:	WHAT YOU OWE PROVIDER:
103.00	28.00 Sent to Provider	25.00 The provider can bill you for this amount if you have not yet paid.

To date, you have satisfied 0.00 of the 500.00 deductible for the benefit period that began 01/01/2013. This claim contributed 0.00 toward your out-of-pocket maximum. You have satisfied 0.00 of the 2,000.00 out-of-pocket maximum for this benefit period. We paid a total of 28.00 for this person this benefit period.

DETAIL INFORMATION

Provider	R. DALE PADGETT,M.	R. DALE PADGETT,M.		
Network Participation	YES	YES		
Dates of Service	01/14/13	01/14/13		
Type of Service	OFFICE VISIT(S)	OFFICE LAB/PATH		
Charge	90.00	13.00		
Amount Not Covered	46.00 1*	4.00 1*		
Covered Expenses	44.00	9.00		
Deductible	0.00	0.00		
Copayment	25.00	0.00		
Allowed Amount	19.00	9.00		
Coinsurance	0.00	0.00		
Amount Paid	19.00	9.00		

* Please refer to the remarks section.

Suspect claims fraud? Please help by calling our hotline at 800-763-0703.

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DAWN M SMOAK
4053 PLOW RD
ORANGEBURG SC 29115

0001 OF 0002
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January 21, 2013

SUMMARY INFORMATION

Patient's Name	Relationship to Policyholder	ID No.	Claim No.
JAMES A SMOAK	SPOUSE	ZCC88350273	K3G184959-00-00

TOTAL CHARGE FOR YOUR CLAIM:	TOTAL AMOUNT WE PAID:	WHAT YOU OWE PROVIDER:
265.00	0.00	107.00
		The provider can bill you for this amount if you have not yet paid.

To date, you have satisfied 107.00 of the 500.00 deductible for the benefit period that began 01/01/2013. This claim contributed 0.00 toward your out-of-pocket maximum. You have satisfied 0.00 of the 2,000.00 out-of-pocket maximum for this benefit period. We paid a total of 28.00 for this person this benefit period.

DETAIL INFORMATION

Provider	THE SOUTHEASTERN S			
Network Participation	YES			
Dates of Service	01/17/13			
Type of Service	OFFICE VISIT(S)			
Charge	265.00			
Amount Not Covered	158.00 1*			
Covered Expenses	107.00			
Deductible	107.00			
Copayment	0.00			
Allowed Amount	0.00			
Coinsurance	0.00			
Amount Paid	0.00			

* Please refer to the remarks section.

Suspect claims fraud? Please help by calling our hotline at 800-763-0703.

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DAWN M SMOAK
4053 PLOW RD
ORANGEBURG SC 29115

0001 OF 0003
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January 28, 2013

SUMMARY INFORMATION

Patient's Name	Relationship to Policyholder	ID No.	Claim No.
JAMES A SMOAK	SPOUSE	ZCC88350273	K3G254859-00-00

TOTAL CHARGE FOR YOUR CLAIM:	TOTAL AMOUNT WE PAID:	WHAT YOU OWE PROVIDER:
678.00	0.00	328.20
		The provider can bill you for this amount if you have not yet paid.

To date, you have satisfied 435.20 of the 500.00 deductible for the benefit period that began 01/01/2013. This claim contributed 0.00 toward your out-of-pocket maximum. You have satisfied 0.00 of the 2,000.00 out-of-pocket maximum for this benefit period. We paid a total of 28.00 for this person this benefit period.

DETAIL INFORMATION

Provider	SOUTHEASTERN SPINE	SOUTHEASTERN SPINE	SOUTHEASTERN SPINE	
Network Participation	YES	YES	YES	
Dates of Service	01/17/13	01/17/13	01/17/13	
Type of Service	OUTPT SURGERY	OUTPT X-RAY/LAB	MEDICAL SERVICES	
Charge	350.00	128.00	200.00	
Amount Not Covered	124.70 1*	88.10 1*	137.00 1*	
Covered Expenses	225.30	39.90	63.00	
Deductible	225.30	39.90	63.00	
Copayment	0.00	0.00	0.00	
Allowed Amount	0.00	0.00	0.00	
Coinsurance	0.00	0.00	0.00	
Amount Paid	0.00	0.00	0.00	

*** Please refer to the remarks section.**

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check off on it?

(The deponent looks at Attorney Wilson.)

Mr. Wilson: (to the deponent) Answer the question, if you know.

A Yeah. Yes.

Q Yeah.

A Okay.

Q Okay. And you handwrote in some of the stuff?

A Yes, ma'am.

Q Okay. Now, based on this history I've given you today of the claimant's back problems and based on his accident that happened in June where he was -- felt a pop moving the furniture, can you still state to a reasonable degree of medical certainty that his work injury aggravated his preexisting condition?

A I would say that there is a -- I wouldn't say a hundred percent, but I would say that there is a -- a chance that it was related to the injury.

Ms. Kellahan: Okay. That's all I have. I'm sure you've probably got some follow-up.

Mr. Wilson: I just have a few questions, --

Ms. Kellahan: Okay.

Mr. Wilson: -- Doctor.

The Deponent: Yes, sir.

Examination

By Mr. Wilson:

Q Again, my name is Danny Wilson. We met prior to the deposition. Now, it's my understanding that the first time you saw Mr. Smoak was October 2011.

A Yes, sir.

Q Okay. And you had seen him, I guess, several times leading up to that, and the first time he complained of low back pain was June 18th, 2012, correct?

A Yes, sir.

Q And he did not come back to you for any continued low back pain from that incident in June 2012 until October the 18th of 2012, correct?

A Correct.

Q Okay. And throughout the treatment and, I guess, October 18th, 2012, that's after the incident at work with Husqvarna. Is that correct?

A Yes, sir.

Q All right. And on October 31st, I believe you sent him out for an MRI. And you read us the findings of the MRI report, --

A Yes, sir.

Q -- and the question was asked of you could -- could

those findings have been from months previous?

A Yes, sir.

Q And I guess those findings could have been the disc protrusions at L2-L3 and L5-S1?

A Yes, sir.

Q But isn't it true that those findings could have been from the incident at work on October the 18th or 17th of 2012?

A Yes, sir.

Q Okay. And I believe you sent him out to a neurosurgeon, and he -- he diagnosed arthritis and pain management?

A Yes, sir.

Q Now, would you agree that disc protrusions, that's actually an objective finding --

A Yes, sir.

Q -- on an MRI?

A Yes, sir.

Q So, there's obviously more than just arthritis with --

A Yes, sir.

Q -- his back, correct?

A Yes, sir.

Q Okay. And it was brought up that some eight years ago he had an injury from an incident at Carowinds

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--

A Yes, sir.

Q -- and he felt like his low back exploded?

A Yes, sir.

Q Of course, that was in 2005. And you treated him for almost a year, and he only had one complaint of low back pain prior to the October 2012 incident, and that would have been in June of --

A Yes, sir.

Q -- 2012? So, it's fair to say that, yes, he has a preexisting back problem but it wasn't that bad of a problem that it kept him out of work, correct?

A Correct.

Q Until October the 17th, 2012 when he had this incident at Husqvarna?

A Correct.

Q Okay. And the question was asked do you have a reasonable degree of medical certainty as to whether or not this incident in October of 2012 aggravated his preexisting condition, and you answered that not a hundred percent. Now, understand, I don't think the question was asking was it a cause or did it cause his -- his back problem; it's just simply an aggravation of a preexisting condition. Do you have an opinion --

Based upon everything that you -- that was discussed today on his history of his back, do you have an opinion as to whether or not the incident in October of 2012 at Husqvarna actually aggravated a preexisting back condition?

A Yes, sir. I think that, from what -- from my medical experience, the patient was fine for several months, had -- or had not had a back problem. Then after this incident, he came in with an aggravation. I think that there is a -- a high probability that the disc protrusions were caused at work.

Q Okay. And one other question that I have, going back -- And I'm sorry. I'm jumping, as --

A That's okay.

Q -- I'm jumping around, as well. In your medical chart, is there anywhere charted in there that he has asked you for time off of work or for a work excuse because of a back problem?

A No, sir.

Q In June of 2012, some, you know, two months -- or four months prior to the Husqvarna incident, is there anything in a note where you took him out of work or he asked to be taken out of work? I don't have that note, so I've got --

A In June of 2012?
Q Yeah, I think it was June 18th --
A June 18.
Q -- is what I have written down.
A No, sir, he was not taken out of work.

Mr. Wilson: Okay. Doctor, I think that's all the -- all the questions. Oh. I've got one other question.

The Deponent: Yes, sir.

Q He did complain of low back pain in June of 2012, which you gave him kind of a course of medications, and he said he was going to follow up with his chiropractor?
A Yes, sir.
Q And then in October 2012, after the Husqvarna incident, he started to complain of sciatica into his legs. So, that's a radiculopathy symptom --
A Yes, sir.
Q -- from the low back --
A Yes, sir.
Q -- injury? And that's a new complaint, correct?
A Correct.
Q So, he didn't have any of those complaints prior?
A No, sir.

Mr. Wilson: Okay. That's all I have.

The Deponent: Okay.

Ms. Kellahan: And just a couple in follow-up.

The Deponent: Okay.

Re-examination

By Ms. Kellahan:
Q Was an MRI or any other diagnostic test done between the June incident and the October incident when he came to see you?
A Between June and October. No, ma'am.
Q So, is there any way to tell that the problems on the MRI came from the June incident or the October incident?
A No, ma'am.

Ms. Kellahan: Okay. That's all I have.

Mr. Wilson: Just one other question.

The Deponent: Okay.

Re-examination

By Mr. Wilson:
Q Wouldn't it be safe to assume that no MRI was -- was taken or ordered in that time period because he didn't have any complaints since that one visit in June of 2012?
A Correct, and because of symptoms.
Q Can you elaborate on that?
A Yes. For just general back pain, I do not order a MRI. I usually reserve that for if there's any type of radiculopathy with the patient.
Q And that's what we had in October after the Husqvarna incident?
A Yes, sir.

Mr. Wilson: Okay. That's all the questions I have.

Ms. Kellahan: That's it.

The Deponent: Thank y'all.

Mr. Wilson: All right.

Ms. Kellahan: Thank you.

(Whereupon the deposition was concluded at 1:12 p.m.)

(Deponent has waived reading and signing.)

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Certificate of Counsel

The undersigned hereby certifies that the Record on Appeal contains all material proposed to be included by any of the parties and no any other material.

April 11, 2014

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THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM THE WORKERS COMPENSATION COMMISSION
Susan S. Barden, Commissioner
Andrea C. Roche, Commissioner
Gene McCaskill., Commissioner

WCC File No. 1214612
James Smoak,..... Employee, Respondent.

v.

Husqvarna, Employer and Ace American Insurance Company ..... Carrier/ Appellants.

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I certify that I have served the Record on Appeal by depositing a copy of the same in the United States Mail, postage prepaid, on April 11th, 2014 to the following parties, and or their representatives:

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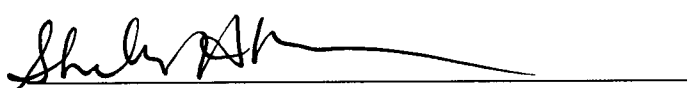

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