

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM THE APPELLATE PANEL OF THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. File No. 1408826

Gennette Sowell,

Employee,
Respondent,

v.

Piggly Wiggly,

Employer,

and

Auto Owners Insurance Inc.,

Carrier,
Appellants.

RECEIVED
AUG 07 2018
SC Court of Appeals

**RECORD ON APPEAL
VOL. II**

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HARTSVILLE MEDICAL GROUP LLC - 701 Medical Park Dr, Hartsville SC 29550-4778

JOWELL, GENNETTE (id " ", dob: " ")

Internal Note: a

K-Dur 20 mEq tablet, extended release Take 1 tablet(s) every day by oral route.	04/08/13 entered
magnesium take 1 tab	04/08/13 entered
montelukast 10 mg tablet TAKE 1 TABLET BY MOUTH AT BEDTIME	05/05/14 filled
Nasonex 50 mcg/actuation Spray	12/07/13 filled
Nexium 40 mg capsule, delayed release TAKE ONE CAPSULE BY MOUTH TWICE A DAY	05/05/14 filled
prednisone 10 mg tablet TAKE 2 TABLETS BY MOUTH EVERY DAY	05/19/14 renewed
prednisone 2.5 mg tablet TAKE 1 TABLET(S) EVERY DAY BY ORAL ROUTE FOR 30 DAYS.	05/03/14 filled
simvastatin 40 mg tablet TAKE 1 TABLET EVERY DAY	05/03/14 filled
sulfamethoxazole 800 mg-trimethoprim 160 mg tablet TAKE 1 TABLET(S) 3 TIMES A WEEK BY ORAL ROUTE FOR 30 DAYS.	05/01/14 filled
Symbicort 160 mcg-4.5 mcg/actuation HFA aerosol inhaler TAKE 1 PUFF BY MOUTH TWICE A DAY.	02/17/14 changed
Ventolin HFA 90 mcg/actuation aerosol inhaler Inhale 2 puff(s) every 4 hours by inhalation route as needed.	04/23/13 prescribed
Xolair 150 mg subcutaneous solution Inject 300 mg every 2 weeks by subcutaneous route.	04/23/13 prescribed

Vaccines

Reviewed Vaccines

Vaccine Type	Date	Amt.	Route	Site	Lot #	Mfr.	Exp. Date	Date on VIS	VIS Given	Vaccinator
Influenza										
Influenza, high dose seasonal	2013								2013	
Pneumococcal										
Pneumococcal Conjugate	2010								2010	

Social History

Reviewed Social History

General IM

Smoking Status: Never smoker.

Alcohol intake: None.

Occupation: employed dell piggly wiggly.

Marital status: Widowed 7 children.

exposed to smoke at work; has lived at present home for 25 yrs; (+) dogs; (-) birds; (-) molds, tubs

Past Medical History

Reviewed Past Medical History

Asthma: Y

GERD/Reflux: Y

Family History

Reviewed Family History

Mother - Diabetes mellitus (died age: 86)
- previously recorded as Diabetes

Father - Asthma

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SOWELL, GENNETTE (id: [redacted], dob: [redacted])

- Coronary arteriosclerosis (died age: 84)
- previously recorded as Coronary Artery Disease

GYN History

Reviewed GYN History

Surgical History

Reviewed Surgical History

- Hysterectomy

Vitals

07/21/2014 12:57 pm

Wt:	148 lbs	BP:	160/89	Pulse:	87 bpm
RR:	22	O2Sat:	97%	T:	97.8 F°
Ht:	5 ft 4 in	BMI:	25.4		

ROS

None recorded.

Physical Exam

None recorded.

Assessment / Plan

None recorded.

Return to Office

- Orville Dyce, MD for Procedures 80 at TMG_Hartsville ENT on 07/29/2014 at 03:00 PM
- Jose Dedios, MD for Established Patient 30 at TMG_The Medical Group Suite 302 303 on 08/07/2014 at 01:00 PM

Encounter Sign-Off

Encounter signed-off by Michelle-Anne K Iverson, DO, 07/22/2014.

Encounter performed and documented by Michelle-Anne K Iverson, DO

Encounter reviewed & signed by Michelle-Anne K Iverson, DO on 07/22/2014 at 11:08am

Encounter Date: 07/17/2014

Patient

Name	SOWELL, GENNETTE (64, F) ID#	Appt. Date/Time	07/17/2014 01:00PM
DOB		Service Dept.	TMG_The Medical Group Suite :
Provider	JOSE DEDIOS MD		
Insurance	Med Primary:		
	Insurance #		
	Policy/Group #:		
	Employer Name : UNKNOWN		
	Prescription: CMX - Member is eligible. details		
	Prescription: CMX - Member is ineligible. Patient found on payor's files, but not covered on date of inqu		
	Prescription: ESH - Member is eligible. details		

Chief Complaint

None recorded.

Problems

Problems not reviewed (last reviewed 07/07/2014)

- Asthma
- Gastroesophageal reflux disease
- Hypersomnia

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SOWELL, GENNETTE (id: , dob:

Allergies

Allergies not reviewed (last reviewed 07/07/2014)
ZYRTEC: Hives

Medications

Medications not reviewed (last reviewed 07/07/2014)

Name	Date
Advair Diskus 500 mcg/50 mcg/dose powder for inhalation	09/04/12 filled
albuterol sulfata 0.63 mg/3 mL solution for nebulization Inhale 3 mL twice a day by inhalation route.	04/23/13 prescribed
amlodipine 10 mg tablet TAKE 1 TABLET(S) EVERY DAY BY ORAL ROUTE.	05/05/14 filled
budesonide 0.5 mg/2 mL suspension for nebulization	12/19/12 filled
Calcium 500	04/08/13 entered
cetirizine 10 mg tablet TAKE 1 TABLET BY MOUTH EVERY DAY	02/26/13 filled
cromolyn 20 mg/2 mL solution for nebulization	11/20/12 filled
Daliresp 500 mcg tablet	10/10/13 filled
DuoNeb 0.5 mg-3 mg(2.5 mg base)/3 mL solution for nebulization Inhale 3 mL every 4 hours by nebulization route as needed. Internal Note: pls give duoneb now.	01/07/14 sample given
EpiPen 2-Pak 0.3 mg/0.3 mL (1:1,000) injection, auto-injector TAKE 1 AUTO(S) AS NEEDED BY INJECTION ROUTE AS DIRECTED FOR 30 DAYS.	04/03/14 filled
fluticasone 50 mcg/actuation nasal spray, suspension USE 2 SPRAYS IN EACH NOSTRIL AT BEDTIME	06/17/14 renewed
hydrochlorothiazide 25 mg tablet TAKE 1 TABLET(S) EVERY DAY BY ORAL ROUTE.	04/22/14 filled
ipratropium bromide 0.02 % solution for inhalation Inhale 2.5 mL every 6 hours by inhalation route. Internal Note: a	04/08/13 entered
K-Dur 20 mEq tablet, extended release Take 1 tablet(s) every day by oral route.	04/08/13 entered
magnesium take 1 tab	04/08/13 entered
montelukast 10 mg tablet TAKE 1 TABLET BY MOUTH AT BEDTIME	05/05/14 filled
Nasonex 50 mcg/actuation Spray	12/07/13 filled
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prednisone 2.5 mg tablet TAKE 1 TABLET(S) EVERY DAY BY ORAL ROUTE FOR 30 DAYS.	05/03/14 filled
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sulfamethoxazole 800 mg-trimethoprim 160 mg tablet TAKE 1 TABLET(S) 3 TIMES A WEEK BY ORAL ROUTE FOR 30 DAYS.	05/01/14 filled
Symbicort 160 mcg-4.5 mcg/actuation HFA aerosol inhaler TAKE 1 PUFF BY MOUTH TWICE A DAY.	02/17/14 changed
Ventolin HFA 90 mcg/actuation aerosol inhaler Inhale 2 puff(s) every 4 hours by inhalation route as needed.	04/23/13 prescribed

SOWELL, GENNETTE (id , dob:

Xolair 150 mg subcutaneous solution
Inject 300 mg every 2 weeks by subcutaneous route.

04/23/13 prescribed

Vaccines

Vaccines not reviewed (last reviewed 07/07/2014)

Vaccine Type	Date	Amt.	Route	Site	Lot #	Mfr.	Exp. Date	Date on VIS	VIS Given	Vaccinator
Influenza										
influenza, high dose seasonal	2013								2013	
Pneumococcal										
Pneumococcal Conjugate	2010								2010	

Social History

Social History not reviewed (last reviewed 07/07/2014)

General IM

Smoking Status: Never smoker.

Alcohol intake: None.

Occupation: employed deli piggly wiggly.

Marital status: Widowed 7 children.

exposed to smoke at work; has lived at present home for 25 yrs; (+) dogs; (-) birds; (-) molds, tubs

Past Medical History

Past Medical History not reviewed (last reviewed 07/07/2014)

Allergies: Y

Asthma: Y

GERD/Reflux: Y

Surgical History

Surgical History not reviewed (last reviewed 07/07/2014)

- Hysterectomy

Family History

Family History not reviewed (last reviewed 07/07/2014)

Mother - Diabetes mellitus (died age: 86)
- previously recorded as Diabetes

Father - Asthma
- Coronary arteriosclerosis (died age: 84)
- previously recorded as Coronary Artery Disease

Vitals

None recorded.

RDS

None recorded.

Physical Exam

None recorded.

Assessment / Plan

None recorded.

Return to Office

- Michelle-Anne K Iverson, DO for Injection 15 at TMG_The Medical Group Suite 302 303 on 07/21/2014 at 01:30 PM
- Orville Dyce, MD for Procedures 60 at TMG_Hartsville ENT on 07/29/2014 at 03:00 PM
- Jose Dedios, MD for Established Patient 30 at TMG_The Medical Group Suite 302 303 on 08/07/2014 at 01:00 PM

Encounter Sign-Off

Encounter signed-off by Jose Dedios, MD. 07/18/2014.

JWELL, GENNETTE M (id: [REDACTED], dob: [REDACTED])

athena

9/22/2014 1:40:57 PM PAGE 2/005

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SOWELL, GENNETTE (id: [REDACTED], dob: [REDACTED])

HARTSVILLE MEDICAL GROUP LLC

701 Medical Park Dr Suite 302-303

Hartsville, SC 29550-4778

Phone: (843) 383-5191

Fax: (843) 383-4142

Encounter Summary - Progress Note

Date Printed: 09/22/2014

This fax may contain legally privileged health information and is intended for the sole use of the intended recipient. You are hereby notified that the disclosure, or other unlawful use of this health information is prohibited.

If you received this fax in error visit www.athenaheslth.com/NotMyFax to notify the sender and confirm that the information will be destroyed. If you do not have internet access, please call 1-888-482-8456 to notify the sender and confirm that the information will be destroyed. (ID:5787856-H-4693)

Patient	Sowell, Gennette (64 YR, F)
DOB	[REDACTED]

Patient Demographics:

Address	[REDACTED]	Home Phone	[REDACTED]
		Work Phone	[REDACTED]

Encounter Notes:

Encounter Reason/Date	I/O for asthma and SOB. 09/22/2014 - 01:50 PM - TMG The Medical Group Suite 302 303					
History of Present Illness	Pt is here for I/O on her asthma. Since last seen, she states her asthma generally has been doing OK. Little flare with the recent weather change. Was off pred for 3 weeks -- she was doing great. Now on 2.5 mg EOD for a week. Has not been admitted nor has been on Abx since last seen.					
Review of Systems	Patient reports weight loss (3 lbs) but reports no fever, no fatigue, no generalized weakness, and no pallor. She reports cough, wheezing, shortness of breath, and sputum production but reports no coughing up blood, no stridor, and no painful respiration. Rest of Pulmonary ROS as written in the HPI. As mentioned in HPI, Better wheeze, cough. She reports no dry eyes and no vision change. She reports no difficulty hearing. She reports no bleeding gums. She reports no chest pain/discomfort, no chest pain on exertion, no palpitations, and no paroxysmal nocturnal dyspnea. She reports no abdominal pain, no nausea, no vomiting, and normal appetite. She reports no incontinence and no difficulty urinating. She reports no muscle aches and no muscle weakness. She reports no jaundice, no rashes, and no itching. She reports no loss of consciousness, no weakness, and no numbness. She reports no depression and no sleep disturbances. She reports no increased thirst. She reports no swollen glands, no easy bruising, no excessive bleeding, and no petechiae. She reports no edema, no varicose veins, and no pain. Additionally reports: A full and complete Review of Systems was done and all other systems are negative. ROS as noted in the HPI					
Vitals	09/22/2014 01:50 PM					
	Wt:	145 lbs	BP:	158/83	Pulse:	80 bpm
	RR:	22	O2Sat:	93%	T:	97.8 F
	Ht:	5 ft 4 in	BMI:	24.9		
Procedure	None recorded.					
Results/Interpretations	None recorded.					
Physical Exam	Patient is a 64-year-old female.					

HARTSVILLE MEDICAL GROUP LLC

Sowell, Gennette (

DOB: [REDACTED]

athena

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09/22/2014 09:08:00

CHESAPEAKE FAMILY MEDICINE

09/22/2014 10:29 AM

299

505

OWELL, GENNETTE M (id
athena

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Constitutional: General Appearance: overweight. Level of Distress: NAD. Ambulation: ambulating normally.

Head: Head: normocephalic and atraumatic.

Eyes: lids and conjunctivae: no discharge or pallor and non-injected. Pupils: PERLA. Sclerae: non-icteric.

ENMT: Ears: no lesions on external ear. Hearing: no hearing loss. Nose: no lesions on external nose or septal deviation and nares patent. Lips, Teeth, and Gums: Mallampati score 3-4. Large tongue. Oropharynx: moist mucous membranes and no erythema.

Neck: Neck: supple, trachea midline, and no masses. Lymph Nodes: no cervical LAD. Thyroid: no enlargement.

Lungs: Respiratory effort: no dyspnea. Percussion: no dullness, flatness, or hyperresonance. Auscultation: no wheezing, rales/crackles, or rhonchi and decreased breath sounds and diminished air movement; (-) egophony.

Cardiovascular: Apical impulse: not displaced. Heart Auscultation: normal S1 and S2; no murmurs, rubs, or gallops; and RRR. Neck vessels: no JVD. Pulses including femoral / pedal: radial pulses normal.

Abdomen: Bowel Sounds: normal. Inspection and Palpation: soft, non-distended, and no tenderness. Liver: non-tender and no hepatomegaly. Spleen: non-tender and no splenomegaly. Hernia: none palpable.

Musculoskeletal: Motor Strength and Tone: normal. Extremities: no cyanosis, edema, or varicosities.

Neurologic: Gait and Station: normal gait. Cranial Nerves: grossly intact.

Skin: Inspection and palpation: no rash or lesions. Nails: no clubbing.

Assessment and Plan

1. Asthma - Patient likely has adult onset asthma for which she is very symptomatic daily and nightly. She is allergic to pollen and dust. She is steroid dependent. Her IgE is 480. PFT (1/2012) FEV1/FVC 71%, FEV1 1.8 95%. PFT (4/2014) FEV1/FVC 65, FEV1 1.63 67%. ABG (4/2014) 7.4, 43, 75. Chest CTA (Chesterfield, 12/2011) - No pulm emboli. Cont symbicort 160/4.5 2P BID, alb neb, singularr, flonase. Gets tib from CVS. Cont xolair q 2 weeks. Started it in July 1, 2013. Has not been working since Jan 2014. patient was worse off xolair. Plan to be on xolair q. 2 weeks. Asthma is better since being back on xolair. Continue xolair. feels better on it. Cont Bactrim for PCP prophylaxis. Plan to wean off once off pred. Asthma is worse during winter/spring/season changes. Pt had a flare off pred for a week while she was on xolair and not working. will wean off pred -- on 2.5 mg EDD. 493.90: Asthma, unspecified type, unspecified
 - ASTHMA IN ADULTS: AFTER YOUR VISIT
 - Symbicort 160 mcg-4.5 mcg/actuation HFA aerosol Inhaler - Inhale 2 puff(s) twice a day by Inhalation route for 30 days. Qty: 1 unit(s) Refills: 3 Pharmacy: CVS/PHARMACY #3565 Note to Pharmacy: Please instruct patient how to use the Inhaler with a spacer, thanks.
 - albuterol sulfate 2.5 mg/3 mL (0.083 %) solution for nebulization - Inhale 2 mL every 4 hours by nebulization route as needed for 30 days. Qty: 120 3 mL vial(s) Refills: 3 Pharmacy: CVS/PHARMACY #3565
2. Gastroesophageal reflux disease - Reflux is stable. cont nexium BID. Try to dec Nexium to daily. 530.81: Esophageal reflux
 - GASTROESOPHAGEAL REFLUX DISEASE (GERD): AFTER YOUR VISIT
 - Nexium 40 mg capsule, delayed release - Take 1 capsule(s) twice a day by oral route at bedtime for 30 days. Qty: 60 capsule(s) Refills: 3 Pharmacy: CVS/PHARMACY #3565
3. Obstructive sleep apnea syndrome - PSG discussed with the patient. She was mild OSA, worse during REM sleep. PSG (5/29/13) AH16, REM AH1 30, CPAP of 9. Did not tolerate CPAP. Had asthma flare.

HARTSVILLE MEDICAL GROUP LLC

Sowell, Genette (ID.

IDB: 01

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9/22/2014 1:40:57 PM PAGE 4/005

35/4/53 P. 8050 No.

Chesterfield Family Medicine

Oct 13, 2014 10:39AM

300

506

WELL, GENNETTE M (id
athena

, dob:

9/22/2014 1:40:57 PM PAGE 4/005

Plan to start cpap 9 cm once asthma is better controlled. Pt has claustrophobia.
Plan to discuss cpap again on f/u.
She wants to hold off on cpap. Will force the issue if BP remains a problem.
Will discuss sleep apnea in followup.
327.23: Obstructive sleep apnea (adult)(pediatric)

4. Obesity

- 278.00: Obesity, unspecified
- STARTING A WEIGHT LOSS PLAN: AFTER YOUR VISIT
- ADVISED TO LOSE WEIGHT

5. Essential hypertension - Told pt to observe in the next days.
If BP remains high, need to discuss re: CPAP.
401.9: Unspecified essential hypertension

Discussion

Discussion Notes

I extensively discussed with the patient the diagnosis, pathophysiology, and treatment options for Asthma. Patient understands. I stressed the importance of NOT smoking as it makes asthma worse. We discussed asthma plan. Patient understands.

I spent at least 25 minutes with the patient today and more than 50% of the time was spent counseling and coordinating care. I extensively discussed the plan of care with the patient. Patient understands. We have been in contact with the infusion center in Florence which gives pt's meds.

Return to Office

- to see Jose Dedios, MD at TMG_The Medical Group Suite 502 503 on or around 11/03/2014
- Orville Dyce, MD for Established Patient 10 at TMG_Cheraw Practice on 11/18/2014 at 0845 AM

Patient Medical History:

Allergies List	Reviewed Allergies
	ZYXT EC: Hives
Medications	Reviewed Medications
Name	Date
albuterol sulfate 2.5 mg/3 mL (0.083 %) solution for nebulization inhale 2 mL every 4 hours by nebulization route as needed for 35 days.	09/22/14 prescribed
amlodipine 10 mg tablet TAKE 1 TABLET(S) EVERY DAY BY ORAL ROUTE.	08/25/14 filled
Calcium 500	04/08/13 entered
Daliresp 500 mcg tablet TAKE 1 TABLET(S) EVERY DAY BY ORAL ROUTE.	09/09/14 filled
Duoneb 0.5 mg-3 mg (2.5 mg base)/3 mL solution for nebulization inhale 3 mL every 4 hours by nebulization route as needed. Internal Note: ps give duoneb now.	01/07/14 sample given
EpPen 2-Pak 0.3 mg/0.3 mL (1:1,000) injection, auto-injector TAKE 1 AUTO(S) AS NEEDED BY INJECTION ROUTE AS DIRECTED FOR 30 DAYS.	04/03/14 filled
fluticasone 50 mcg/actuation nasal spray, suspension USE 2 SPRAYS IN EACH NOSTRIL AT BEDTIME	09/09/14 filled
hydrochlorothiazide 25 mg tablet	08/25/14 filled

HARTSVILLE MEDICAL GROUP LLC

Sowell, Genette (ID

, DOB:

athena

9/22/2014 1:40:57 PM PAGE 5/005

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Chesterfield Family Medicine

Oct 13 2014 10:39AM

301

507

OWELL, GENNETTE M (id
athena

, dob:
9/22/2014 1:40:57 PM PAGE 5/005

TAKE 1 TABLET(S) EVERY DAY BY ORAL ROUTE.	
Klor-Con M20 mEq tablet, extended release TAKE 1 TABLET(S) EVERY DAY BY ORAL ROUTE FOR 30 DAYS.	08/12/14 filled
montelukast 10 mg tablet TAKE 1 TABLET BY MOUTH AT BEDTIME	08/25/14 renewed
Nexium 40 mg capsule, delayed release Take 1 capsule(s) twice a day by oral route at bedtime for 30 days.	09/22/14 prescribed
prednisone 10 mg tablet TAKE 2 TABLETS BY MOUTH EVERY DAY	09/12/14 renewed
simvastatin 40 mg tablet TAKE 1 TABLET BY MOUTH DAILY	08/12/14 filled
Symbicort 160 mcg-4.5 mcg/actuation HFA aerosol inhaler inhale 2 puffs twice a day by inhalation route for 30 days.	09/22/14 prescribed
Ventolin HFA 90 mcg/actuation aerosol inhaler inhale 2 puffs every 4 hours by inhalation route as needed.	04/23/13 prescribed
Xolair 150 mg subcutaneous solution Inject 300 mg every 2 weeks by subcutaneous route.	04/23/13 prescribed

Family History	Reviewed Family History
Mother	- Diabetes mellitus (died age: 86) - previously recorded as Diabetes
Father	- Asthma
	- Coronary arteriosclerosis (died age: 84) - previously recorded as Coronary Artery Disease

Past Medical History	Reviewed Past Medical History
	Allergies: Y Asthma: Y GERD/Reflux: Y

Vaccine History	Reviewed Vaccines																																																							
	<table border="1"> <thead> <tr> <th>Vaccine Type</th> <th>Date</th> <th>Antigen</th> <th>Route</th> <th>Site</th> <th>Lot #</th> <th>Mfr</th> <th>Exp</th> <th>Date VAS Date on VAS</th> <th>VAS Given</th> <th>Vaccinator</th> </tr> </thead> <tbody> <tr> <td>Influenza</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Influenza, high dose seasonal</td> <td>2013</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>2013</td> <td></td> </tr> <tr> <td>Pneumococcal</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pneumococcal Conjugate</td> <td>2010</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>2010</td> <td></td> </tr> </tbody> </table>	Vaccine Type	Date	Antigen	Route	Site	Lot #	Mfr	Exp	Date VAS Date on VAS	VAS Given	Vaccinator	Influenza											Influenza, high dose seasonal	2013								2013		Pneumococcal											Pneumococcal Conjugate	2010								2010	
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Electronically Signed by: JOSE DEDIOS MD

Jose Dedios

Orville H. Dyce, M.D., FAAOA
ENT, Allergy and Sleep Medicine
701 Medical Park Drive
Suite 203
Hartsville, SC 29550
843-383-5312 Office
843-472-8010 Mobile
843-656-1213 Fax

April 9, 2012

Rochelle Hammett, M.D.
Carolina Physicians Group
715 South Doctors Drive, Suite B
Cheraw, SC 29520

RE: SOWELL, GENETTE
DOB:
DOS: 03/06/2012

Dear Dr. Hammett:

I had the pleasure of seeing Genette Sowell in the ENT clinic on 03/06/12. They reported the following symptoms: hoarseness with cough.

The remainder of the history and physical exam seemed to be most consistent with the following diagnoses: acute sinusitis, hoarseness, chronic rhinitis and cough.

I have recommended a combination of Nasonex, Nexium and ciprofloxacin. We will reassess in approximately 6 weeks.

Sincerely,

Orville H. Dyce, M.D., FAAOA
OHD/tmh

FAXED
4/11/12

CENTER FOR LUNG AND SLEEP MEDICINE

Francis M. Dayrit, M.D., FCCP
701 Medical Park Drive, Suite 110
Hartsville, SC 29550
843-332-6016 Phone
843-332-6181 Fax
SC 20232 DEA BD6225735

Rochelle Hammett MD
715 South Doctors Drive
Cheraw, SC 29520

12/19/2012

Re: Gennette Sowell

Dear Rochelle,

This is a 62.8 year old female presenting for Initial evaluation.

Ms. Sowell has been complaining of shortness of breath for the past 2 years. She states that she has had wheezing on and off over this time period. She has had frequent diagnoses of bronchitis over this time. She has never had persistent daily phlegm production for 3 months straight.

She has not pets at home. She works in a deli at the Piggly-Wiggly at Bennettsville and has been doing this for the past 12 years. She did not have similar symptoms prior to her current problem.

She has been wheezing for over a month.

She had a PFT done earlier this year which I reviewed personally. This showed that she had an essentially normal PFT with no bronchodilator response but with a reduced diffusion capacity.

She does not recall having any sputum testing being sent.

She has never had asthma in the past. She has never had any allergies either.

She denies having any significant exposures to smoke or animal at home. At work, it is a different story. She gets exposed to cleaning chemicals even though she is using a mask. If she gets exposed to the fumes of the floor wax or other cleaners that are used. She appears to be using a standard mask. It has one elastic attached to it.

Symptoms: chest pain/pleuritic, cough, dyspnea, fatigue, GERD symptoms, nasal allergy symptoms, phlegm production, wheezing

Denies: fever, smoking

Review of Systems:

Constitutional: Well nourished, normal stature and habitus for stated age, no significant weight change or fevers.

EYES: Normal vision, no hx of glaucoma or cataracts.

EARS: Hearing OK, no loss, no tinnitus.

SINUSES: No PND, no pain, no pressure.

ENDOCRINE: No thyroid disorders, nl hormonal functions.

PULMONARY: No asthma, no chronic lung disorders, no cough, no SOB.

CARDIOVASCULAR: No murmur, no orthopnea, no SOB c exertion, no chest pain, no peripheral

page 1) Sowell, Gennette ID #:

DOB:

printed: 3/14/2013

adema. POS high blood pressure

GI: No persistent diarrhea, no constipation, no major bowel change, no blood in stools, no ulcers, no hx of hepatitis.

GU: No kidney infections, no stones, no incontinence, no hesitancy, no nocturia, no discharge.

MUSCULOSKELETAL: No serious injuries, no deformities, no loss of strength, no joint pains.

SKIN: No lesions, no unusual moles, no chronic irritations.

HEMATOLOGIC: No anemias, no hx of adenopathy, no bleeding tendencies.

PSYCHIATRIC: no hx of depression, no anxiety, no suicidal tendencies.

NEUROLOGIC: no hx of weakness, no numbness, no headaches.

Current Conditions:

ASTHMA W STATUS ASTHMAT 493.91

BRONCHOSPASM 519.1

Unspecified allergic alveolitis and pneumonitis 495.6

Surgical History:

TAH

Current Medications:

Spiriva (tiotropium): 18 mcg. One inhaled daily

Prednisone: 20mg One tablet PO Daily

Singulair: One tablet PO qd

HCTZ: 1 PO qd

Albuterol Sol: One inhaled q 4-6 hrs and as needed

Family History: A review is NEG for: Ca of the Prostate; A review is POS for: DM: Mother HEART DZ: Father

Social History: A review finds: Neg for EtOH abuse Neg for sexual or mental abuse Neg for smoking. She has no second hand smoke exposures. Neg for STD's. Neg for substance abuse Pets. She has an 18 year history of Biomass Fuel exposure. They used wood in a wood heater. She does not use any space heaters in the past or in the present.

Allergies: NKA.

Medical Status

Physical exam:

Sys 156 Dia 99 T 97.2 P 70 RR 15 Hgt 63" Wgt 148.5 BMI 26.3

Constitutional: • No distress, well developed, obese. Awake, alert and oriented

Eyes: • Conjunctivae pink and lids normal, anicteric sclera • PERLA

ENT: • EAC and TM's clear • Hearing s deficit • Lips normal, teeth normal, gums normal • Nose normal mass or lesions. Nasal mucosa is normal. Septal deviation absent, no nasal discharge • Oropharynx normal, adequate in opening, oropharyngeal orifice is not deep, uvula not elongated, tonsils not prominent, tongue is not prominent

Neck: • Symmetric, no tracheal deviation or crepitus. • Thyroid normal size, no tenderness or mass. No cervical lymphadenopathy.

Respiratory: • Auscultation clear, no rales or rhonchi • No egophony • No intercostal retractions • No wheezing with forced maneuvers • Percussion of chest normal • Respiratory effort normal. Equal chest expansion, Not barrel Chested

Cardiovascular: • Abdominal aorta: normal size, no bruits • Pedal pulses: pulse amplitude nl • Auscultation: Distinct heart sounds S1, S2, no murmurs • Extremities: no edema or varicosities • no Jugular venous distention. • Palpation: normal PMI, size, no thrills, Precordium is quiet • Regular rate and Rhythm

Gastrointestinal: • Hernia absent, • No Hepato-splenomegaly. Intact Traube's space • No masses or tenderness • Normoactive bowel sounds

Lymphatic: • Neck: negative

Musculoskeletal: • Digits and nails: normal • Gait and Station: normal • ROM: normal • Stability: normal • Strength and tone: normal
Neurologic: • Cranial nerves: Intact • DTR's: Intact • Sensation: intact

Impression:
ASTHMA W STATUS ASTHMAT 493.91
BRONCHOSPASM 519.1
Unspecified allergic alveolitis and pneumonitis 495.9

Counseling:
The differential her is whether she has hypersensitivity pneumonitis or occupational asthma. I do not know what chemicals she is exposed to and for how long she has been exposed to these chemicals. I would like to do a CT scan of her chest to determine if she has parenchymal opacities since this may help differentiate the two. I tend to favor hypersensitivity pneumonitis because of the presence of an elevated eosinophil count.

~~It appears that Ms. Sowell has a sensitivity to some chemicals that she is exposed to at work. It is not clear which one. But there appears to be a temporal relationship with her symptoms. What is bothersome is that she continues to have significant wheezing despite being on systemic steroids. This is not a good situation. She may have to try to get away from work for at least 2 weeks to get herself better. She was also advised to get a respirator mask to use at work. If she still continues to have issues of wheezing, then she may not have any choice but to change jobs.~~

My goal at this time is to get her to stop her wheezing and be taken off steroids so that we can repeat her IgE and eosinophil count. I would like to know if she is a candidate for medications such as omalizumab.

Sincerely,

Francis Dayrit M.D.

Prescriptions provided:
Prednisone: 20 mg. Dispense # 60. Sig: Two tablet PO Daily
Instructions/Precautions: May cause abdominal pain and Gastrointestinal bleeding. May take with food. Stop if you develop black or bloody stools. May cause increase in blood sugar, monitor glucose levels if diabetic. May cause fluid retention and hypertension, inform your doctor if these occur. No Refills.
Budesonide: 0.50 mg. Dispense # 30. Sig: Once a day inhaled/nebulised
Instructions/Precautions: Rinse and gargle after every use. May cause oral thrush 4 refills.
Brovana (arformoterol): 15 mcg/2 ml. Dispense # 60. Sig: 15 mcg inhaled BID Refills: 4.
Allegra: 180 mg. Dispense # 30. Sig: 1 po QD No refills.

Results: Saturation at rest 99% on ra

JAN 12 2012 16:13 From: P...-320-3474

Page: 3 of 3

Name: Sowell, Gennette

ID: 1111

Comments:

VERY GOOD PATIENT EFFORT DURING PRE/POST TESTING. PT DID HAVE SOME TROUBLE WITH LOCKED JAW ON LEFT SIDE. (LEFT JAW PAIN). PT HAD MINIMAL TROUBLE WITH PLETHYSMOGRAPHY TESTING, BUT GOOD EFFORT. HIN GIVEN WITH ALBUTEROL 2.5 MG BEFORE POST TESTING. PT EXPERIENCED SOME SHORTNESS OF BREATH WITH MINIMAL COUGHING NOTED DURING POST TESTING. NO RESPIRATORY DISTRESS NOTED DURING TESTING.

Interpretation:

 1/20/12

Mohamed Soliman, MD

Page 2

Page 11/32

DEC-12-2012 16:23 From: 843-537-1163

307

513

Gennette Sowell

ID# DOB:

S: This is a 52.8 year old female presenting for follow up.

1/3/2013

by: FD

Francis Dayrit M.D.

printed: 3/14/2013

Her cough is now controlled but she is still on systemic steroids of 20 mg per day. She has no issues with the inhaled medications. She has not had any sinus issues either. She had returned to work and has not had any exacerbations of her symptoms since she returned to work.

Spiriva (tiotropium): 18 mcg. One inhaled daily

HCTZ: 1 PO qd

Albuterol Sol: One inhaled q 4-6 hrs and as needed

Nexium: 40. One PO Daily

Budesonide: 0.50 mg. Dispense # 30. Sig: Once a day inhaled/nebulised

Instructions/Precautions: Rinse and gargle after every use. May cause oral thrush 4 refills.

Brovana (arformeterol): 15 mcg/2 ml. Dispense # 60. Sig: 15 mcg inhaled BID Refills: 4.

Allagra: 180 mg. Dispense # 30. Sig: 1 po QD. No refills. Prednisone: 20 mg.

Dispense # 60. Sig: Two tablet PO Daily

Instructions/Precautions: May cause abdominal pain and Gastrointestinal bleeding. May take with food. Stop if you develop black or bloody stools. May cause increase in blood sugar, monitor glucose levels if diabetic. May cause fluid retention and hypertension, inform your doctor if these occur. No Refills.

Symptoms: cough, dyspnea, GERD symptoms, phlegm production, wheezing

Denies: chest pain/pleuritic, fatigue, fever, nasal allergy symptoms, smoking

O: Sys 146 Dia 90 T 97.5 P 75 RR 15 Hgt 63" Wgt 147.5 BMI 26.1

Constitutional: • No distress, well developed, obese. Awake, alert and oriented

ENT: • EAC and TM's clear • Hearing s deficit • Lips normal, teeth normal, gums normal • Nose normal mass or lesions. Nasal mucosa is normal. Septal deviation absent, no nasal discharge • Oropharynx normal, adequate in opening, oropharyngeal orifice is not deep, uvula not elongated, tonsils not prominent, tongue is not prominent

Neck: • Symmetric, no tracheal deviation or crepitus. • Thyroid normal size, no tenderness or mass. No cervical lymphadenopathy.

Respiratory: • Auscultation clear, no rales or rhonchi • No egophony. • No intercostal retractions • No wheezing with forced maneuvers • Percussion of chest normal • Respiratory effort normal. Equal chest expansion, Not barrel Chested

Cardiovascular: • Abdominal aorta: normal size, no bruits • Pedal pulses: pulse amplitude nl • Auscultation: Distinct heart sounds S1, S2, no murmurs • Extremities: no edema or varicosities • no Jugular venous distention. • Palpation: normal PMI, size, no thrills, Precordium is quiet • Regular rate and Rhythm

Gastrointestinal: • Hernia absent, • No Hepato-splenomegally. Intact Traube's space • No masses or tenderness • Normoactive bowel sounds

Lymphatic: • Neck: negative

Musculoskeletal: Stability: normal • Strength and tone: normal

Neurologic: • Cranial nerves: intact • DTR's: intact • Sensation: Intact

A: ASTHMA W STATUS ASTHMAT 493.91 • improved BRONCHOSPASM 519.1 • Improved

D: I will start to shift her to a inhaled combination medication and repeat her PFT testing. maintain current dose of Prednisone at 20 mg and start a taper in 2 weeks.

Prescriptions provided:

Symbicort: 160/4.5. Dispense # 1. Sig: One inhalation PO BID No Refills.

Ordered today:

Pulmonary Function Test Peak flow - Home records Peak flow - Training

Gennette Sowell

ID# DOB:

1/3/2013

by: FD

Francis Dayrit M.D.
printed: 3/14/2013

S: This is a 62.8 year old female presenting for follow up.

Her cough is now controlled but she is still on systemic steroids of 20 mg per day. She has no issues with the inhaled medications. She has not had any sinus issues either. She had returned to work and has not had any exacerbations of her symptoms since she returned to work.

Spiriva (tiotropium): 18 mcg. One inhaled daily

HCTZ: 1 PO qd

Albuterol Sol: One inhaled q 4-6 hrs and as needed

Nexium: 40. One PO Daily

Budesonide: 0.50 mg. Dispense # 30. Sig: Once a day inhaled/nebulised

Instructions/Precautions: Rinse and gargle after every use. May cause oral thrush 4 refills.

Brovana (arformeterol): 15 mcg/2 ml. Dispense # 60. Sig: 15 mcg inhaled BID Refills: 4.

Allegra: 180 mg. Dispense # 30. Sig: 1 po QD No refills. Prednisone: 20 mg. Dispense # 60. Sig: Two tablet PO Daily

Instructions/Precautions: May cause abdominal pain and Gastrointestinal bleeding. May take with food. Stop if you develop black or bloody stools. May cause increase in blood sugar, monitor glucose levels if diabetic. May cause fluid retention and hypertension, inform your doctor if these occur. No Refills.

Symptoms: cough, dyspnea, GERD symptoms, phlegm production, wheezing
Denies: chest pain/pleuritic, fatigue, fever, nasal allergy symptoms, smoking
O: Sys 146 Dia 90 T 97.5 P 75 RR 15 Hgt 63" Wgt 147.5 BMI 26.1

Constitutional: • No distress, well developed, obese. Awake, alert and oriented
ENT: • EAC and TM's clear • Hearing s deficit • Lips normal, teeth normal, gums normal • Nose normal mass or lesions. Nasal mucosa is normal. Septal deviation absent, no nasal discharge • Oropharynx normal, adequate in opening, oropharyngeal orifice is not deep, uvula not elongated, tonsils not prominent, tongue is not prominent

Neck: • Symmetric, no tracheal deviation or crepitus. • Thyroid normal size, no tenderness or mass. No cervical lymphadenopathy.

Respiratory: • Auscultation clear, no rales or rhonchi • No egophony. • No intercostal retractions • No wheezing with forced maneuvers • Percussion of chest normal • Respiratory effort normal. Equal chest expansion, Not barrel Chested

Cardiovascular: • Abdominal aorta: normal size, no bruits • Pedal pulses: pulse amplitude nl • Auscultation: Distinct heart sounds S1, S2, no murmurs • Extremities: no edema or varicosities • no Jugular venous distention. • Palpation: normal PMI, size, no thrills, Precordium is quiet • Regular rate and Rhythm

Gastrointestinal: • Hernia absent, • No Hepato-splenomegally. Intact Traube's space • No masses or tenderness • Normoactive bowel sounds

Lymphatic: • Neck: negative

Musculoskeletal: Stability: normal • Strength and tone: normal

Neurologic: • Cranial nerves: intact • DTR's: intact • Sensation: Intact

A: ASTHMA WSTATUS ASTHMAT 493.91 • improved BRONCHOSPASM 519.1 • improved

D: I will start to shift her to a inhaled combination medication and repeat her PFT testing, maintain current dose of Prednisone at 20 mg and start a taper in 2 weeks.

Prescriptions provided:

Symbicort: 160/4.5. Dispense # 1. Sig: One inhalation PO BID No Refills.

Ordered today:

Pulmonary Function Test Peak flow - Home records Peak flow - Training

Results:
Saturation at rest 95% RA

Gannette Sowell

ID# ---- DOB:

S: This is a 62.9 year old female presenting for follow up.

1/16/2013

by: FD

Francis Dayrit M.D.

printed: 3/14/2013

She states that her breathing is better with steroids but everything else is worse. She is coughing only a little. She is still on a good dose of the Prednisone. She is coughing occasionally in her sleep. She is seldom using her rescue inhalers.

Symbicort: 160/4.5. Dispense # 1. Sig: One inhalation PO BID No Refills.

Nexium: 40. One PO Daily

Allegra: 180 mg. Dispense # 30. Sig: 1 po QD No refills.

Prednisone: 20 mg. Dispense # 60. Sig: Two tablet PO Daily

Instructions/Precautions: May cause abdominal pain and Gastrointestinal bleeding.

May take with food. Stop if you develop black or bloody stools. May cause increase in blood sugar, monitor glucose levels if diabetic. May cause fluid retention and hypertension, inform your doctor if these occur. No Refills.

Spiriva (tiotropium): 18 mcg. One inhaled daily

HCTZ: 1 PO qd

Symptoms: cough, dyspnea, phlegm production

Denies: chest pain/pleuritic, fatigue, fever, GERD symptoms, nasal allergy symptoms, smoking, wheezing

O: Sys 156 Dia 94 T 96.3 P 79 RR 15 Hgt 63" Wgt 150.5 BMI 26.7

Constitutional: • No distress, well developed, obese. Awake, alert and oriented

ENT: • EAC and TM's clear • Hearing s deficit • Lips normal, teeth normal, gums

normal • Nose normal mass or lesions. Nasal mucosa is normal. Septal deviation

absent, no nasal discharge • Oropharynx normal, adequate in opening,

oropharyngeal orifice is not deep, uvula not elongated, tonsils not prominent,

tongue is not prominent

Neck: • Symmetric, no tracheal deviation or crepitus. • Thyroid normal size, no

tenderness or mass. No cervical lymphadenopathy.

Respiratory: • Auscultation clear, no rales or rhonchi • No egophony • No intercostal

retractions • No wheezing with forced maneuvers • Percussion of chest normal •

Respiratory effort normal. Equal chest expansion, Not barrel Chested

Cardiovascular: • Abdominal aorta: normal size, no bruits • Pedal pulses: pulse

amplitude nl • Auscultation: Distinct heart sounds S1, S2, no murmurs • Extremities:

no edema or varicosities • no Jugular venous distention. • Palpation: normal PMI, size,

no thrills, Precordium is quiet • Regular rate and Rhythm

Gastrointestinal: • Hernia absent, • No Hepato-splenomegally. Intact Traube's space •

No masses or tenderness • Normoactive bowel sounds

Lymphatic: • Neck: negative

Musculoskeletal: Stability: normal • Strength and tone: normal

Neurologic: • Cranial nerves: Intact • DTR's: intact • Sensation: intact

A: ASTHMA W STATUS ASTHMAT 493.91

BRONCHOSPASM 519.1

D: Based on the PFT, Ms. Sowell basically has extrinsic asthma. I would like to be able to test her for her IgE levels once her prednisone is tapered to off. I would consider starting her on Xolair if her allergies were to recur down the line. At this time. She will taper the prednisone over the next month. I will see her back in 6 weeks.

The patient was given advise regarding the proper way to use the inhalers and spacer that were prescribed. Instructions regarding rinsing and gargling was also given. Method on how to determine if canister is empty was also given.

Prescriptions provided:

Nasonex: Dispense # one. Sig: one puff per nostril per day Nasally

Gennette Sowell

ID# DOB:

1/16/2013

S: This is a 62.9 year old female presenting for follow up.

by: FD

Francis Dayrit M.D.
printed: 3/14/2013

She states that her breathing is better with steroids but everything else is worse. She is coughing only a little. She is still on a good dose of the Prednisone. She is coughing occasionally in her sleep. She is seldom using her rescue inhalers.

Symbicort: 160/4.5. Dispense # 1. Sig: One inhalation PO BID No Refills.

Nexium: 40. One PO Daily

Allegra: 180 mg. Dispense # 30. Sig: 1 po QD No refills.

Prednisone: 20 mg. Dispense # 60. Sig: Two tablet PO Daily

Instructions/Precautions: May cause abdominal pain and Gastrointestinal bleeding. May take with food. Stop if you develop black or bloody stools. May cause increase in blood sugar, monitor glucose levels if diabetic. May cause fluid retention and hypertension, inform your doctor if these occur. No Refills.

Spiriva (tiotropium): 18 mcg. One inhaled daily

HCTZ: 1 PO qd

Symptoms: cough, dyspnea, phlegm production

Denies: chest pain/pleuritic, fatigue, fever, GERD symptoms, nasal allergy symptoms, smoking, wheezing

O: Sys 156 Dia 94 T 96.3 P 79 RR 15 Hgt 63" Wgt 150.5 BMI 26.7

Constitutional: • No distress, well developed, obese. Awake, alert and oriented

ENT: • EAC and TM's clear • Hearing s deficit • Lips normal, teeth normal, gums normal • Nose normal mass or lesions. Nasal mucosa is normal. Septal deviation absent, no nasal discharge • Oropharynx normal, adequate in opening, oropharyngeal orifice is not deep, uvula not elongated, tonsils not prominent, tongue is not prominent

Neck: • Symmetric, no tracheal deviation or crepitus. • Thyroid normal size, no tenderness or mass. No cervical lymphadenopathy.

Respiratory: • Auscultation clear, no rales or rhonchi • No egophony. • No intercostal retractions • No wheezing with forced maneuvers • Percussion of chest normal • Respiratory effort normal. Equal chest expansion, Not barrel Chested

Cardiovascular: • Abdominal aorta: normal size, no bruits- Pedal pulses: pulse amplitude nl • Auscultation: Distinct heart sounds S1, S2, no murmurs • Extremities: no edema or varicosities • no Jugular venous distention. • Palpation: normal PMI, size, no thrills, Precordium is quiet • Regular rate and Rhythm

Gastrointestinal: • Hernia absent, • No Hepato-splenomegally. Intact Traube's space • No masses or tenderness • Normoactive bowel sounds

Lymphatic: • Neck: negative

Musculoskeletal: Stability: normal • Strength and tone: normal

Neurologic: • Cranial nerves: intact • DTR's: intact • Sensation: intact

A: ASTHMA W STATUS ASTHMAT 493.91

BRONCHOSPASM 519.1

D: Based on the PFT, Ms. Sowell basically has extrinsic asthma. I would like to be able to test her for her IgE levels once her prednisone is tapered to off. I would consider starting her on Xolair if her allergies were to recur down the line. At this time. She will taper the prednisone over the next month. I will see her back in 6 weeks.

The patient was given advise regarding the proper way to use the inhalers and spacer that were prescribed. Instructions regarding rinsing and gargling was also given. Method on how to determine if canister is empty was also given.

Prescriptions provided:

Nasonex: Dispense # one. Sig: one puff per nostril per day Nasally

Instructions/Precautions: spray towards the side of the nose to avoid complications Refills: 4.

Ordered today:
IgE total

Pending results:
Peak flow - Home records

Results:
Saturation at rest 99% on ra Inhaler Teaching done Pulmonary Function Test see report Peak flow - Training done

Gennette Sowell

ID# DOB:

2/11/2013

S: This is a 62.9 year old female presenting for follow up.

by: FD

Francis Dayrit M.D.

printed: 3/14/2013

She has been off Prednisone for the past 2 weeks now. She feels that her breathing is still bad although she seems to feel better because she does not have the symptoms in her head when she is on prednisone. This is despite being on symbicort.

Previous CT scan that we were able to obtain showed that she had lymphadenopathy. She has not had any biopsies to verify or negate this finding. She apparently had repeat CT scans and she was told that she did not have any lymphnode issues. I do not have copies of those follow up CT scans.

Symptoms: cough, dyspnea, fatigue, nasal allergy symptoms, phlegm production, wheezing

Denies: chest pain/pleuritic, fever, GERD symptoms, smoking

Symbicort: 160/4.5. Dispense # 1. Sig: One inhalation PO BID No Refills.

Nexium: 40. One PO Daily

Allegra: 180 mg. Dispense # 30. Sig: 1 po QD No refills.

Prednisone: 20 mg. Dispense # 60. Sig: Two tablet PO Daily

Instructions/Precautions: May cause abdominal pain and Gastrointestinal bleeding. May take with food. Stop if you develop black or bloody stools. May cause increase in blood sugar, monitor glucose levels if diabetic. May cause fluid retention and hypertension, inform your doctor if these occur. No Refills.

Spiriva (tiotropium): 18 mcg. One inhaled daily

HCTZ: 1 PO qd

O: Sys 165 Dia 87 T 97.0 P 82 RR 15 Hgt 63" Wgt 152.5 BMI 27

Constitutional: • No distress, well developed, obese. Awake, alert and oriented
ENT: • EAC and TM's clear • Hearing s deficit • Lips normal, teeth normal, gums normal • Nose normal mass or lesions. Nasal mucosa is normal. Septal deviation absent, no nasal discharge • Oropharynx normal, adequate in opening, oropharyngeal orifice is not deep, uvula not elongated, tonsils not prominent, tongue is not prominent

Neck: • Symmetric, no tracheal deviation or crepitus. • Thyroid normal size, no tenderness or mass. No cervical lymphadenopathy.

Respiratory: • Auscultation clear, no rales or rhonchi • No egophony • No intercostal retractions • No wheezing with forced maneuvers • Percussion of chest normal •

Respiratory effort normal. Equal chest expansion, Not barrel Chested

Cardiovascular: • Abdominal aorta: normal size, no bruits • Pedal pulses: pulse

amplitude nl • Auscultation: Distinct heart sounds S1, S2, no murmurs • Extremities:

no edema or varicosities • no Jugular venous distention, • Palpation: normal PMI, size,

no thrills. Precoastum is quiet • Renal rate and Rhythm

Gastrointestinal: • Hernia absent, • No Hepato-splenomegaly, intact haustra space •

No masses or tenderness • Normoactive bowel sounds

Lymphatic: • Neck: negative

Musculoskeletal: Stability: normal • Strength and tone: normal

Neurologic: • Cranial nerves: intact • DTR's: intact • Sensation: intact

A: ALLERGIC RHINITIS NOS 477.9

LYMPHADENOPATHY 785.6

D: At this point, she appears to have asthma and allergies that needs to be addressed.

I would like to ensure that her lymphadenopathy has truly cleared. We will try to get copies of her follow up CT scans.

Ordered today:

IgE total CT - Chest, obtain result, follow ups Bordetella IgM and IgG (EIA)
Bordetella Pertusis Nasal Swab

Pending results:

Peak flow - Home records

Results:

Saturation at rest 98% RA IgE total not done

Gennette Sowell

ID# DOB:

2/11/2013

by: FD

S: This is a 62.9 year old female presenting for follow up.

Francis Dayrit M.D.

printed: 3/14/2013

She has been off Prednisone for the past 2 weeks now. She feels that her breathing is still bad although she seems to feel better because she does not have the symptoms in her head when she is on prednisone. This is despite being on Symbicort.

Previous CT scan that we were able to obtain showed that she had lymphadenopathy. She has not had any biopsies to verify or negate this finding. She apparently had repeat CT scans and she was told that she did not have any lymphnode issues. I do not have copies of those follow up CT scans.

Symptoms: cough, dyspnea, fatigue, nasal allergy symptoms, phlegm production, wheezing

Denies: chest pain/pleuritic, fever, GERD symptoms, smoking

Symbicort: 160/4.5. Dispense # 1. Sig: One inhalation PO BID No Refills.

Nexium: 40. One PO Daily

Allegra: 180 mg. Dispense # 30. Sig: 1 po QD No refills.

Prednisone: 20 mg. Dispense # 60. Sig: Two tablet PO Daily

Instructions/Precautions: May cause abdominal pain and Gastrointestinal bleeding. May take with food. Stop if you develop black or bloody stools. May cause increase in blood sugar, monitor glucose levels if diabetic. May cause fluid retention and hypertension, inform your doctor if these occur. No Refills.

Spiriva (tiotropium): 18 mcg. One inhaled daily

HCTZ: 1 PO qd

O: Sys 165 Dia 87 T 97.0 P 82 RR 15 Hgt 63" Wgt 152.5 BMI 27

Constitutional: • No distress, well developed, obese. Awake, alert and oriented

ENT: • EAC and TM's clear • Hearing s deficit • Lips normal, teeth normal, gums normal • Nose normal mass or lesions. Nasal mucosa is normal. Septal deviation absent, no nasal discharge • Oropharynx normal, adequate in opening, oropharyngeal orifice is not deep, uvula not elongated, tonsils not prominent, tongue is not prominent

Neck: • Symmetric, no tracheal deviation or crepitus. • Thyroid normal size, no tenderness or mass. No cervical lymphadenopathy.

Respiratory: • Auscultation clear, no rales or rhonchi • No egophony • No intercostal retractions • No wheezing with forced maneuvers • Percussion of chest normal •

Respiratory effort normal. Equal chest expansion, Not barrel Chested

Cardiovascular: • Abdominal aorta: normal size, no bruits • Pedal pulses: pulse amplitude n1 • Auscultation: Distinct heart sounds S1, S2, no murmurs • Extremities:

no edema or varicosities • no Jugular venous distention. • Palpation: normal PMI, size,

no thrills. Precordium is quiet • Regular rate and Rhythm

Gastrointestinal: • Hemia absent, • No Hepato-splenomegaly. Intact trachea space •

No masses or tenderness • Normoactive bowel sounds

Lymphatic: • Neck: negative

Musculoskeletal: Stability: normal • Strength and tone: normal

Neurologic: • Cranial nerves: intact • DTR's: intact • Sensation: intact

A: ALLERGIC RHINITIS NOS 477.9

LYMPHADENOPATHY 785.6

D: At this point, she appears to have asthma and allergies that needs to be addressed.

I would like to ensure that her lymphadenopathy has truly cleared. We will try to get copies of her follow up CT scans.

Ordered today:

IgE total CT - Chest, obtain result, follow ups Bordatella IgM and IgG (EIA)
Bordatella Pertusis Nasal Swab

Pending results:

Peak flow - Home records

Results:

Saturation at rest 98% RA IgE total not done

Gennette Sowell

ID# DOB

2/26/2013

S: This is a 63 year old female presenting for follow up.

by: FD

Francis Dayrit M.D.

printed: 3/14/2013

Ms. Sowell feels that her SOB is the same as it was 2 weeks ago. She ran out of prednisone about 2 weeks ago.

She has no pets at home. She denies having any issues with water leaks or issues with fungus or other infestations. She lives out in the country so she has a lot of birds around her property.

IgE level off the prednisone is 480. She has not had allergy testing done in the past.

Symbicort: 160/4.5. Dispense # 1. Sig: One inhalation PO BID No Refills.

Nexium: 40. One PO Daily

Spiriva (tiotropium): 18 mcg. One inhaled daily

HCTZ: 1 PO qd

Brovana (arformeterol): 15 mcg/2 ml. Dispense # 60. Sig: 15 mcg Inhaled BID

Refills: 4.

Budesonide: 0.50 mg. Dispense # 30. Sig: Once a day inhaled/nebulised

Instructions/Precautions: Rinse and gargle after every use. May cause oral thrush 4 refills.

Albuterol Sol: One inhaled q 4-6 hrs and as needed

Symptoms: chest pain/pleuritic, cough, dyspnea, fatigue, nasal allergy symptoms, phlegm production, wheezing

Denies: fever, GERD symptoms, smoking

O: Sys 136 Dia 78 T 97.6 P 72 RR 15 Hgt 63" Wgt 153 BMI 27.1

Constitutional: • No distress, well developed, obese. Awake, alert and oriented
ENT: • EAC and TM's clear • Hearing's deficit • Lips normal, teeth normal, gums normal • Nose normal mass or lesions. Nasal mucosa is normal. Septal deviation absent, no nasal discharge • Oropharynx normal, adequate in opening, oropharyngeal orifice is not deep, uvula not elongated, tonsils not prominent, tongue is not prominent

Neck: • Symmetric, no tracheal deviation or crepitus. • Thyroid normal size, no tenderness or mass. No cervical lymphadenopathy.

Respiratory: • Auscultation clear, no rales or rhonchi • No egophony • No intercostal retractions • DIFFUSE wheezing with TIDAL BREATHING AND forced maneuvers • Percussion of chest normal • Respiratory effort normal. Equal chest expansion, Not barrel Chested

Cardiovascular: • Abdominal aorta: normal size, no bruits • Pedal pulses: pulse amplitude nl • Auscultation: Distinct heart sounds S1, S2, no murmurs • Extremities: no edema or varicosities • no Jugular venous distention. • Palpation: normal PMI, size, no thrills, Precordium is quiet • Regular rate and Rhythm

Gastrointestinal: • Hemia absent, • No Hepato-splenomegally. Intact Traube's space • No masses or tenderness • Normoactive bowel sounds

Lymphatic: • Neck negative

A: ASTHMA W STATUS ASTHMAT 493.91 BRONCHOSPASM 519.1

LYMPHADENOPATHY: 785.6

D: I would consider starting her on Omalizumab if it is an option for her. It appears that chronic steroids is not an option for her at this point because she has been on this for a few months now. The issue will be how it will be administered. She will have to try to get to a facility that will administer the medications for her. I do not know if her PCP in Cheraw, Dr. Hammett will be willing to administer the medication to her. Her calculated dose for Omalizumab is 30 mg every 2 weeks.

She know that we are closing this office and we will try to get her set up with

another physician.

Prescriptions provided:

Singulair: 10mg. Dispense #30. Sig: One tablet PO qd 4 Refills.

Zynac: 10mg. Dispense #30. Sig: one po Once a day 4 refills.

Xolair (Omalizumab): 150. Dispense #2. Sig: 300 mg SC every 2 weeks 4 refills.

Pending results:

CT - Chest, obtain result, follow ups Bordatella IgM and IgG (EIA) Bordatella
Pertusis Nasal Swab

Results:

Saturation at rest 98% on ra IgE total 480 Peak flow - Home records done

DIAGNOSTIC POLYSOMNOGRAPHIC INTERPRETATION

Indication

Current Medications Include

Study Parameters and Quality

Patient slept in the following sleep stages: Stage 1 (2%), Stage 2 (78%), Slow Wave Sleep (9.8%), and REM (10%).

Respiratory Summary

Patient was found to have an apnea hypopnea index of 5.5, in the setting of a respiratory disturbance index of 5.5. The REM apnea/hypopnea index was found to be 30.0, and the supine apnea/hypopnea index was found to be 7. The patient had 30 obstructive, 0 mixed, and 0 central apneas. The patient had 9 hypopneas, and 0 flow limitation events (RERA). The duration of the apneas ranged between 10-30 seconds with an average duration of 16.0 seconds. The duration of the hypopneas ranged between 13-27 seconds with an average of 20.0 seconds.

Oxygen Saturation

The patient's lowest oxygen saturation during this study was 78%. The patient's average oxygen saturation during wakefulness was 95%. The patient spent 1% of Total Sleep Time under 88% during this study.

Sleep Fragmentation Summary

The patient was found to have a total of 34 periodic limb movements, yielding a periodic limb movement index of 5. 0 of these periodic limb movements were associated with arousals.

There were a total of 11 arousals, 2 of which were respiratory in nature. The respiratory arousal index was found to be 0.



Sleep Study

Patient: SOWELL, GENNETTE

MRN: 100-1000000000

1counter:2909949

SOWELL GENNETTE
Acct. MRA D- Z
DEDIOS, ANGELO
Adm:05/09/2013 DOB:
CAROLINA PINES REG MED CENTER 063 F
1 IN PATE THEORETICALS TO INTERVIEW WITH THE FBI

Page 1 of 22

Patient: Sowell, Gennette M.

Date: 5/9/2013

Medical Record#:

Patient Account #: -----

Snoring Report

The patient was found to have 16 snoring episodes, yielding a snoring index of 2.3

Electrocardiographic Analysis

Electrocardiographic monitoring revealed a mean heart rate of 60. There were no significant dysrhythmias noted.

Impressions

1. Obstructive Sleep Apnea (OSA), mild, worse during REM sleep. Patient's AHI is 5.5, supine AHI is 7, REM AHI is 30.0, REM and supine AHI is 48.0, non supine AHI is 3.6. Patient had a sleep latency of .5 minutes and sleep efficiency of 97%. Patient had a combination of mostly obstructive apneas and hypopneas. Patient had REM supine sleep during this study. Patient slept mostly supine. Lowest O2 saturation was 78%, related to a respiratory event during REM sleep. No arrhythmias noted.

Recommendations

1. Patient will need a Continuous Positive Airway Pressure (CPAP) titration study to determine the best pressure for OSA. I will order.
2. Avoid laying supine.
3. Avoid engaging in activities requiring vigilance if sleepy. Do not drive if sleepy.
4. Avoid alcohol and sedatives.
5. Maintain lean body weight. Goal is for normal BMI.
6. Educate patient on good sleep hygiene. Go to bed and get up at regular times, do not eat or drink after 9pm, no TV or reading in bed, no caffeinated beverages after 6pm.
7. Follow up with Dr. de Dios as scheduled.

I personally reviewed the sleep study, epoch by epoch. If further assistance is needed, please do not hesitate to call me (843 383 3634) or if needed, I would be happy to see this patient in my office for further evaluation.



José Angelo A. De Dios, MD

Pulmonary, Critical Care, and Sleep Medicine Specialist

The Medical Group, affiliated with Carolina Pines Regional Medical Center

Cc: Dr. Angelo De Dios

Cc: Dr. Rochelle Hammett

Dictation Date May 29, 2013

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Patient: Sowell, Gennette M.

Date: 5/9/2013

Medical Record#:

Patient Account #:

DIAGNOSTIC POLYSOMNOGRAPHIC REPORT

Sleep Architecture

Lights Out Time: 22:08	Lights On Time: 05:28
Total Recording Time (Min.): 440	REM Percent of Total Sleep Time: 10%

	Time (min.)	% of Total Sleep Time	Normal %
Stage 1 (Drowse)	8.5	2	5-10%
Stage 2 (Mod. Depth)	334	78	45-55%
Slow Wave Sleep	9.8	0	15-21%
REM (Dream)	42	10	17-28%
Total Sleep Time (Min.)	426.5	100%	>360 Min.
Latency to Sleep Onset	.5		<30 Min.
Latency to Stage 2	4		<10Min. from onset
Latency to REM Sleep	114		80-110 Min. (approx)
Wake After Sleep Onset	12.5		
Sleep Efficiency*	96.9		>85-90%

Respiratory Summary

	By Sleep Stage		By Position		TOTAL
	NREM	REM	Supine	Non-Supine	
Sleep Time (Min.)	384.5	42	256	170.5	426.5
APNEA					
Obstructive	16	14	21	9	30
Mixed	0	0	0.0	0.0	0
Central	0	0	0.0	0.0	0
Total Apnea	16.0	14	21	9	30
Apnea Index	3	20	5	3	4
HYPOPNEA	2	7	8	1	9
Total Apneas and Hypopneas	18.0	21	29	10	39
AHI*	3	30	7	4	6
Flow Limitation Events (RERA)	0	0	0	0	0
RDI					6

*AHI denotes the average number of apneas and hypopneas per sleep hour. RDI denotes the average number of respiratory events per hour of sleep. Hypopnea is defined as a significant reduction in airflow for a duration of >10 seconds with at least a 4% SAO2 desaturation. Flow Limitation Event (RERA) is defined as a significant reduction in airflow for a duration of >10 seconds with an arousal in the EEG, and a SAO2 desaturation of < 4%.

Saturation Levels

Time Between	NREM	REM	Total (Sleep)
90+%			99
80-89%			1
70-79%			0

Event Durations

	Average	Event Range
Obs. Apneas	16	10-30
Mixed Apneas	0	0
Central Apneas	0	0

Patient: Sowell, Gennette M.

Date: 5/9/2013

Medical Record#:

Patient Account #:

60-69%			0
<60%			0
SaO2@ Nadir	86%	78%	78%

Obs. Hypopneas	20	13-27

PLM Summary

	TOTAL
Total Number of Limb Movements	34
Periodic Limb Movement Index	5
Arousals Due to Limb Movements	0
Limb Movements Arousal Index	0

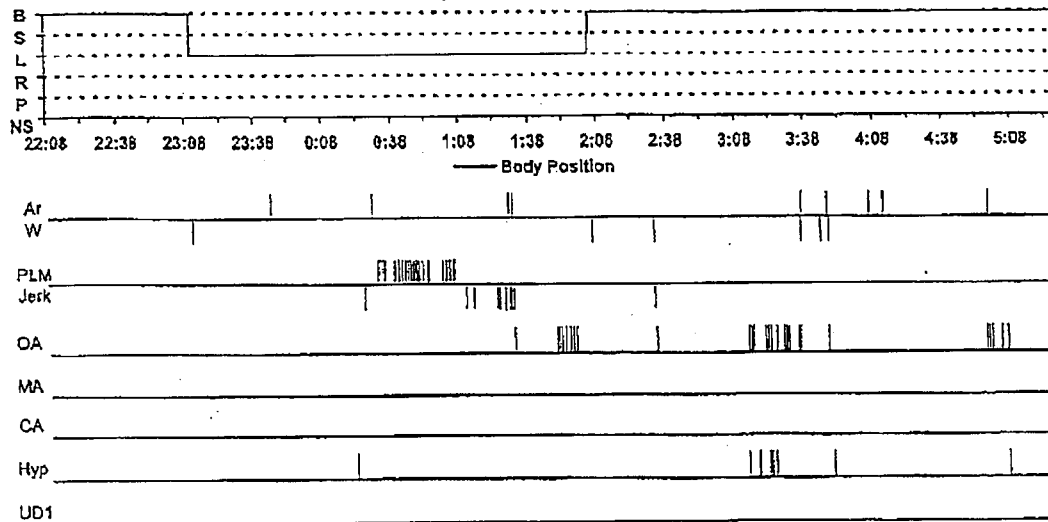
Sleep Fragmentation Summary

	# of Arousals	Arousal Index
Respiratory Arousals	2	0
Limb Movement Arousals	2	0
Spontaneous Arousals	5	.7
Total Arousals	11	2
Number of Awakenings	6	

Snore Summary

# of Snores during sleep time	16
Snore Index	2

DIAGNOSTIC POLYSOMNOGRAPHIC HISTOGRAM

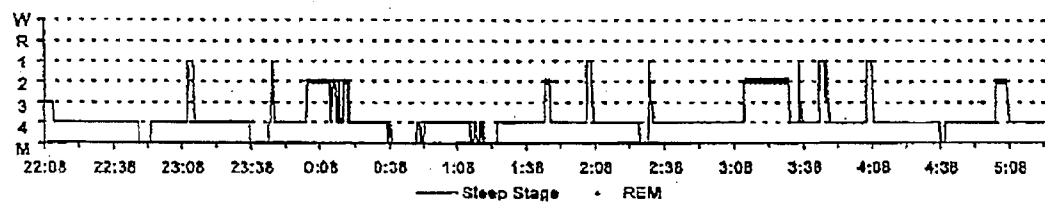
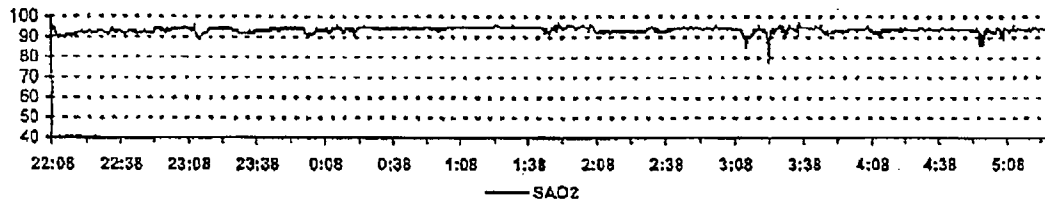
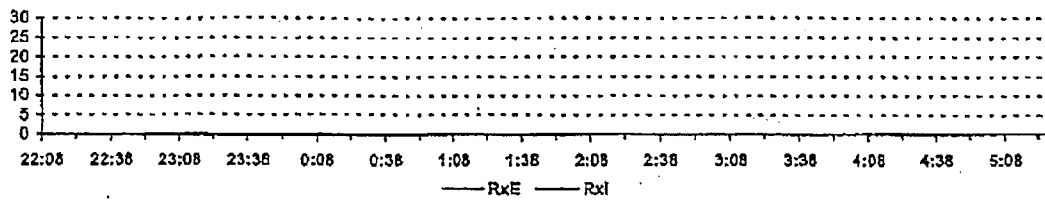


Patient: Sowell, Gennette M.

Date: 5/9/2013

Medical Record#

Patient Account #:



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SOWFI RANNETTE
 Acct MR
 DEODIOS, ANGELO
 Adm:05/09/2013 DOB:
 CAROLINA PINES REG MED CENTER
 0000- Z
 063 F

Page 6 of 22

SleepElite, Inc.
11517 Village Avenue
Midwest City, OK 73130

Patient Name: Sowell, Gennette M.
Study Date: 5/9/2013
Report Date/Time: 5/10/2013 3:09:00 PM

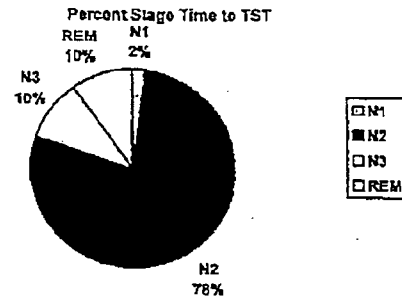
PSG Report

Demographics and Medical History

Name: Sowell, Gennette M. Age: 63 BMI: 26. Interp Physician: Dr. Angelo De Dios
DOB: 64 CM: 163 Referred By: Dr. Angelo De Dios
Pt. #: 248928291 WL-LB: 152 KG: 69 Tested By: Jason Commander
Pt. Tag: H8291 Sex: Female Scored By: Janice Oeltjenbruns
Indication for PS: Possible Sleep Apnea
Lights Out: 22:08 Lights On: 05:28

Sleep Summary

Sleep Time Statistics	Minutes	Hours
Time in Bed	440	7.3
Total Sleep Time	426.5	7.1
Total Sleep Time NREM	384.5	6.4
Total Sleep Time REM	42	0.7
Sleep Onset	.5	0.0
Wake After Sleep Onset	12.5	0.2
Wake After Sleep Period	.5	0.0
Latency Persistent Sleep	.5	0.0
Sleep Efficiency	95.9	Percent
Sleep Disruption Events	Count	Index
Arousals	11	1.5
Awakenings	6	.8
Arousals + Awakenings	17	2.4
REM Awakenings	0	0.0
Respiratory Arousals	2	.3
RERAs	0	0
Snore Arousals	2	.3



Sleep Stage Statistics	Wake	N1	N2	N3	REM	
Percent Stage to SPT	2.8	1.9	76.1	9.6	9.6	Percent
Sleep Period Time in Stage	12.5	8.5	334	42	42	Minutes
Latency to Stage		.5	4	40.5	114	Minutes
Percent Stage to TST		2.	78.3	9.8	9.8	Percent

Oxygenation Summary

Oximetry Statistics	Non REM	REM	Total
SpO2, Mean Wake, Percent			95
SpO2, Minimum, Percent	86	78	78
SpO2, Maximum, Percent	97	96	97
SpO2, Mean, Percent	94	93	94
Desaturations	0	0	0
Desaturation Index	0.0	0.0	0.0
SpO2 ≤ 88% (Time in Minutes)	3.0		

EKG Summary

EKG Statistics			
Heart Rate, Wake	68 BPM	PAC Events	0 Count
Heart Rate, Steady Sleep Avg	60 BPM	PVC Events	219 Count

(PRINTED DATE 5/10/2013 3:09:00 PM)

Page 1 of 4

SOWELL, GENNETTE
Acct. MR 0000-2
DEDIOS, ANGELO
Adm:05/09/2013 DOB: 063 F
CAROLINA PINES REG MED CENTER
(PRINTED DATE 5/10/2013 3:09:00 PM)

Patient: SOWELL, GENNETTE

MRN:

Encounter: 2909949

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SleepElite, Inc.

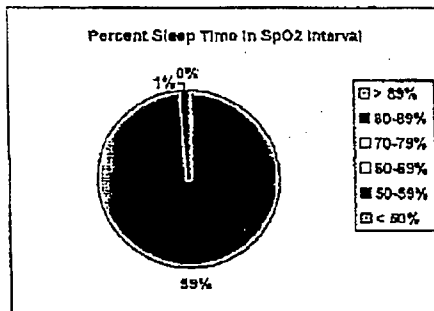
11517 Village Avenue
Midwest City, OK 73130

Patient Name: Sowell, Gennette M.
Study Date: 5/9/2013
Report Date/Time: 5/10/2013 3:09:00 PM

PSG Report

Leg Movement Summary										
LM Counts	Non REM (Incl. Wake)			REM			Total			
	No Arousal	Arousal	Wake	No Arousal	Arousal	Wake	No Arousal	Arousal	Wake	Total
Isolated	7	2	1	0	0	0	7	2	1	10
PLMS	34	0	0	0	0	0	34	0	0	34
Total	41	2	1	0	0	0	41	2	1	44
LM Statistics							PLMS		Total	
							Count	Index	Count	Index
LM							34	4.8	44	6.2
LM with Arousal							0	0	2	0.3

Respiration Summary						
Event Statistics	Total		With Arousal		With Awakening	
	Count	Index	Count	Index	Count	Index
Apneas, Total	23	3.2	2	0.3	1	0.1
Hypopneas, Total	9	1.3	0	0.0	0	0.0
Events (Apneas + Hypopneas)	32	4.5	2	0.3	1	0.1
RERAs	0	0				
Apneas, Supine	17	4.				
Apneas, Non Supine	6	2.1				
Hypopneas, Supine	8	1.9				
Hypopneas, Non Supine	1	.4				
% Sleep Apnea	1.5	Percent				
% Sleep Hypopnea	.7	Percent				
Oximetry Statistics						
SpO2, Mean Wake	95	Percent				
SpO2, Minimum	78	Percent				
SpO2, Max	97	Percent				
SpO2, Mean	94	Percent				
Desaturation Index, REM	0.0	Index				
Desaturation Index, NREM	0.0	Index				
Desaturation Index, Total	0.0	Index				



Technician Comments: 1. Lights Out @ 2209:33.
2. Frequent PVC's/arrhythmias noted t/o study period by tech.
3. Frequent PLM's noted.
4. Moderate to Severe snoring noted continually w/ pt predominantly supine in its severity.
5. Lights On @ 0529:04.
Scorer's Note:
PLMS are seen. Clusters of mostly REM area resp. events seen. JO

SOWELL, GENNETTE
Acct# 0000- Z
DEDIOS, ANGEL
Adm: 05/09/2013 09:00
CAROLINA PINES REG MED CENTER
063 F

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Patient: SOWELL, GENNETTE

MRN:

Encounter: 2909949

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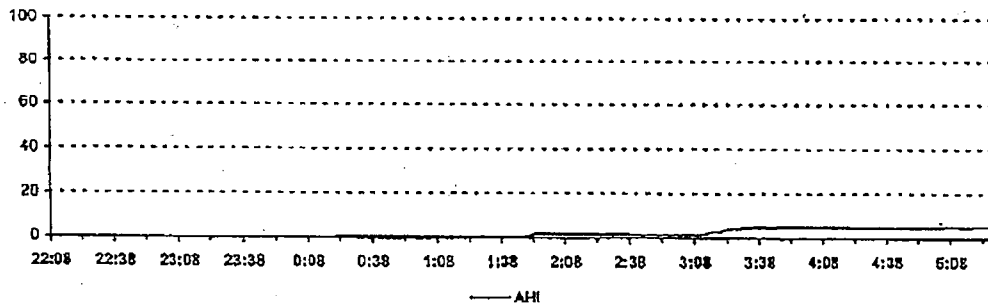
SleepElite, Inc.
11517 Village Avenue
Midwest City, OK 73130

Patient Name: Sowell, Gennette M.
Study Date: 5/9/2013
Report Date/Time: 5/10/2013 3:09:00 PM

PSG Report

Respiration Summary									
By Event Classification	Central			Mixed			Obstructive		
	Count	Mean Dur	Range Dur	Count	Mean Dur	Range Dur	Count	Mean Dur	Range Dur
Apneas, NREM	0	0	0	0	0	0	11	18	11-26
Apneas, REM	0	0	0	0	0	0	12	17	11-30
Apneas, Total	0	0	0	0	0	0	23	17	11-30
Hypopneas, NREM	0	0	0	0	0	0	2	16	13-20
Hypopneas, REM	0	0	0	0	0	0	7	21	16-27
Hypopneas, Total	0	0	0	0	0	0	9	20	13-27
RERAs, Total	0	0							

SpO2 Intervals	> 89%	80-89%	70-79%	60-69%	50-59%	40-49%	30-39%	< 30%
Percent Sleep Time	99.1	.8	.1	0	0	0	0	0
By Body Position	N:Supine	Supine	Total		N:Supine	Supine	Total	
Apnea Index, NREM	2.3	1.3	1.7	A+H Index, NREM	2.3	1.8	2.0	
Apnea Index, REM	0	28.8	17.1	A+H Index, REM	3.5	43.2	27.1	
Apnea Index, Total	2.1	4	3.2	A+H Index, Total	2.5	5.9	4.5	
Hypopnea Index, NREM	0	.5	.3	Sleep Time, Minutes	170.5	256	426.5	
Hypopnea Index, REM	3.5	14.4	10					
Hypopnea Index, Total	.4	1.9	1.3					
RERA Index, Total	0	0	0					
# of Snores			16					
Snore Index, Total			2.3					



TO THE OFFICE OF THE CLERK OF THE DISTRICT COURT
SOWELL, GENNETTE
MR. J.
ACCL
DEDIUS, ANGELO
Adm:05/09/2013 DOB
CAROLINA PINES REG MED CENTER
(HARTFORD, CT) (HARTFORD, CT) (HARTFORD, CT)

3 0000 2

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Patient: SOWELL, GENNETTE

MRN:

Encounter: 2909949

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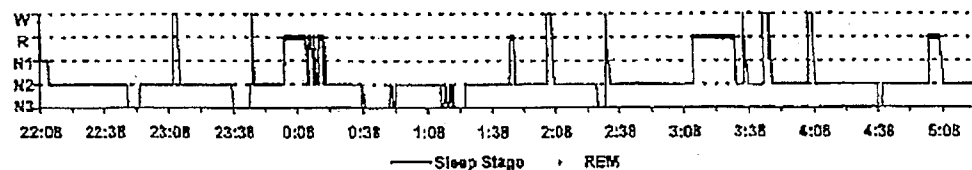
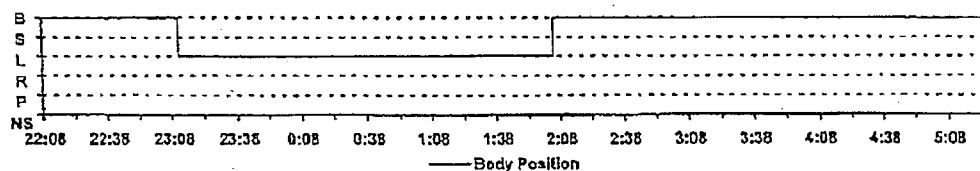
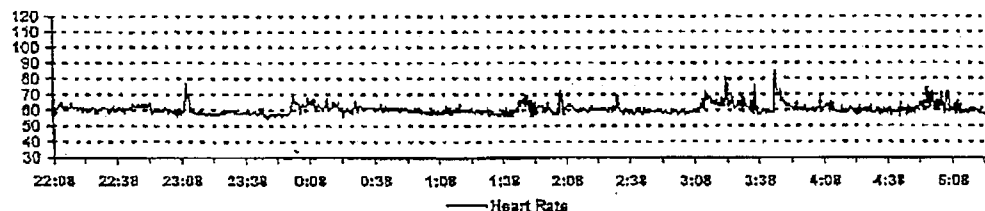
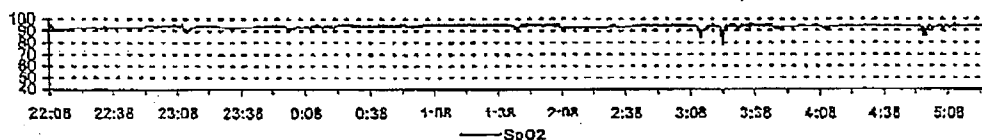
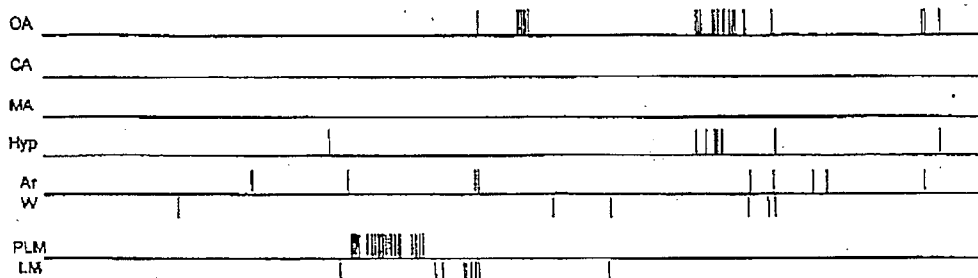
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SleepElite, Inc.
11517 Village Avenue
Midwest City, OK 73130

Patient Name: Sowell, Gennette M.
Study Date: 5/9/2013
Report Date/Time: 5/10/2013 3:09:00 PM

PSG Report



11517 VILLAGE AVENUE
SOWELL, GENNETTE
Accel MF 3 0000- Z
DEDIOS, ANGELO 063 F
Adm:05/09/2013 DD
CAROLINA PINES REG MED CENTER
11517 VILLAGE AVENUE MIDWEST CITY, OK 73130

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Patient: SOWELL, GENNETTE

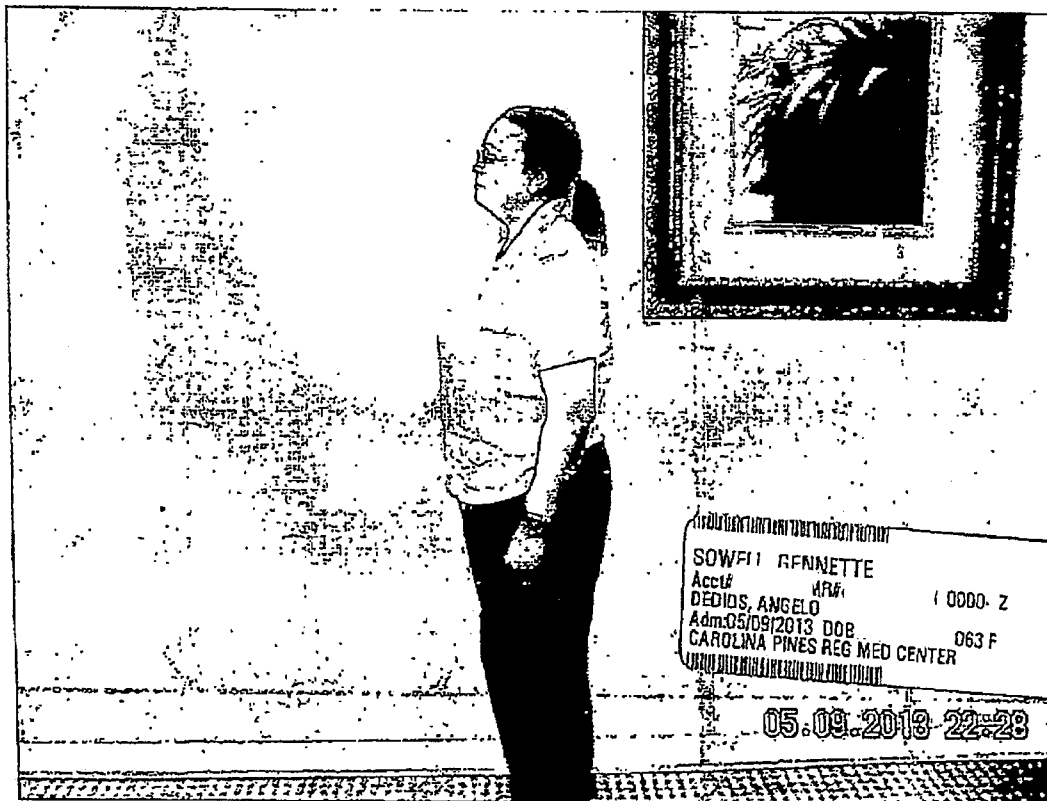
MRN:

icounter: 2909949

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Patient:SOWELL, GENNETTE

MRN:1

ncounter:2909949

Page 11 of 22

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536

HARTSVILLE, SC 29550
(843) 857-4303

PATIENT INFORMATION / SLEEP HISTORY
ADULT

Sowell Gennette
NAME: LAST FIRST MIDDLE SS#

ADDRESS: STREET CITY STATE / ZIP CODE

PHONE _____ DATE OF BIRTH _____ AGE 63

HEIGHT 5'4" WEIGHT 153 SEX ☐ M ☒ F MARITAL STATUS

SPOUSE AND / OR EMERGENCY CONTACT (S)

NAME	PHONE	RELATIONSHIP
Amy Lowery		Daughter

NAME	PHONE	RELATIONSHIP
Kathy Hardison		Daughter

CASE NUMBER (IF SUPPLIED BY OFFICE) _____ EDUC. LEVEL _____

EMPLOYER/OCCUPATION Piggly Wiggly Deli Manager

INSURANCE CO. PAZ INS. POLICY # 10237659

IF APPLICABLE: ☐ MEDICARE # _____ ☐ MEDICAID # _____

REFERRING PHYSICIAN Dr. Jose Angelo Deoribus md. PHONE# 843 323-3634

ADDRESS	CITY	STATE / ZIP CODE

Dr. Rochell Hommeto Chesani S.C.
FAMILY PHYSICIAN PHONE

NAME OF PERSON COMPLETING QUESTIONNAIRE, IF OTHER THAN PATIENT

NAME	PHONE	RELATIONSHIP TO PATIENT

CHIEF COMPLAINTS

What are your major complaints related to sleep and wakefulness and how long have you had them?

SOWELL, RENNETTE
Acct: MR. J000-7
DEBIDS, ANGELO
Adm: 05/09/2013 00B 63 F
CAROLINA PINES REG MED CENTER
-PENDING REVIEW BY THE STATE OF FLORIDA- (1/1/13)

SOWELL, GENNETTE

Acct# MR#0

DEVIUS, ANGEL D

Adm:05/09/2013 DOP

CAROLINA PINES REG MED CENTER

J000- Z

J 063 F

I. SLEEPINESS

YES NO

1. Are you excessively sleepy during the day?
2. Do you fall asleep or have to fight sleep under the following conditions?
 - a. Sitting quietly
 - b. Driving a car
 - c. Riding in a car
 - d. Talking in person
 - e. Eating
 - f. Standing
 - g. Talking on the phone
3. Do you take scheduled naps during the day?

II. SYMPTOMS DURING SLEEP

1. Circle any of the following symptoms that you currently have when sleeping or trying to sleep.

Toss & Turn

Fall out of bed

Bed wetting

Heartburn

Sour belches

Pain

Regurgitation

Night sweats

Teeth grinding

Cold feet

Sleep walking

Sleep talking

Nightmares

Irresistible urge to move legs

Legs jerking

2. Circle any of the following that you experience during sleep.

Choking

Making whistling soundswhizzing

Gasping for air

Loud Snoring

Struggling to breathe

Stop breathing

Sleeping with open mouth

Waking yourself with snoring

Snorting

Waking with dry mouth

3. Do you snore in all positions? If not, when? when work long hours

III. SLEEP HABITS

1. What time do you usually go to bed? 7:30 PM
2. How long does it usually take you to fall asleep? 30 min.
3. How many times do you awaken at night? once to use the bath room
4. Why do you awaken at night? bathroom
5. Do you have trouble returning to sleep? No
6. What time do you usually wake up in the morning? 6:00 AM to 9:00 AM
7. How do you wake up in the morning? (i.e., alarm clock, etc.) God and myself
8. What time do you usually get up in the morning? 4:00 AM

SOWIN WHITE
 Acc# _____ MR: _____
 DEODIS, ANGEL
 Adm: 05/09/2013 DOB: 05/09/1980
 CAROLINA PINES REG MED CENTER
 J 0000 Z
 0 063 F

- #### IV. NARCOLEPSY

	YES	NO
1. As you fall asleep or wake up, do you have vivid or lifelike visions (people in the room, etc.)?	_____	<u>✓</u>
2. When you are angry or excited, do you have sudden weakness or have any part of your body go limp (head drop, knees buckle, etc.)?	_____	<u>✓</u>
3. As you are trying to go to sleep or wake up, do you ever have an inability to move?	_____	<u>✓</u>
4. Have you ever driven or traveled somewhere and did not remember how you got there?	<u>✓</u>	<u>✓</u>

V. TREATMENT

VI. PSYCHOLOGICAL

Circle any of the following symptoms that you have to an excessive degree:

- Memory impairment
- Irritability
- Loss of appetite

VII. SEXUALITY

YES	NO
☒	☐
☐	☐
☐	☐

Sleep enter

The Epworth Sleepiness Scale

How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired? This refers to your usual way of life in recent times. Even if you have not done some of these things recently, try to work out how they would have affected you. Use the following scale and circle the most appropriate number for each situation. Add the total of each circled number to get your score.

0= would never doze
1=slight chance of dozing
2=moderate chance of dozing
3=high chance of dozing

Sitting and reading

0 1 2 3

Watching TV

0 1 2 3

Sitting inactive in a public place (for example a theater or meeting)

0 1 2 3

As a passenger in a car for an hour without a break

0 1 2 3

Lying down to rest in the afternoon when circumstances permit

0 1 2 3

Sitting and talking to someone

0 1 2 3

Sitting quietly after lunch without alcohol

0 1 2 3

In a car, while stopped for a few minutes in traffic

0 1 2 3

Score:

1-6= Getting enough sleep or pushing the limits of proper sleep habits
7-8=Average score, consider placing more emphasis on better sleep habits
9 or above= Consult a physician about your sleep habits

3

701 Medical Park Drive • Suite 109

(843) 339-4151

Patient:SOWELL, GENNETTE

MRN

Encounter:2909949

Page 17 of 22

701 MEDICAL PARK DRIVE SUITE 109 CAROLINA PINES SC 29525
SOWELL GENNETTE
Acct# ARF 0000-2
DEDIOS, ANGELO
Adm:05/09/2013 DOB: J63 F
CAROLINA PINES REG MED CENTER
JULY 2013 10:00 AM 10:00 AM 10:00 AM 10:00 AM

Sleep Insomnia Index

This is a test to assess how you are feeling, in general, about your sleep. Answer the following questions rating how you feel about your sleep using a 0-4 point scale.

- 0 = No problem
 1 = Slight problem with my sleep
 2 = Moderate problem with my sleep
 3 = Moderately severe problem with my sleep
 4 = Big problem with my sleep affecting all parts of my life.

Please circle the best answer about your sleep for each question.

	0	1	2	3	4
	[-----]				
	No Problem				Big Problem
1. Overall describe your satisfaction with your sleep		0	1	2	3 4
2. How easy is it for you to fall asleep?		0	1	2	3 4
3. How worried are you that you won't be able to get to sleep?	0	1	2	3	4
4. Are you easily awakened by sounds/noises in the night?		0	1	2	3 4
5. When you sleep in a strange place or bed other than your own, how much trouble do you have trying to fall asleep?	0	1	2	3	4
6. Is your sleep disturbed with frequent awakenings?	0	1	2	3	4
7. Can you fall back asleep if you awaken during the night?		0	1	2	3 4
8. Are you rested the next day after your night's sleep?		0	1	2	3 4
9. Do you think you are getting enough hours of sleep each night?		0	1	2	3 4
10. How much does the quality of the sleep affect your next day function, ie; fatigue, mood, irritability?		0	1	2	3 4

TOTAL SCORE =

4

PRINTED WITH NAME AND YOUR REPORT NUMBER
 SOWELL GENNETTE
 Acct# 184
 DEDIOS, ANGELO
 Adm#05/09/2013 DOB
 CAROLINA PINES REG MED CENTER
 0000-2
 063 F

Patient: SOWELL, GENNETTE

MRN:

Encounter: 2909949

Page 18 of 22

POST-SLEEP QUESTIONNAIRE

Patient Name: GENNETTE SOWELL

Date: 5/9/13

1. How long do you feel it took to fall asleep last night?
Compared to usual, was this? 8 hours ___ minutes
 ___ longer ___ shorter ___ same
2. Did you have difficulty falling asleep last night? ___ Yes X No
If yes, why? _____
3. Did you wake up during the night? ✓ Yes ___ No
If yes, How many times? 2 times
Compared to usual, was this? ___ more ___ less ___ same
4. If you woke up during the night, did you have a
difficult time going back to sleep? ___ Yes X No
If yes, Why? _____
5. How long do you feel you slept last night?
Compared to usual, was this? 8 hours ___ minutes
 ___ longer ___ shorter ___ same
6. Do you remember dreaming last night? ___ Yes X No
If yes, were your dreams: ___ pleasant ___ unpleasant ___ don't know
7. Compared to normal, how did you feel upon awakening? ___ More rested than usual
 ___ Less rested X same
8. How refreshing was your sleep last night? ___ Not at all ___ A little X Quite a bit ___ Extremely
9. How tired do you feel right now? X Not at all ___ A little ___ Quite a bit ___ Extremely
10. How sleepy do you feel now? X Not at all ___ A little ___ Quite a bit ___ Extremely
11. How alert, or awake do you feel? ___ Not at all ___ A little ___ Quite a bit X Extremely
12. How did the quality of your sleep last night compare to a usual night?
 ___ Better X Same ___ Worse
13. Do you feel sick or have any physical complaints? ___ Yes X No
If yes, please describe: _____
14. Could you have slept longer? ___ Yes X No
If yes, how much longer? _____

Please make any comments you would like your doctor to now about your sleep during the study, and if anything specifically bothered you, made you uncomfortable, or helped you, made you feel at ease.

SOWEN, BENNETTE
Accel. MRJ
DEDIOS, ANGELO
Adm05/09/2013 DOB:
CAROLINA PINES REG M

3 0000- Z
063 F

Sleep History
Page 7

- J. 3 I feel that I am ugly or repulsive looking.
2 I feel that there are permanent changes in my appearance and they make me look unattractive.
1 I am worried that I am looking old or unattractive.
0 I don't feel that I look any worse than I used to.
- K. 3 I can't do any work at all.
2 I have to push myself very hard to do anything.
1 It takes extra effort to get started at doing something.
0 I can work about as well as before.
- L. 3 I get too tired to do anything.
2 I get tired from doing anything.
1 I get tired more easily than I used to.
0 I don't get any more tired than usual.
- M. 3 I have no appetite at all anymore.
2 My appetite is much worse now.
1 My appetite is not as good as it used to be.
0 My appetite is no worse than usual.

Administrative Use Only

TOTAL: _____

SOWELL GENNETTE

Acct MF
DEDIOS, ANGELO
Admt:05/09/2013 DC
CAROLINA PINES REG MED CENTER
117701 0000 0000 0000 0000 0000 0000

0000- Z

063 F

Patient: SOWELL, GENNETTE

MRN:

Encounter: 2909949

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339

545

SOWELL GENNETTE
Acct: MR 0000- Z
DEDIOS, ANGELO
Adm: 05/09/2013 DDE 063 F
CAROLINA PINES REG MED CENTER
LITMILL WARD 1000 3000 1000 1000 1000 1000

XIII. OTHER SYMPTOMS

The following items represent a number of different symptoms that people sometimes experience. Please indicate (by circling the number following each item) how much you have been bothered by each symptom over the past week.

Have you felt or experienced:

Number of times during past week

1. Numbness or tingling.....	0	1	2	3	4	5+
2. Feeling hot.....	0	1	2	3	4	5+
3. Wobbliness in legs.....	0	1	2	3	4	5+
4. Unable to relax.....	0	1	2	3	4	5+
5. Fear of the worst happening.....	0	1	2	3	4	5+
6. Dizzy or light-headed.....	0	1	2	3	4	5+
7. Heart pounding or racing.....	0	1	2	3	4	5+
8. Unsteady.....	0	1	2	3	4	5+
9. Terrified.....	0	1	2	3	4	5+
10. Nervous.....	0	1	2	3	4	5+
11. Feelings of choking.....	0	1	2	3	4	5+
12. Hands trembling.....	0	1	2	3	4	5+
13. Shaky.....	0	1	2	3	4	5+
14. Fear of losing control.....	0	1	2	3	4	5+
15. Difficulty breathing.....	0	1	2	3	4	5+
16. Fear of dying.....	0	1	2	3	4	5+
17. Scared.....	0	1	2	3	4	5+
18. Indigestion or discomfort in abdomen.....	0	1	2	3	4	5+
19. Faint.....	0	1	2	3	4	5+
20. Face flushed.....	0	1	2	3	4	5+
21. Sweating (not due to heat).....	0	1	2	3	4	5+

XIII: STATE OF MIND---

Please read the entire group of statements below and read each group carefully. Then pick out the one statement which best describes the way you feel today for each group. Circle the number (3, 2, 1, or 0) beside the statement you have chosen. If more than one statement in the group seems to apply equally well, circle each one.

Be sure to read all the statements in each group before making your choice.

- A. 3 I am so sad or unhappy that I can't stand it.
2 I am blue or sad all the time and I can't snap out of it.
1 I feel sad or blue.
0 I do not feel sad.
- B. 3 I feel that the future is hopeless and that things cannot improve.
2 I feel I have nothing to look forward to.
1 I feel discouraged about the future.
0 I am not particularly pessimistic or discouraged about the future.
- C. 3 I feel I am a complete failure as a person (i.e., parent, husband, wife).
2 As I look back on my life, all I can see is a lot of failures.
1 I feel I have failed more than the average person.
0 I do not feel like a failure.
- D. 3 I am dissatisfied with everything.
2 I don't get satisfied out of anything anymore.
1 I don't enjoy things the way I used to.
0 I am not particularly dissatisfied.
- E. 3 I feel as though I am very bad or worthless.
2 I feel quite guilty.
1 I feel bad or unworthy a good part of the time.
0 I don't feel particularly guilty.
- F. 3 I hate myself.
2 I am disgusted with myself.
1 I am disappointed in myself.
0 I don't feel disappointed in myself.
- G. 3 I would kill myself if I had the chance.
2 I have definite plans about committing suicide.
1 I feel I would be better off dead.
0 I don't have any thoughts of harming myself.
- H. 3 I have lost all interest in other people and don't care about them at all.
2 I have lost most of my interest in other people and have little feeling for them.
1 I am less interested in other people than I used to be.
0 I have not lost interest in other people.
- I. 3 I can't make any decisions at all anymore.
2 I have great difficulty in making decisions.
1 I try to put off making decisions.

SOWFILL, GENNETTE
Acct 0000- Z
DEDIOS, ANGLU
Adm:05/09/2013 00 063 F
CAROLINA PINES REG MED CENTER
[REDACTED]

**CAROLINA PINES REGIONAL MEDICAL CENTER
SLEEP DIAGNOSTIC CENTER**

THERAPEUTIC POLYSOMNOGRAPHIC INTERPRETATION

Patient: Sowell, Gennette Date: 6/13/2013 Medical Record#:
AGE: 63 Referring Physician: Dr. Angelo De Dios Patient Account #:
Sex: Female Ht (inches): 64 Weight (lbs): 152
Body Mass Index (kg/m2): 26 (BMI > 28 is considered obese)
Study Technologist: Jason Commander Scoring Technologist: Janice Oeltjenbruns, RPSGT

Indication

Patient had a baseline sleep study done on 5/9/13 which showed mild Obstructive Sleep Apnea, worse during REM sleep. Patient is here for CPAP titration study.

Current Medications Include

Singular 40mcg, Klor-Con M20, HCTZ 25mg, Nexium 40mg, Allegra 180mg, Symbicort 90mcg, Calcium OTC, Prednisone 10mg, Ventolin HFA 90mcg, Brovana, Ipratropium, Albuterol Inhaler.

Study Parameters and Quality

The patient underwent a CPAP/BiPAP titration evaluation with total sleep time of 372 minutes. The patient demonstrated a sleep latency of 14 minutes and a sleep efficiency of 86%. The following parameters were monitored under normal testing condition: EOG, EMG, ECG, EEG, flow, body position, limb movement, SaO2, and snoring.

Patient slept in the following sleep stages: Stage 1 (1%), Stage 2 (91%), Slow Wave Sleep (0.4%), and REM (8%).

CPAP Analysis

The patient was initiated at a setting of 5cmH2O and increased as indicated throughout the night. Optimal CPAP was obtained at a setting of 9 cmH2O. At this setting, the apnea/hypopnea index was found to be 2, and the lowest O2 saturation was found to be 90%. The patient had 22 minutes of REM sleep with this setting. Patient also had REM supine sleep with this setting. With this setting, the sleep architecture showed decreased arousals and awakenings.

Oxygen Saturation

The patient's lowest oxygen saturation during this study was 85%. The patient's average oxygen saturation during wakefulness was 96%. The patient spent 1.1% of Total Sleep Time under 88% during this study.

Periodic Limb Movement Analysis

The patient was found to have a total of 0 periodic limb movements, yielding a periodic limb movement index of 0. 0 of these periodic limb movements were associated with arousals.

Snoring Report

The Patient was found to have 1 snoring episodes, yielding a snoring index of .2.



8331640

Sleep Study

SOWELL, GENNETTE
Acct: MR#0000134503 0000- Z
DEDIOS, ANGELO
Adm: 06/13/2013 DOB: 163 F
CAROLINA PINES REG MED CENTER
PATIENT OF CAROLINA PINES REGIONAL MEDICAL CENTER

Patient: SOWELL, GENNETTE

MRN.

Encounter: 2912380

Page 1 of 19

Patient: Sowell, Gennette

Date: 6/13/2013

Medical Record#: 6

Patient Account #

Electrocardiographic Analysis

Electrocardiographic monitoring revealed a mean heart rate of 57. There were no significant cardiac dysrhythmias noted.

Impressions

1. Obstructive Sleep Apnea (OSA), mild, worse during REM sleep and supine sleep. During the baseline study, patient's AHI was 5.5, supine AHI was 7, REM AHI was 30, REM and supine AHI was 48. Optimal CPAP pressure based on this study is 9 cm H₂O. The AHI improved to 2, with the lowest oxygen saturation of 90%. Patient had REM sleep (22 minutes) with this setting. With this setting sleep architecture showed decreased arousals and awakenings. No arrhythmias noted.

Recommendations

1. Optimal pressure for patient's OSA is CPAP at 9 cm H₂O with heated humidifier and a Fisher and Paykel Eson nasal mask (small). I will order. If patient does not tolerate CPAP at 9 cm H₂O, may try CPAP of 5 cm H₂O - AHI was 4.2, lowest O₂ saturation was 87%, but he only had 7 minutes of REM sleep.
2. Compliance has to be routinely checked to make sure patient's OSA is corrected.
3. Avoid laying supine.
4. Avoid engaging in activities requiring vigilance if sleepy. Do not drive if sleepy.
5. Avoid alcohol and sedatives.
6. Maintain lean body weight. Goal is for normal BMI.
7. Educate patient on good sleep hygiene. Go to bed and get up at regular times, do not eat or drink after 9pm, no TV or reading in bed, no caffeinated beverages after 6pm.
8. Follow up with Dr. de Dios as scheduled.



José Angelo A. De Dios, MD

Pulmonary, Critical Care, and Sleep Medicine Specialist

The Medical Group, affiliated with Carolina Rines Regional Medical Center

Cc: Dr. Angelo De Dios

Cc: Dr. Rochelle Hammitt

Dictation Date July 2, 2013

2

Patient: Sowell, Gennette

Date: 6/13/2013

Medical Record#:

Patient Account #

THERAPEUTIC POLYSOMNOGRAPHIC REPORT

Patient: Sowell, Gennette

Date: 6/13/2013

Medical Record#:

AGE: 63

Referring Physician: Dr. Angelo De Dios

Patient Account #

Sex: Female

Ht (inches): 64

Weight (lbs): 152

Body Mass Index (kg/m2): 26

(BMI > 28 is considered obese)

Study Technologist: Jason Commander

Scoring Technologist: Janice Oeltjenbruns, RPSGT

Sleep Architecture

Lights Out Time: 22:17	Lights On Time: 05:27
Total Recording Time (Min.): 430.5	REM Percent of Total Sleep Time: 8%

	Time (min.)	% of Total Sleep Time	Normal %
Stage 1 (Drowse)	3	1	5-10%
Stage 2 (Mod. Depth)	338.5	91	45-55%
Slow Wave Sleep	0.4	0	15-21%
REM (Dream)	29	8	17-28%
Total Sleep Time (Min.)	372	100%	>360 Min.
Latency to Sleep Onset	14		<30 Min.
Latency to Stage 2	14.5		<10 Min. from onset
Latency to REM Sleep	94		80-110 Min. (approx)
Wake After Sleep Onset	44		
Sleep Efficiency*	86.4		>85-90%

Respiratory Summary

	By Sleep Stage		By Position		TOTAL
	NREM	REM	Supine	Non-Supine	
Sleep Time (Min.)	343	29	340.5	32	372
APNEA					
Obstructive	0	0	0	0	0
Mixed	0	0	0	0	0
Central	4	0	4.0	0.0	4
Total Apnea	4.0	0	4	0	4
Apnea Index	1	0	1	0	1
HYPOPNEA	4	0	4	0	4
Total Apneas and Hypopneas	8	0	8	0	8
AHI*	1	0	1	0	1
Flow Limitation Events (RERA)	0	0	0	0	0
RDI					1

*AHI denotes the average number of apneas and hypopneas per sleep hour. RDI denotes the average number of respiratory events per hour of sleep. Hypopnea is defined as a significant reduction in airflow for a duration of >10 seconds with at least a 4% SAO2 desaturation. Flow Limitation Event (RERA) is defined as a significant reduction in airflow for a duration of >10 seconds with an arousal in the EEG, and a SAO2 desaturation of < 4%.

3

Patient: Sowell, Gennette

Date: 6/13/2013

Medical Record#
Patient Account #

Saturation Levels

Time Between	NREM	REM	Total (Sleep)
90+%			100
80-89%			0
70-79%			0
60-69%			0
<60%			0
SaO2@ Nadir	87%	90%	85%

Event Durations

	Average	Event Range
Obs. Apneas	0	0
Mixed Apneas	0	0
Central Apneas	14	11-17
Obs. Hypopneas	18	16-22

PLM Summary

	TOTAL
Total Number of Limb Movements	0
Periodic Limb Movement Index	0
Arousals Due to Limb Movements	0
Limb Movements Arousal Index	0

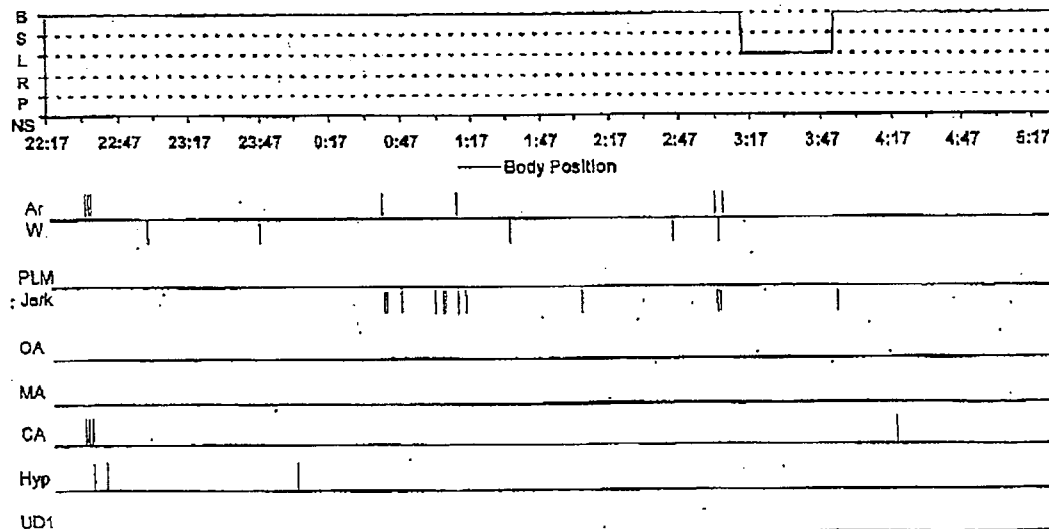
Sleep Fragmentation Summary

	# of Arousals	Arousal Index
Respiratory Arousals	1	0
Limb Movement Arousals	3	0
Spontaneous Arousals	4	.6
Total Arousals	9	2
Number of Awakenings	5	

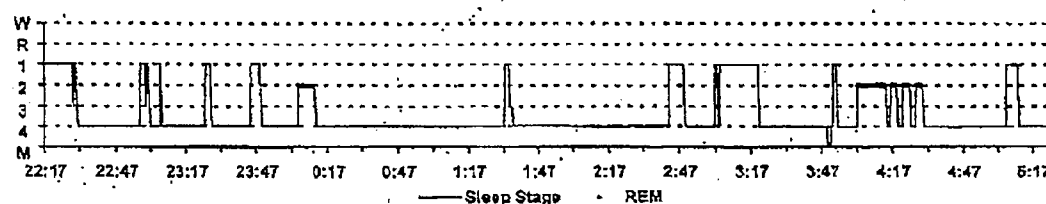
Snore Summary

# of Snores during sleep time	1
Snore Index	0

THERAPEUTIC POLYSOMNOGRAPHIC HISTOGRAM



Medical Record#:
Patient Account #:

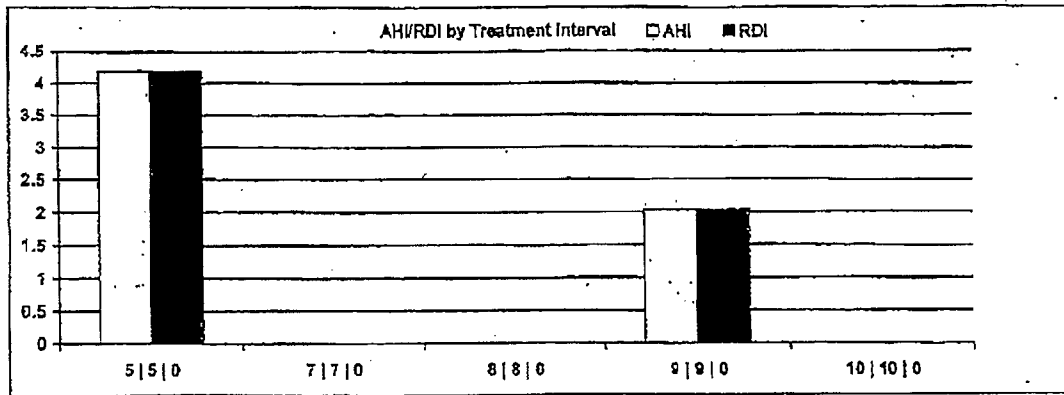
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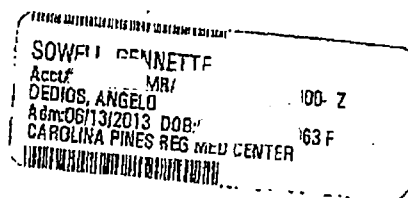
Patient: Sowell, Gennette

Date: 6/13/2013

Medical Record#:
Patient Account #:



TITRATION



Patient: SOWELL, GENNETTE

MRN:

Encounter: 2912380

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554

SleepElite, Inc

11517 Village Avenue
Midwest City, OK 73130

Patient Name: Sowell, Gennette
Study Date: 6/13/2013
Report Date/Time: 6/15/2013 5:17:00 PM

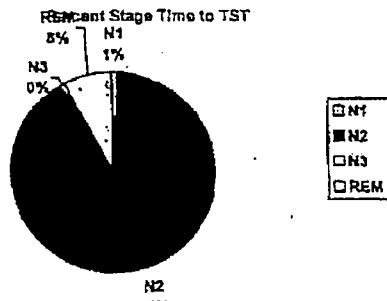
CPAP Report

Demographics and Medical History

Name: Sowell, Gennette Age: 63 BMI: 26. Interp Physician: Dr. Angelo De Dios
DOB: Ht-IN: 64 CM: 163 Referred By: Dr. Angelo De Dios
Pt. #: 240928291-2 Wt-LB: 152 KG: 69 Tested By: Jason Commander
Pt. Tag: H8291 Sex: Female Scored By: Janice Oeltjenbruns, RPSGT
Indication for PS: Sleep Apnea
Lights Out: 22:17 Lights On: 05:27

Sleep Summary

Sleep Time Statistics	Minutes	Hours
Time in Bed	430.5	7.2
Total Sleep Time	372	6.2
Total Sleep Time NREM	343	5.7
Total Sleep Time REM	29	0.5
Sleep Onset	14	0.2
Wake After Sleep Onset	44	0.7
Wake After Sleep Period	.5	0.0
Latency Persistent Sleep	14	0.2
Sleep Efficiency	86.4	Percent
Sleep Disruption Events	Count	Index
Arousals	9	1.5
Awakenings	5	.8
Arousals + Awakenings	14	2.3
REM Awakenings	0	0.0
Respiratory Arousals	1	.2
RERAs	0	0
Snore Arousals	1	.2



Sleep Stage Statistics	Wake	N1	N2	N3	REM	
Percent Stage to SPT	10.6	0.7	81.4	0.4	7.0	Percent
Sleep Period Time in Stage	44	3	338.5	1.5	29	Minutes
Latency to Stage		12.5	14.5	318.5	94	Minutes
Percent Stage to TST		.8	91.	.4	7.8	Percent

Oxygenation Summary

Oximetry Statistics	Non REM	REM	Total
SpO2, Mean Wake, Percent			96
SpO2, Minimum, Percent	87	90	85
SpO2, Maximum, Percent	96	96	98
SpO2, Mean, Percent	94	94	94
Desaturations	0	0	0
Desaturation Index	0.0	0.0	0.0
SpO2 ≤ 88% (Time in Minutes)	1.1		

EKG Summary

EKG Statistics			
Heart Rate, Wake	59.5	BPM	PAC Events 0 Count
Heart Rate, Steady Sleep Avg	57	BPM	PVC Events 1 Count

SOWELL GENNETTE
Acc: MR#0000134503 0000-2
DEBIO, ANGELO
Adm:06/13/2013 DOE 063 F
CAROLINA PINES REG MED CENTER
10000 NORTH CAROLINA PARKWAY, SUITE 100, RALEIGH, NC 27601

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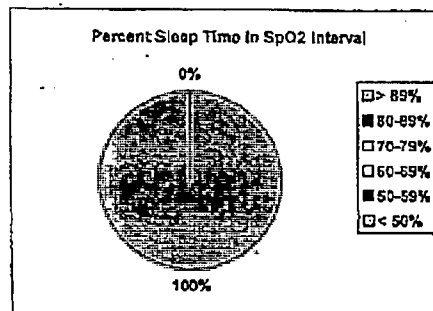
SleepElite, Inc
11517 Village Avenue
Midwest City, OK 73130

Patient Name: Sowell, Gennette
Study Date: 6/13/2013
Report Date/Time: 6/15/2013 5:17:00 PM

CPAP Report

Leg Movement Summary										
LM Counts	Non REM (Incl. Wake)			REM			Total			
	No Arousal	Arousal	Wake	No Arousal	Arousal	Wake	No Arousal	Arousal	Wake	Total
Isolated	10	3	1	0	0	0	10	3	1	14
PLMS	0	0	0	0	0	0	0	0	0	0
Total	10	3	1	0	0	0	10	3	1	14
LM Statistics							PLMS		Total	
							Count	Index	Count	Index
LM							0	0	14	2.3
LM with Arousal							0	0	3	0.5

Respiration Summary						
Event Statistics	Total		With Arousal		With Awakening	
	Count	Index	Count	Index	Count	Index
Apneas, Total	4	.6	0	0.0	0	0.0
Hypopneas, Total	4	.6	1	0.2	0	0.0
Events (Apneas + Hypopneas)	8	1.3	1	0.2	0	0.0
RERAs	0	0				
Apneas, Supine	4	.7				
Apneas, Non Supine	0	0				
Hypopneas, Supine	4	.7				
Hypopneas, Non Supine	0	0				
% Sleep Apnea	.2	Percent				
% Sleep Hypopnea	.3	Percent				
Oximetry Statistics						
SpO2, Mean Wake	96	Percent				
SpO2, Minimum	85	Percent				
SpO2, Max	98	Percent				
SpO2, Mean	94	Percent				
Desaturation Index, REM	0.0	Index				
Desaturation Index, NREM	0.0	Index				
Desaturation Index, Total	0.0	Index				



Technician Comments: 1. Lights Out @ 2217:46.
2. No cardiac seen.
3. Periodic leg movements/PLM's, none continuous.
4. Soft to mild frequent residual snoring noted for majority of early portion of testing, but decreasingly noted w/ increases in CPAP pressures to very minimal/none by end of study procedure.
5. Fisher & Paykel Eson nasal mask (small size) used.
6. Patient appeared to be very tolerant to use of CPAP interface & type nasal mask used during study course, w/ only a few periods associated w/ DIMS (pt stated to tech upon awakening that she was awake for those periods due to her slight claustrophobia).
7. Tech performed a PAP trial w/ patient before initial 10/20 hook-up preparation for comfortability w/ using CPAP interface & mask type. Tech did so for patient benefit to help her decide which mask type she was better suited for by trialing both a Fisher & Paykel Eson nasal mask & a ResMed Swift FX nasal pillows mask. After trial was complete, patient stated that she preferred the nasal type mask over the nasal pillows mask due to the way that the CPAP pressure was introduced into her nose, as it felt much more comfortable to her. As a result, tech began study using the Fisher & Paykel Eson nasal mask for patient comfortability to help her attain more of a compliance w/ use of both CPAP pressure & mask type/slyis. Starting CPAP pressure was 5cm H2O w/ use of heated humidity in conjunction w/ CPAP. Final CPAP pressure achieved was 10cm H2O.

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SOWELL, GENNETTE
Accu VR#0000134503 0000- 2
DEDUO, ANGELO
Adm:06/13/2013 DOB: 063 F
CAROLINA PINES REG MED CENTER
11517 VILLAGE AVENUE MIDWEST CITY, OK 73130

Patient: SOWELL, GENNETTE

MRN: (

Encounter: 2912380

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556

11517 Village Avenue
Midwest City, OK 73130

Patient Name: Sowell, Gennette
Study Date: 6/13/2013
Report Date/Time: 6/15/2013 5:17:00 PM

8. Lights On @ 0528:04.
Scorer's Note:
Rare resp. events seen. JO

14-00000
SOMMEL BEAUFETTE
Accel #0000134503 0000-Z
DEDIOS, ANGELO
Adm:06/13/2013 DOB 3F
CAROLINA PINES RES MED CENTER
14-00000

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SleepElite, Inc

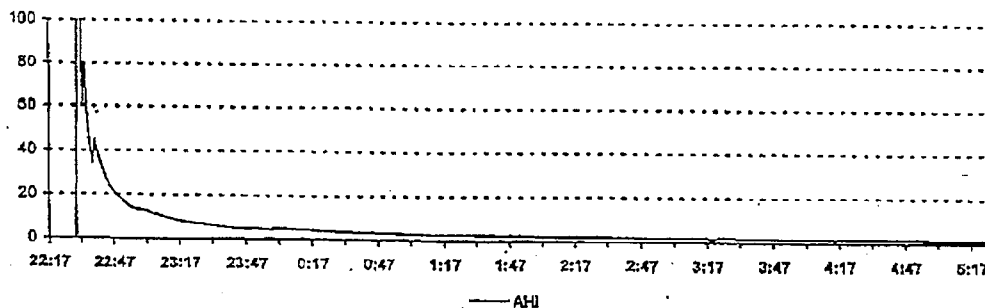
11517 Village Avenue
Midwest City, OK 73130

Patient Name: Sowell, Gennette
Study Date: 6/13/2013
Report Date/Time: 6/15/2013 5:17:00 PM

CPAP Report

Respiration Summary									
By Event Classification	Central			Mixed			Obstructive		
	Count	Mean Dur	Range Dur	Count	Mean Dur	Range Dur	Count	Mean Dur	Range Dur
Apneas, NREM	4	14	11-17	0	0	0	0	0	0
Apneas, REM	0	0	0	0	0	0	0	0	0
Apneas, Total	4	14	11-17	0	0	0	0	0	0
Hypopneas, NREM	0	0	0	0	0	0	4	18	16-22
Hypopneas, REM	0	0	0	0	0	0	0	0	0
Hypopneas, Total	0	0	0	0	0	0	4	18	16-22
RERAs, Total	0	0							

SpO2 Intervals	> 89%	80-89%	70-79%	60-69%	50-59%	40-49%	30-39%	< 30%
Percent Sleep Time	99.6	.3	0	0	0	0	0	0
By Body Position	N	Supine	Total	N	Supine	Total		
Apnea Index, NREM	0	.8	.7	A+H Index, NREM	0.0	1.6	1.4	
Apnea Index, REM	0	0	0	A+H Index, REM	0.0	0.0	0.0	
Apnea Index, Total	0	.7	.6	A+H Index, Total	0.0	1.4	1.3	
Hypopnea Index, NREM	0	.8	.7	Sleep Time, Minutes	31.5	340.5	372.0	
Hypopnea Index, REM	0	0	0					
Hypopnea Index, Total	0	.7	.6					
RERA Index, Total	0	0	0					
# of Snores			1					
Snore Index, Total			.2					



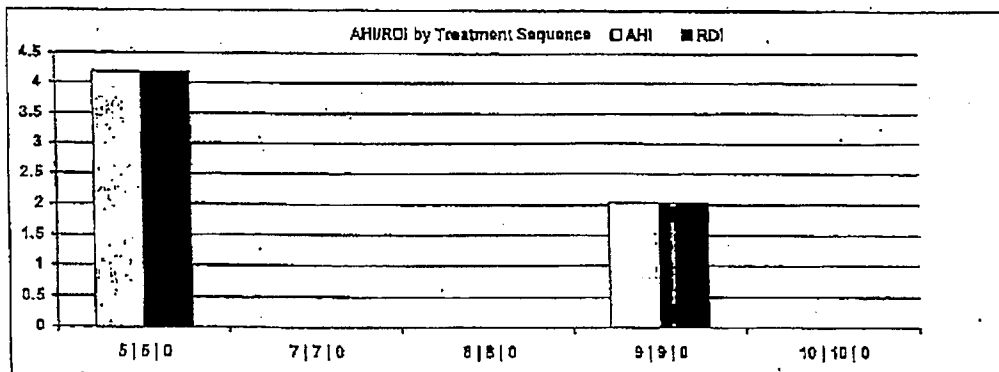
SOWELL, GENNETTE
 Acc MR#0000134503 0000-Z
 DEDIOS, ANGELO
 Adm:06/13/2013 008 J63 F
 CAROLINA PINES REG MED CENTER
 (PRINTED NAME WITH LAST NAME FIRST)

Page 4 of 7

SleepElite, Inc
11517 Village Avenue
Midwest City, OK 73130

Patient Name: Sowell, Gennette
Study Date: 6/13/2013
Report Date/Time: 6/15/2013 5:17:00 PM

CPAP Report

[illegible]

SOWEN, KRYNETTE
Acct# MR00008134503 0000- Z
DEDIOS, ANGELO
Adm:06/13/2013 DOB# 13 F
CAROLINA PINES REG MED CENTER
[REDACTED]

Page 5 of 7

Patient: SOWELL, GENNETTE

MRN:

Encounter:2912380

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559

SleepElite, Inc

11517 Village Avenue
Midwest City, OK 73130

Patient Name: Sowell, Gennette
Study Date: 6/13/2013
Report Date/Time: 6/15/2013 5:17:00 PM

CPAP Report

Respiration Events - Post Treatment									
Non-REM Post Rx Statistics									
Non-Supine			Supine						
Central	Mixed	Obstr	Central	Mixed	Obstr				
Apneas	0	0	0	4	0	0	Count		
Apneas Percent of Total	0.0	0.0	0.0	100.0	0.0	0.0	Percent		
Apnea Index	.8	0	0	.8	0	0	Index		
Apnea Mean Duration	0	0	0	14	0	0	Seconds		
Apnea, Shortest Duration	0	0	0	11	0	0	Seconds		
Apnea, Longest Duration	0	0	0	17	0	0	Seconds		
Apnea, Minimum SpO2	0	0	0	88	0	0	Percent		
Apnea, Minimum HR	0	0	0	61	0	0	BPM		
Central			Mixed						
Central	Mixed	Obstr	Central	Mixed	Obstr				
Hypopneas	0	0	0	0	0	4	Count		
Hypopneas Percent of Total	0.0	0.0	0.0	0.0	0.0	100.0	Percent		
Hypopnea Index	0	0	0	0	0	.8	Index		
Hypopnea Mean Duration	0	0	0	0	0	18	Seconds		
Hypopnea, Shortest Duration	0	0	0	0	0	16	Seconds		
Hypopnea, Longest Duration	0	0	0	0	0	22	Seconds		
Hypopnea, Minimum SpO2	0	0	0	0	0	88	Percent		
Hypopnea, Minimum HR	0	0	0	0	0	56	BPM		
Apnea + Hypopnea Index	0.0	0.0	0.0	0.8	0.0	0.8	Index		
REM Post Rx Statistics									
Non-Supine			Supine						
Central	Mixed	Obstr	Central	Mixed	Obstr				
Apneas	0	0	0	0	0	0	Count		
Apneas Percent of Total	0.0	0.0	0.0	0.0	0.0	0.0	Percent		
Apnea Index	0	0	0	0	0	0	Index		
Apnea Mean Duration	0	0	0	0	0	0	Seconds		
Apnea, Shortest Duration	0	0	0	0	0	0	Seconds		
Apnea, Longest Duration	0	0	0	0	0	0	Seconds		
Apnea, Minimum SpO2	0	0	0	0	0	0	Percent		
Apnea, Minimum HR	0	0	0	0	0	0	BPM		
Central			Mixed						
Central	Mixed	Obstr	Central	Mixed	Obstr				
Hypopneas	0	0	0	0	0	0	Count		
Hypopneas Percent of Total	0.0	0.0	0.0	0.0	0.0	0.0	Percent		
Hypopnea Index	0	0	0	0	0	0	Index		
Hypopnea Mean Duration	0	0	0	0	0	0	Seconds		
Hypopnea, Shortest Duration	0	0	0	0	0	0	Seconds		
Hypopnea, Longest Duration	0	0	0	0	0	0	Seconds		
Hypopnea, Minimum SpO2	0	0	0	0	0	0	Percent		
Hypopnea, Minimum HR	0	0	0	0	0	0	BPM		
Apnea + Hypopnea Index	0.0	0.0	0.0	0.0	0.0	0.0	Index		

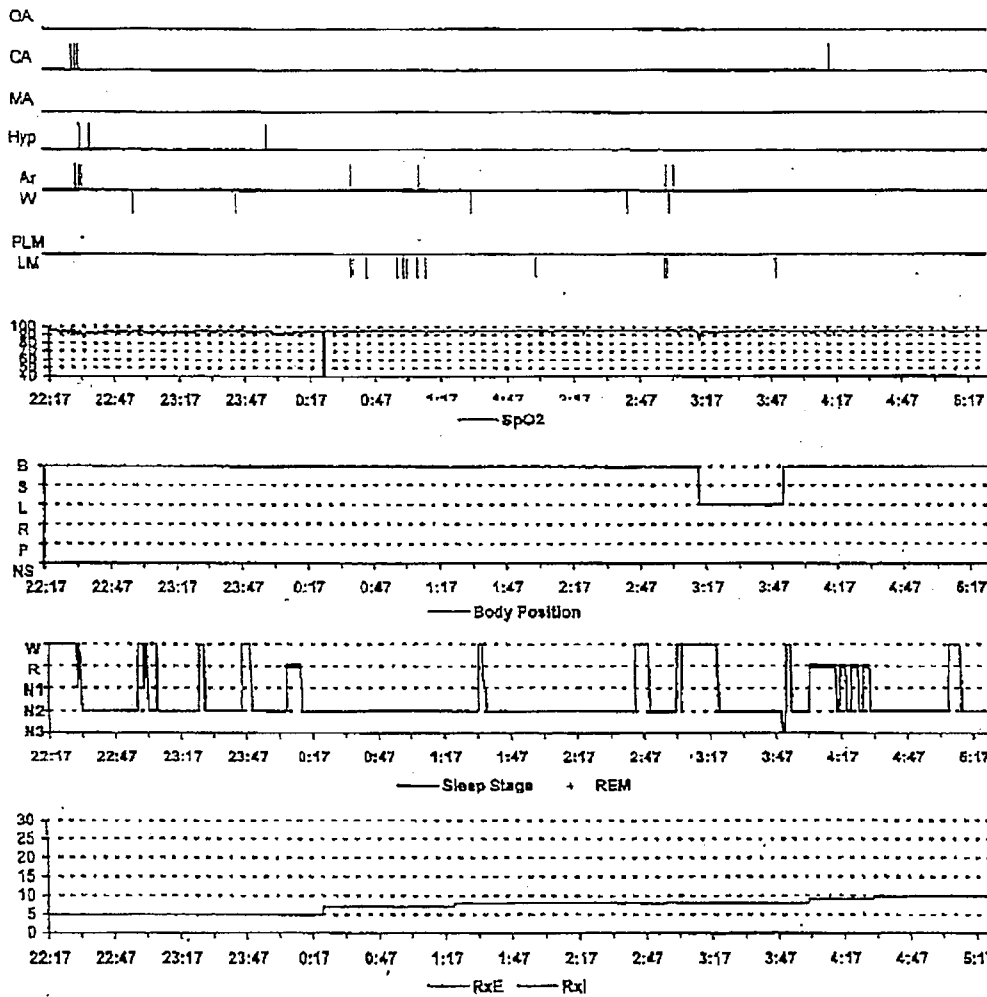
SOWELL GENNETTE
 Acct: M 000- Z
 DEDIOS, ANGELO
 Adm: 06/13/2013 DOB: 163 F
 CAROLINA PINES REG MED CENTER
 1500 SHELLEY BLVD SUITE 100 WILMINGTON, NC 28401

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SleepElite, Inc
11517 Village Avenue
Midwest City, OK 73130

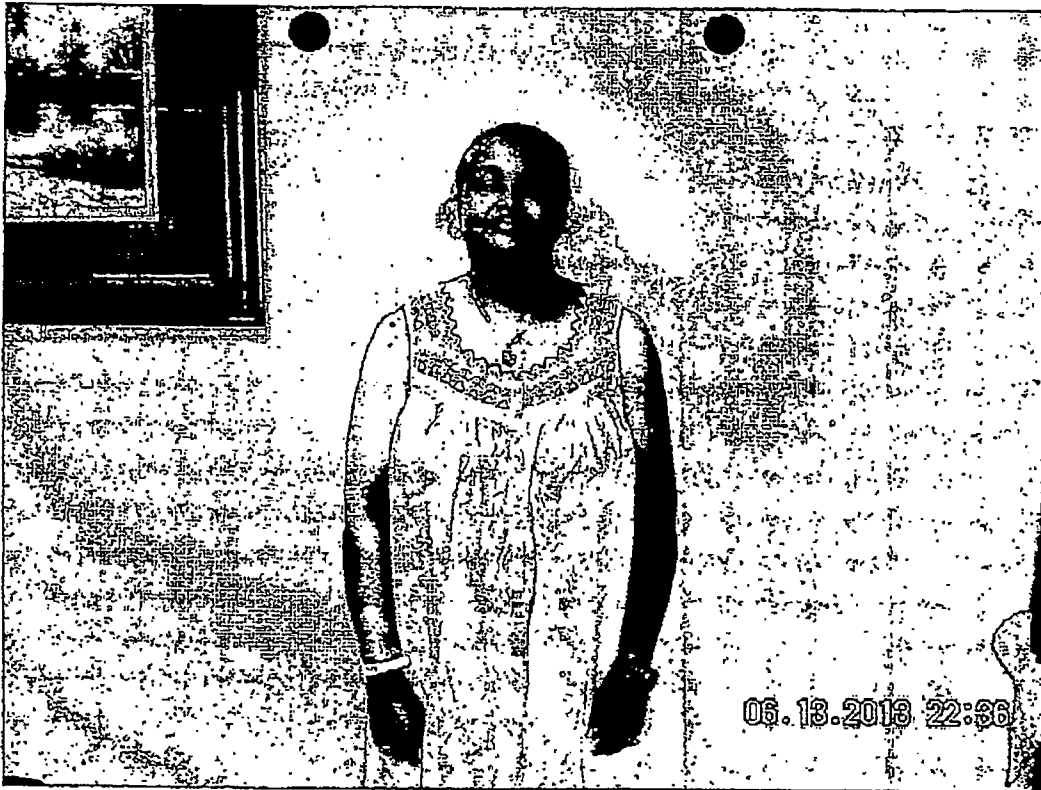
Patient Name: Sowell, Gennette
Study Date: 6/13/2013
Report Date/Time: 6/15/2013 5:17:00 PM

CPAP Report



PRINTED DATE: 6/15/2013 5:17:00 PM
SOWELL, GENNETTE
Acct: MF 000-2
DOB: 06/13/2013 DOB: 063 F
CAROLINA PINES REG MED CENTER
11517 VILLAGE AVENUE MIDWEST CITY, OK 73130

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Patient: SOWELL, GENNETTE

MRN

unter: 2912380

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DIAGNOSTIC POLYSOMNOGRAPHIC INTERPRETATION

Indication

Current Medications Include

Study Parameters and Quality

Respiratory Summary

Oxygen Saturation

Sleep Fragmentation Summary

SOWELL PENNETTE
Acct _____ MR/OA OOOD: Z
DEDIOS, ANGELO
Adm:06/13/2013 DOB 063 F
CAROLINA PINES REG MED CENTER

Patient: Sowell, Gennette M.

Date: 5/9/2013

Medical Record#: 154500
Patient Account #:

Snoring Report

The patient was found to have 16 snoring episodes, yielding a snoring index of 2.3

Electrocardiographic Analysis

Electrocardiographic monitoring revealed a mean heart rate of 60. There were no significant dysrhythmias noted.

Impressions

1. Obstructive Sleep Apnea (OSA), mild, worse during REM sleep. Patient's AHI is 5.5, supine AHI is 7, REM AHI is 30.0, REM and supine AHI is 48.0, non supine AHI is 3.6. Patient had a sleep latency of .5 minutes and sleep efficiency of 97%. Patient had a combination of mostly obstructive apneas and hypopneas. Patient had REM supine sleep during this study. Patient slept mostly supine. Lowest O2 saturation was 78%, related to a respiratory event during REM sleep. No arrhythmias noted.

Recommendations

1. Patient will need a Continuous Positive Airway Pressure (CPAP) titration study to determine the best pressure for OSA. I will order.
2. Avoid laying supine.
3. Avoid engaging in activities requiring vigilance if sleepy. Do not drive if sleepy.
4. Avoid alcohol and sedatives.
5. Maintain lean body weight. Goal is for normal BMI.
6. Educate patient on good sleep hygiene. Go to bed and get up at regular times, do not eat or drink after 9pm, no TV or reading in bed, no caffeinated beverages after 6pm.
7. Follow up with Dr. de Dios as scheduled.

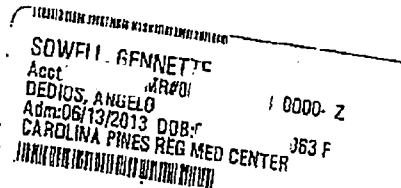
I personally reviewed the sleep study, epoch by epoch. If further assistance is needed, please do not hesitate to call me (843 383 3634) or if needed, I would be happy to see this patient in my office for further evaluation.



Jose Angelo A. De Dios, MD
Pulmonary, Critical Care, and Sleep Medicine Specialist
The Medical Group, affiliated with Carolina Pines Regional Medical Center

Cc: Dr. Angelo De Dios
Cc: Dr. Rochelle Hammitt

Dictation Date June 13, 2013



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SOWELL, GENNETTE M (id dob:)
Jan. 9. 2014 11:23AM Chesterfield Family Medicine

No. 6228 P. 2
December 12, 2013, 09:43
PAGE 1

CLAIMANT: GENNETTE MCFARLIN SOWELL

KEEP FOR
YOUR RECORDS

GENNETTE MCFARLIN SOWELL

APPLICATION SUMMARY FOR SUPPLEMENTAL SECURITY INCOME

On December 12, 2013, you applied for Supplemental Security Income and any Federally administered State supplementation under title XVI of the Social Security Act, for benefits under the other programs administered by the Social Security Administration, and where applicable, for medical assistance under title XIX of the Social Security Act. We have stored your application electronically in our records.

What You Need To Do

- o Review this summary to ensure we recorded your statements correctly.
- o If you agree with all your statements, you should keep this summary for your records.
- o If you disagree with any of your statements, you should contact us within 10 days after receiving this summary to let us know.

o IDENTIFICATION

My name is GENNETTE MCFARLIN SOWELL. My social security number is

My date of birth is March 11, 1950.

I have not used any other social security number(s).

I have used the following name(s): GENNETTE MCFARLIN LOWERY, GENNETTE LOWERY and GENNETTE MCFARLIN.

I am not blind.

I am disabled. My disability began on December 12, 2013.

I was not disabled prior to age 22.

I never was married.

o FUGITIVE FELON AND PAROLE OR PROBATION VIOLATION INFORMATION

Jan. 9. 2014 11:23AM Chesterfield Family Medicine

No. 6228 P. 3

SOWELL, GENNETTE M (id #), dob: (

Jan. 9. 2014 11:23AM Chesterfield Family Medicine

No. 6228 P. 3

December 12, 2013, 09:43
PAGE 2

CLAIMANT:

GENNETTE MCFARLIN SOWELL

The following statements describe my fugitive felon/parole or probation violator status as of December 12, 2013.

I have not been accused or convicted of a felony or an attempt to commit a felony.

I am not on parole or probation under Federal or State law.

o LIVING ARRANGEMENTS

The following statements describe my living arrangements as of December 1, 2013.

I began living at 2590 ELMO MCFARLAND RD, CHESTERFIELD, SC 29709 on January 1, 2000.

I live in a house/apartment/mobile home/houseboat.

o INCOME

This report of income is valid for any and all SSI claims in which I am involved.

I receive or expect to receive the following income from December 1, 2013 to continuing:

Social Security:

Amount \$1,479.00

From: December 2013 To: December 2013

Amount \$1,501.00 monthly

From: January 2014 To: continuing

Social Security:

Amount \$0.00

From: December 2013 To: December 2013

Wages:

Amount \$1,844.00 monthly

From: December 2013 To: continuing

Date last paid: March 29, 2003

Employer name: PIGGLY WIGGLY

Contact: unknown

Phone: unknown

Jan. 9. 2014 11:24AM Chesterfield Family Medicine

No. 6228 P. 4

SOWELL, GENNETTE M (id), dob:

Jan. 9, 2014 11:24AM Chesterfield Family Medicine

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December 12, 2013, 09:34

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NH

SG-SSA-16

SOCIAL SECURITY ADMINISTRATION
IMPORTANT INFORMATION

RECEIPT FOR YOUR CLAIM FOR SOCIAL SECURITY DISABILITY INSURANCE BENEFITS

GENNETTE MCFARLYN SOWELL

YOUR APPLICATION FOR SOCIAL SECURITY BENEFITS HAS BEEN RECEIVED AND WILL BE PROCESSED AS QUICKLY AS POSSIBLE.

YOU SHOULD HEAR FROM US WITHIN _____ DAYS AFTER YOU HAVE GIVEN US ALL THE INFORMATION WE REQUESTED. SOME CLAIMS MAY TAKE LONGER IF ADDITIONAL INFORMATION IS NEEDED.

IN THE MEANTIME, IF YOU CHANGE YOUR ADDRESS, OR IF THERE IS SOME OTHER CHANGE THAT MAY AFFECT YOUR CLAIM, YOU - OR SOMEONE FOR YOU - SHOULD REPORT THE CHANGE.

We are providing the attached application for your records.

We stored your application information electronically so there is no reason for us to retain a paper copy of your application.

IMPORTANT REMINDER

Penalty of Perjury

You declared under penalty of perjury that you examined all the information on this form and it is true and correct to the best of your knowledge. You were told that you could be liable under law for providing false information.

THE TELEPHONE NUMBERS TO CALL IF YOU HAVE A QUESTION OR SOMETHING TO REPORT ARE:

BEFORE YOU RECEIVE A NOTICE ABOUT YOUR CLAIM:

AFTER YOU RECEIVE A NOTICE ABOUT YOUR CLAIM:

SOCIAL SECURITY INFORMATION IS ALSO AVAILABLE TO INTERNET USERS AT
WWW.SOCIALSECURITY.GOV.

What You Need To Do

- o Review the summary to make sure we recorded your statements correctly.
- o If you agree with all your statements, you may keep the information for your records.

Jan. 9, 2014 11:24AM Chesterfield Family Medicine

No. 6228 P. 5

SOWELL, GENNETTE M (id dob: --

Jan. 9. 2014 11:24AM Chesterfield Family Medicine

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NH

- o If you disagree with any of your statements, please contact us within 10 days after receiving this notice to let us know.

ALWAYS GIVE US YOUR CLAIM NUMBER WHEN WRITING OR TELEPHONING ABOUT YOUR CLAIM. IF YOU HAVE ANY QUESTIONS ABOUT YOUR CLAIM, WE WILL BE GLAD TO HELP YOU.

WE ARE RETURNING ANY DOCUMENT(S) YOU MAY HAVE SUBMITTED WITH YOUR APPLICATION.

HELPFUL HEALTH CARE WEBSITES

Health Information

The U.S. Department of Health and Human Services provides information on many health topics at www.healthfinder.gov on the Internet. You may wish to visit that site to review that information, which may be helpful to you.

Prescription Drug Assistance Programs

You may be able to get help paying for prescription drugs. To find out what programs are offered by drug companies, state and local governments, and local organizations, please visit www.healthfinder.gov/rxdrug on the Internet.

SOCIAL SECURITY CLAIM NO.

CLAIMANT
GENNETTE M SOWELL

Jan. 9. 2014 11:25AM Chesterfield Family Medicine

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PAGE 1

9G-SSA-16

NR

UNIT: VLWCEB

GENDRETTE MCFARLIN SOWELL

APPLICATION SUMMARY FOR DISABILITY INSURANCE BENEFITS

On December 12, 2013, we talked with you and completed your application for SOCIAL SECURITY BENEFITS. We stored this information electronically in our records. We are enclosing a summary of your statements.

I APPLY FOR A PERIOD OF DISABILITY AND/OR ALL INSURANCE BENEFITS FOR WHICH I AM ELIGIBLE UNDER TITLE II AND PART A OF TITLE XVIII OF THE SOCIAL SECURITY ACT, AS PRESENTLY AMENDED.

MY NAME IS GENNETTE MCFARLIN SOWELL.

I HAVE USED THE FOLLOWING NAME(S):
 GENNETTE MCFARLIN LOWERY
 GENNETTE LOWERY
 GENNETTE MCFARLIN

MY SOCIAL SECURITY NUMBER IS

MY DATE OF BIRTH IS

I AM A CITIZEN OF THE UNITED STATES.

I BECAME UNABLE TO WORK BECAUSE OF MY DISABLING CONDITION ON December 12, 2013.

I AM STILL DISABLED.

NO PREVIOUS APPLICATION HAS BEEN FILED WITH THE SOCIAL SECURITY ADMINISTRATION
BY OR FOR ME.

I HAVE FILED OR INTEND TO FILE FOR SSI.

I HAVE NOT FILED NOR DO I INTEND TO FILE FOR ANY WORKERS' COMPENSATION, PUBLIC DISABILITY OR BLACK LUNG BENEFITS.

I AM NOT ENTITLED TO NOR DO I EXPECT TO BECOME ENTITLED TO A PENSION OR ANNUITY BASED IN WHOLE OR IN PART ON WORK AFTER 1956 NOT COVERED BY SOCIAL SECURITY.

THE SOCIAL SECURITY ADMINISTRATION AND THE STATE AGENCY REVIEWING MY CLAIM DO

No. 6228 P. 7

SOWELL, GENNETTE M (id dob: C
Jan. 9. 2014 11:25AM Chesterfield Family Medicine

No. 6228 P. 7

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PAGE 2

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NH

HAVE MY PERMISSION TO CONTACT MY EMPLOYER(S).

I AM NOT MARRIED NOW.

I WAS PREVIOUSLY MARRIED TO ARALEE SOWELL ON December 23, 1985
IN SC BY A CLERGYMAN OR PUBLIC OFFICIAL. THE MARRIAGE ENDED BY DEATH ON
April 1, 2007 IN SC.

I DO NOT HAVE ANY CHILDREN UNDER AGE 18; AGE 18-19 ATTENDING ELEMENTARY OR
SECONDARY SCHOOL FULL TIME; OR AGE 18 OR OVER AND DISABLED BEFORE AGE 22 WHO
MAY BE ELIGIBLE FOR SOCIAL SECURITY BENEFITS ON THIS RECORD. THIS INCLUDES
CHILDREN WHO MAY OR MAY NOT BE LIVING WITH ME.

I UNDERSTAND THAT I MUST PROVIDE MEDICAL EVIDENCE ABOUT MY DISABILITY, OR
ASSIST THE SOCIAL SECURITY ADMINISTRATION IN OBTAINING THE EVIDENCE.

I UNDERSTAND THAT I MAY BE REQUESTED BY THE STATE DISABILITY DETERMINATION
SERVICES TO HAVE A CONSULTATIVE EXAMINATION AT THE EXPENSE OF THE SOCIAL
SECURITY ADMINISTRATION AND THAT IF I DO NOT GO, MY CLAIM MAY BE DENIED.

I AUTHORIZE ANY PHYSICIAN, HOSPITAL, AGENCY, OR OTHER ORGANIZATION TO DISCLOSE
ANY MEDICAL RECORD OR INFORMATION ABOUT MY DISABILITY TO THE SOCIAL SECURITY
ADMINISTRATION OR TO THE STATE DISABILITY DETERMINATION SERVICES THAT MAY
REVIEW MY CLAIM OR CONTINUING DISABILITY.

I AUTHORIZE THE SOCIAL SECURITY ADMINISTRATION TO RELEASE ANY INFORMATION ABOUT
ME TO A PHYSICIAN OR MEDICAL FACILITY PREPARATORY TO AN EXAMINATION OR TEST.
RESULTS OF SUCH EXAMINATION OR TEST MAY BE RELEASED TO MY PHYSICIAN OR OTHER
TREATING SOURCE.

I AUTHORIZE THAT INFORMATION ABOUT MY DISABILITY MAY BE FURNISHED TO ANY
CONTRACTOR FOR CLERICAL SERVICES BY THE STATE DISABILITY DETERMINATION
SERVICES.

I AGREE TO NOTIFY THE SOCIAL SECURITY ADMINISTRATION OF ALL EVENTS AS EXPLAINED
TO ME.

I KNOW THAT ANYONE WHO MAKES OR CAUSES TO BE MADE A FALSE STATEMENT OR
REPRESENTATION OF MATERIAL FACT IN AN APPLICATION OR FOR USE IN DETERMINING A
RIGHT TO PAYMENT UNDER THE SOCIAL SECURITY ACT COMMITS A CRIME PUNISHABLE UNDER
FEDERAL LAW BY FINE, IMPRISONMENT OR BOTH. I AFFIRM THAT ALL INFORMATION I HAVE
GIVEN IN CONNECTION WITH THIS CLAIM IS TRUE.

MY TELEPHONE NUMBER IS (

Jan. 9. 2014 11:26AM Chesterfield Family Medicine

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SOWELL, GENNETTE M (id , dob:

Jan. 9. 2014 11:26AM Chesterfield Family Medicine

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PAGE 3

CLAIMANT: GENNETTE MCFARLIN SOWELL

I do not receive any other type of income.

I do not have work expenses due to a disability.

o ELIGIBILITY FOR OTHER BENEFITS

I do not currently get food stamps.

IMPORTANT REMINDER

Penalty of Perjury

You declared under penalty of perjury that all the information on this summary is true and correct to the best of your knowledge. Anyone who knowingly gives a false or misleading statement about a material fact in an application, or causes someone else to do so, commits a crime and may be sent to prison or may face other penalties, or both.

IMPORTANT INFORMATION--PLEASE READ CAREFULLY

We will check your statements and compare our records with records from other State and Federal agencies, including the Internal Revenue Service.

If you have a question or something to report, call 888-810-7617 and ask for MRS. WILLIAMSON. If you call or visit our office, please have this summary with you. For general information about Social Security, visit our web site at www.socialsecurity.gov on the Internet.

You may visit or write to the Social Security Office at:

SOCIAL SECURITY
1028 CHERAW ST
BENNETTSVILLE SC 29512

We will process this application for Supplemental Security Income as quickly as possible. You should hear from us within 90 to 120 days. If you do not hear from us by then, please get in touch with us.

Always give the Social Security number when writing or telephoning about this claim. If you have any questions about this claim, we will be glad to help you.

HELPFUL HEALTH CARE WEBSITES

Health Information

The U.S. Department of Health and Human Services provides information on many health topics at www.healthfinder.gov on the Internet. You may wish to visit that site to review that information, which may be helpful to you.

Prescription Drug Assistance Programs

You may be able to get help paying for prescription drugs. To find out what programs are offered by drug companies, state and local governments, and local organizations, please visit www.healthfinder.gov/rxdrug on the Internet.

Jan. 9. 2014 11:27AM Chesterfield Family Medicine

No. 6228 P. 9

SOWELL, GENNETTE M (ic

dob:

Jan. 9. 2014 11:27AM

Chesterfield Family Medicine

No. 5228 P. 3

December 12, 2013, 09:43

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CLAIMANT:

GENNETTE MCFARLIN SOWELL

PRIVACY ACT STATEMENT

Collection and Use of Personal Information

Section 1631(e) of the Social Security Act, as amended, authorizes us to collect this information. The information you provide us will be used to enable the Social Security Administration to determine if you are eligible for Supplemental Security Income (SSI) payments.

The information you furnish on this form is voluntary. However, failure to provide the requested information may keep us from making an accurate and timely decision on your claim, which in turn may result in loss of some payments.

We rarely use the information you supply for any purpose other than for determining eligibility for SSI. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

1. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage;
2. To comply with Federal Laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and Department of Veterans Affairs);
3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and
4. To facilitate statistical research, audit, or investigative activities necessary to assure the integrity and improvement of Social Security programs.

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for Federally funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

Complete lists of routine uses for this information are available in System of Records Notice 60-0103, Supplemental Security Income Record and Special Veterans Benefits, and also in System of Records Notice 60-0089, Claims Folder Systems. The Notices, additional information regarding this form, and information regarding our systems and programs, are available on-line at www.socialsecurity.gov or at your local Social Security office.

Jan. 9. 2014 11:28AM

Chesterfield Family Medicine

No. 6228 P. 10

SOWELL, GENNETTE M (id

dob:

Jan. 9. 2014 11:28AM

Chesterfield Family Medicine

No. 6228 P. 10

CLAIMANT:

GENNETTE MCFARLIN SOWELL

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PAGE 5

Paperwork Reduction Act Statement

This information collection meets the requirements of 44 U.S.C. 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 18-19 minutes to read the instructions, gather the facts, and answer the questions. SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. The office is listed under U.S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778). You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.

SOWELL, GENNETTE M (i), dob:

Sep. 4. 2014 9:56AM Chesterfield Family Medicine

No. 7733 P. 5/5

INITIAL DISABILITY CLAIM FORM - PHYSICIAN'S STATEMENT

*Policy Number: PH 4 7 3 3 2 2

Policyholder Information: This * denotes a required field.

*Last Name: Sowell
 Suffix:
 *First Name: Genette
 MI: M
 *Date of Birth (mm/dd/yy):

Patient Information:

*Last Name: Sowell
 *First Name: Genette
 *Date of Birth (mm/dd/yy):

Physician Information:

*Phone Number: 843-537-1163
 *Fax Number: 843-537-1163
 *Physician's Name: Rochelle W. Amnett
 *Address: 715 Doctors Drive Suite B
 *City: Cheraw
 State: SC Zip Code: 29520

- Primary diagnosis for disability and ICD code: Asthma Additional diagnoses:
- If due to an injury, please provide the date and details of the injury:
- Was this disability caused by an incident that occurred while performing the duties of his/her employment? ☒ No ☐ Yes
- Symptoms first occurred on: 07.08.10 If diagnosed with cancer, date of initial diagnosis:
- Patient first consulted you for this condition on: 12.06.11
- Was the patient treated for the primary diagnosis by another physician? ☐ No ☒ Yes
 If yes, physician's name: Dr. J. D. ...
 Treating physician's address: ... Phone Number: ...
- *If filing for disability within the first two years of the policy, medical records may be requested.
- Pregnancy claims: Date of delivery: N/A ☐ Vaginal ☐ Cesarean
- If not delivered, expected delivery date: N/A
- Please advise of any complications: N/A
- First date of disability: 12.06.11
- Date patient was last treated: 8.12.14
- Have you released the patient to return to work? ☒ No ☐ Yes (Date released: ...)
- Patient released to work: ☐ Full Time ☐ Part Time ☐ Light Duty
 If part time/light duty, please provide the date the patient is expected to return to full duty:
- If patient has not been released, please provide the next appointment date: ... Please also provide the date of expected release: N/A
- Is patient permanently disabled? ☐ No ☒ Yes (Medical records will be required if permanent disability is indicated; please provide medical records to patient.)

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime, and subjects such person to criminal and civil penalties.

Rochelle W. Amnett
 PHYSICIAN'S SIGNATURE

08/29/14
 DATE

TAX ID

American Family Life Assurance Company of Columbus (Aflac)
 ATTN: Claims Department - 1932 Wynnton Road - Columbus, GA 31909
 For information or to check claim status, visit aflac.com or call 1-800-59-AFLAC (1-800-922-3522)
 Claims may be faxed to 1-877-66-AFLAC (1-877-442-3522)

OWELL, GENNETTE M (id) dob:

ATTENDING PHYSICIAN'S STATEMENT (PHYSICIAN)

Patient's Name: Gennette Sawell Policy Number: _____

1. Diagnosis: Occupational Asthma

2. If condition is due to pregnancy, what is expected delivery date? Date: _____

3. When did symptoms first appear or accident happen? Date: 01-08-2010

4. When did patient first consult you for this condition? Date: 12-6-2011

5. Has patient ever had same or similar condition? (If "yes," state when and describe.) ☐ Yes ☒ No

6. Describe any other diseases or infirmity affecting present condition. NONE

7. Nature of surgical or obstetrical procedure, if any (describe fully). NA

8. Is patient unable to perform job duties? ☒ Yes ☐ No If yes, from 12-6-2011 through CURRENT

9a. What specific job duties is patient unable to perform? any breathing to shortness of breath

9b. Specific RESTRICTIONS (What the patient should not do and why. Please quantify in hours, weight, etc.) Avoid Dust, Extremes in temp, exertion

9c. Specific LIMITATIONS (What the patient cannot do and why) Exhaustion, Heights, Dust, Extremes in temp, bending

10. If retired or unemployed which activities of daily living (ADLs) is patient unable to perform?

11. Date patient last examined by you: 8/21/2014 Frequency of visits: ☐ Weekly ☐ Monthly ☒ other as needed

12. Is patient: ☒ ambulatory ☐ bed confined ☐ house confined ☐ other _____

13. If patient is hospitalized, give name and address of hospital:
Hospital: _____ City: _____ State: _____

14a. Date admitted: _____ Date discharged: _____

14b. When do you expect patient to resume partial duties? NONE Full duties? NONE

14c. If patient is unemployed or retired, on what date would you expect a person of like age, gender and good health to resume his/her normal and necessary activities? NA

15. Is condition due to injury or sickness arising out of patient's employment? ☒ Yes ☐ No

16. If "yes," explain. Occupational Asthma 2° to Dust, extremes in temp

17. Referring Physician: _____ Phone: () _____
Mailing Address: See below

PHYSICIAN VERIFICATION

Signed: [Signature] MD Date: 09-18-14 Phone: 843-537-5112

Street Address: 715 South Doctor Drive Suite B

City/Town: Cheraw

State/Province: SC Zip Code: 29520

021-1

ACORD® WORKERS COMPENSATION - FIRST REPORT OF INJURY OR ILLNESS

EMPLOYER (NAME & ADDRESS INCL ZIP) Fly Wiggly Central, Inc. J. Salem Street Sumter, SC 29150 PH (803) 775-1334		CARRIER / ADMINISTRATOR CLAIM NUMBER *		REPORT PURPOSE CODE *
INDUSTRY CODE		EMPLOYER FEIN 57-0649361	JURISDICTION *	JURISDICTION LOG NUMBER *
		INSURED REPORT NUMBER	OSHA CASE NUMBER	
		EMPLOYER'S LOCATION ADDRESS (IF DIFFERENT) 231 Hwy 15 - 401 Bypass East Bennettsville, SC 29512		LOCATION #: PHONE # (843)454-0600

CARRIER / CLAIMS ADMINISTRATOR

CARRIER (NAME AND ADDRESS) Owners Insurance Post Office Box 211909 Columbia, SC 29221		POLICY PERIOD 07/01/2010 TO 07/01/2011 CHECK IF APPROPRIATE	CLAIMS ADMINISTRATOR (NAME AND ADDRESS)
PHONE (A/C, No, Ext):	CARRIER FEIN *	POLICY / SELF-INSURED NUMBER 36039359	ADMINISTRATOR FEIN *
AGENT NAME: Bryum Insurance		AGENT CODE NUMBER: 160212	

EMPLOYEE / WAGE

NAME (LAST, FIRST, MIDDLE) Sowell Genette		DATE OF BIRTH	SOCIAL SECURITY NUMBER	DATE HIRED 05/25/2004	STATE OF HIRE SC
ADDRESS (INCL ZIP)		SEX ☐ MALE ☒ FEMALE	MARITAL STATUS ☐ UNMARRIED/SINGLE/DIVORCED ☐ MARRIED ☐ SEPARATED	OCCUPATION / JOB TITLE Deil Manager	
E-MAIL ADDRESS: PHONE		UNKNOWN	SEPARATED	EMPLOYMENT STATUS not working (out since December 2013)	
		# OF DEPENDENTS	UNKNOWN	NCCI CLASS CODE *	
RATE	PER: ☒ DAY ☐ MONTH ☐ OTHER:	AVERAGE WEEKLY WAGES	# DAYS WORKED / WEEK	FULL PAY FOR DAY OF INJURY? (Y / N) DID SALARY CONTINUE? (Y / N)	

INCIDENT / TREATMENT

TIME EMPLOYEE BEGAN WORK	AM PM	DATE OF INJURY / ILLNESS 06/11/2011	TIME OF OCCURRENCE ☒ CANNOT BE DETERMINED	AM PM	LAST WORK DATE 5-6-14	DATE EMPLOYER NOTIFIED 5-28-14	DATE DISABILITY BEGAN 1-9-14
CONTACT NAME Mary Quick, Store Operator		TYPE OF INJURY / ILLNESS severe chronic asthma		PART OF BODY AFFECTED			
PHONE (A/C, No, Ext):		TYPE OF INJURY / ILLNESS CODE *		PART OF BODY AFFECTED CODE *			
DID INJURY / ILLNESS EXPOSURE OCCUR ON EMPLOYER'S PREMISES? (Y / N) ☒ N							
DEPARTMENT OR LOCATION WHERE ACCIDENT OR ILLNESS EXPOSURE OCCURRED unknown - not work related				ALL EQUIPMENT, MATERIALS, OR CHEMICALS EMPLOYEE WAS USING WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED N/A			
SPECIFIC ACTIVITY THE EMPLOYEE WAS ENGAGED IN WHEN THE ACCIDENT OR ILLNESS EXPOSURE OCCURRED unknown - not work related				WORK PROCESS THE EMPLOYEE WAS ENGAGED IN WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED unknown - not work related			

INJURED THE EMPLOYEE OR MADE THE EMPLOYEE ILL HOW INJURY OR ILLNESS / ABNORMAL HEALTH CONDITION OCCURRED. DESCRIBE THE SEQUENCE OF EVENTS AND INCLUDE ANY OBJECTS OR SUBSTANCES THAT DIRECTLY CAUSED INJURY CODE *

DATE RETURN(ED) TO WORK		IF FATAL, GIVE DATE OF DEATH	WERE SAFEGUARDS OR SAFETY EQUIPMENT PROVIDED? (Y / N) WERE THEY USED? (Y / N)	
PHYSICIAN / HEALTH CARE PROVIDER (NAME & ADDRESS) Rochelle D Hammett, MD 715 S Doctors Drive, Ste B Cheraw SC 29520		HOSPITAL OR OFFSITE TREATMENT (NAME & ADDRESS) Chesterfield General Hospital Cheraw SC 29520		INITIAL TREATMENT ☐ NO MEDICAL TREATMENT ☐ MINOR: BY EMPLOYER ☐ MINOR CLINIC / HOSP ☐ EMERGENCY CARE ☐ OVERNIGHT HOSPITALIZATION ☐ FUTURE MAJOR MEDICAL ☐ LOST TIME ANTICIPATED
WITNESS NAME: PHONE (A/C, No, Ext):		WITNESS NAME: PHONE (A/C, No, Ext):		PHONE NUMBER (843)454-0600
ADMINISTRATOR NOTIFIED 03/25/2014	DATE PREPARED 03/25/2014	PREPARED BY NAME <i>Mary Quick</i>	TITLE Store Operator #65	

ACORD 4 (2010/02)
IAIABC 1A-1 (11/02)



WORKERS COMPENSATION - FIRST REPORT OF INJURY OR ILLNESS

#65

EMPLOYER (NAME & ADDRESS INCL ZIP) Jly Wiggly Central, Inc. 415 N. Salem Street Sumter, SC 29150 PH (803) 775-1334		CARRIER / ADMINISTRATOR CLAIM NUMBER *		REPORT PURPOSE CODE *	
INDUSTRY CODE		EMPLOYER FEIN 57-0649361		JURISDICTION * JURISDICTION LOG NUMBER *	
EMPLOYER'S LOCATION ADDRESS (IF DIFFERENT) 231 Hwy 15 - 401 Bypass East Bennettsville, SC 29512		INSURED REPORT NUMBER		OSHA CASE NUMBER	
LOCATION #: PHONE # (843)454-0600					
CARRIER / CLAIMS ADMINISTRATOR					
CARRIER (NAME AND ADDRESS) Owners Insurance Post Office Box 211909 Columbia, SC 29221		POLICY PERIOD 07/01/2011 TO 07/01/2012		CLAIMS ADMINISTRATOR (NAME AND ADDRESS)	
PHONE (A/C, No, Ext): CARRIER FEIN *		CHECK IF APPROPRIATE SELF INSURANCE		PHONE (A/C, No, Ext): ADMINISTRATOR FEIN *	
AGENT NAME: Bynum Insurance		AGENT CODE NUMBER: 160212			
EMPLOYEE / WAGE					
NAME (LAST, FIRST, MIDDLE) J. Wiggly		DATE OF BIRTH		SOCIAL SECURITY NUMBER	
ADDRESS (INCL ZIP)		SEX MALE FEMALE UNKNOWN		DATE HIRED 5-24-05	
E-MAIL ADDRESS: PHONE		MARITAL STATUS UNMARRIED/SINGLE/DIVORCED MARRIED SEPARATED UNKNOWN		STATE OF HIRE SC	
OCCUPATION / JOB TITLE EMPLOYMENT STATUS NCCI CLASS CODE *					
PER: DAY MONTH AVERAGE WEEKLY WAGES		# DAYS WORKED / WEEK		FULL PAY FOR DAY OF INJURY? (Y/N) DID SALARY CONTINUE? (Y/N)	
OCCURRENCE / TREATMENT					
TIME EMPLOYEE BEGAN WORK AM PM		DATE OF INJURY / ILLNESS None		TIME OF OCCURRENCE CANNOT BE DETERMINED	
CONTACT NAME		TYPE OF INJURY / ILLNESS		PART OF BODY AFFECTED	
PHONE (A/C, No, Ext):		DID INJURY / ILLNESS EXPOSURE OCCUR ON EMPLOYER'S PREMISES? (Y/N)		TYPE OF INJURY / ILLNESS CODE *	
DEPARTMENT OR LOCATION WHERE ACCIDENT OR ILLNESS EXPOSURE OCCURRED		ALL EQUIPMENT, MATERIALS, OR CHEMICALS EMPLOYEE WAS USING WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED			
SPECIFIC ACTIVITY THE EMPLOYEE WAS ENGAGED IN WHEN THE ACCIDENT OR ILLNESS EXPOSURE OCCURRED		WORK PROCESS THE EMPLOYEE WAS ENGAGED IN WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED			
INJURED THE EMPLOYEE OR MADE THE EMPLOYEE ILL HOW INJURY OR ILLNESS / ABNORMAL HEALTH CONDITION OCCURRED. DESCRIBE THE SEQUENCE OF EVENTS AND INCLUDE ANY OBJECTS OR SUBSTANCES THAT DIRECTLY CAUSED THE INJURY OR ILLNESS.					
DATE RETURN(ED) TO WORK		IF FATAL, GIVE DATE OF DEATH		WERE SAFEGUARDS OR SAFETY EQUIPMENT PROVIDED? (Y/N) WERE THEY USED? (Y/N)	
PHYSICIAN / HEALTH CARE PROVIDER (NAME & ADDRESS) next page		HOSPITAL OR OFFSITE TREATMENT (NAME & ADDRESS) next page		INITIAL TREATMENT NO MEDICAL TREATMENT MINOR: BY EMPLOYER MINOR CLINIC / HOSP EMERGENCY CARE OVERNIGHT HOSPITALIZATION FUTURE MAJOR MEDICAL LOST TIME ANTICIPATED	
WITNESS NAME: ADMINISTRATOR NOTIFIED		DATE PREPARED		PREPARER'S NAME TITLE PHONE NUMBER (843)454-0600	

ACORD14 (2010/02)
IAIABC 1A-1 (1/1/02)397
578

Dr. L. Hammett, M.D.
Internal Medicine



EXCUSE SLIP

Carolina Physicians Group
715 S. Doctor's Drive, Ste B
Cheraw, South Carolina 29520
Ph: 843-537-5112 • Fax: 843-537-1163

Date 1-9-14

Please Excuse Henette Sowles
From: ☒ Work ☐ School ☐ P.E.
☐ Other _____

Due To: ☐ Injury ☒ Illness
☐ Other _____

Remarks _____

From 1-9-14 to 4-9-14

Thank You,

Williams

OWELL, GENNETTE M (ic' , dob:

Carolina
Physicians
Group

AROLINA PHYSICIANS GROUP
15 SOUTH DOCTOR DR
HERAW, SC 29520-7113
hone: (843) 537-5112, Fax: (843) 537-1163

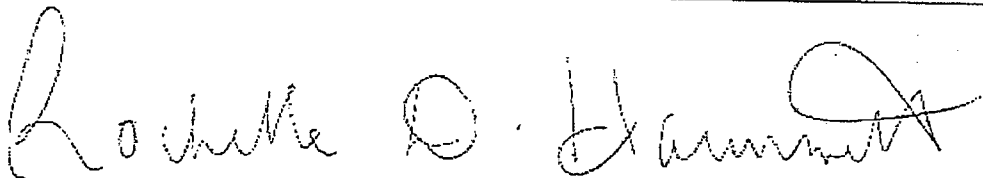
Return to Work / School

Patient: SOWELL, GENNETTE M
DOB:
Address:

Date: 04/09/2014
Patient ID:

Note to Patient:

- ☒ Was Seen in my office on: 4-9-14
- ☒ May return to work/school on: 7-9-14
- ☐ May Not return to work/school on: _____
- ☐ Work limitations: _____
- ☐ May Not participate in physical education: _____
- ☐ May return to physical education: _____
- ☐ Limitations for physical education: _____
- ☐ May Not participate in jury duty: _____



Electronically Signed by: ROCHELLE HAMMETT, MD

Kenya C. Miller
Attorney at Law
Admitted in SC

803-285-0034
Fax: 888-811-7144
kmiller@dmclaw.com

April 19, 2016

VIA REGULAR MAIL

Amy Bracy, Judicial Director
South Carolina Workers' Compensation Commission
P.O. Box 1715
Columbia, SC 29202

RE: Genette Sowell v. Piggly Wiggly
Date of Accident: 1/6/2014
WCC File No.: 1408826
Our File No.: 0056461.0349337
Claim No. 36-1835-2014

Dear Ms. Bracy:

Enclosed please find Defendant's Motion to Postpone to Conduct Additional Discovery and Mediate Case regarding the above-referenced matter. By copy of this letter to the Claimant's attorney, Preston F. McDaniel, Esq., we are notifying him of the submission and serving a copy of the same upon him by regular mail.

If you have any questions or if you need further assistance from us, please do not hesitate to contact me.

With kindest regards,

Very truly yours,

Kenya C. Miller

KCM:rmc

Enclosures

cc: Preston F. McDaniel, Esquire (via regular mail)
Jennifer Fox-Baez, Auto Owners Insurance Company (via email)

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO.: 1408826

GENETTE SOWELL,

Employee,

Claimant,

vs.

PIGGLY WIGGLY

Employer,

AND

AUTO OWNERS INSURANCE.,

Carrier,

Defendants.

MOTION TO POSTPONE TO
CONDUCT ADDITIONAL
DISCOVERY AND MEDIATE CASE

Defendants respectively move this Commission, pursuant Regulation 67-613(B)(1)(c), for a continuance or in the alternative, the right to leave the record open, in order to afford the Defendants an opportunity to conduct additional discovery. Additionally, Defendants seek an order to mediate case pursuant to Regulation 67-1802.

The Claimant maintains that she sustained occupational asthma as well as injuries to her lungs, pulmonary system and autoimmune system as the result of her employment with Piggly Wiggly. More specifically, the Claimant, who worked as a manager in the Deli department for Piggly Wiggly from 2001 to January 6, 2014, maintains that her regular job responsibilities includes cleaning the deli department, equipment and work areas. Accordingly, the Claimant maintains that she was regularly exposed to grease and cooking oils, bacteria, mold, as well as commercial disinfectants, degreasers, cleaning and decontamination type products used in the industry. Furthermore, in addition to her normal and usual consistent exposures, the Claimant

alleges that in March or April, 2011, the deli department experienced an issue with the waste disposal drains, which resulted in the Claimant having to mop and push sewage and waste disposal water into one drain. The Claimant further alleges that the severe back up in the drainage system during this time period created a horrible smell and had a greasy, oily and slimy appearance. During this timeframe, the Claimant maintains that she was required to use degreasers even more regularly in order to help prevent back-ups while the insured worked to resolve the drainage issue.

In response the Defendants have denied this case in its entirety. Pursuant to the medical records provided in the Claimant's mediation packet of 200+ pages of medical records, the Claimant has alleged an autoimmune disorder, but has failed to provide medical evidence from an Allergist/Immunologist to confirm same. Furthermore, the Claimant has presented a letter of causation from Dr. Gordon Early, but it is apparent from the IME report that Dr. Early did not have the benefit of all medical records. Furthermore, there is no indication the Claimant's primary care physicians constitute qualified experts to rendered opinions on causation in such a medically complex case.

In short, in light of the complexities involved in this case, extensive discovery is necessary in order to confirm the Claimant's allegations, existence of the condition and to address causation and duration of the condition and/or disability. That being said, in January 2016 prior counsel informed opposing counsel that additional discovery needed to take place. Upon information and belief this was not the first request. However, opposing counsel refused to provide dates for depositions opting instead to proceed to mediation first. Accordingly, mediation took place on January 15, 2016. Needless to say, the mediation was not fruitful.

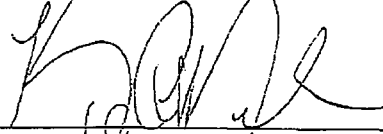
At this point, the Defendants wish to proceed with mediation and additional discovery

and seek an order allowing same. More specifically, the Defendants request that mediation be order following discovery to include: 1) the depositions of the Claimant's treating physicians; 2) an IME with Allergy, Asthma and Sinus Center of Florence, South Carolina; 3) and IME with pulmonologist, Dr. Mitchell of Charleston Pulmonologist Associates; and 4) Toxicologist investigation of the work site and possibly Claimant's home to explore causation and whether or not the company can provide further employment. Additionally, since the Claimant's initial symptoms occurred in 2011 and she ceased working in January 2014, updated medical records are needed to confirm that Claimant's disability has not ended. Moreover, pursuant to the Claimant's Pre-Hearing Brief, the Claimant's maintains that she is entitled to a higher compensation rate and alleges to have been rendered permanently and totally disabled. Accordingly, the Defendants request additional time to obtain the Claimant's tax records to confirm the Claimant's employment/wage status.

In order to influence continued movement of the case, the Defendants further propose a tentative scheduling order to address discovery and mediation.

For the reasons stated herein, the Defendants respectfully request a continuance of the hearing, or in the alternative, the right to leave the record open in order to obtain additional discovery. See Trotter (holding that the Commission abused its discretion by affirming the refusal to grant the employer's pretrial motion for a continuance in order to allow for the depositions of the claimant's supervisor and the claimant's doctor to be taken).

RESPECTFULLY SUBMITTED,



KENYA C. MILLER
Dickie, McCamey & Chilcote, P.C.
PO Box 2046
Lancaster, South Carolina 29721
(803) 285-0004
Attorneys for the Employer/Carrier

Lancaster, South Carolina
April 19, 2016

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO.: 1408826

GENETTE SOWELL,

Employee,

Claimant,

vs.

PIGGLY WIGGLY

Employer,

AND

AUTO OWNERS INSURANCE.,

Carrier,

Defendants.

CERTIFICATE OF SERVICE

The undersigned certifies that she is an employee Dickie, McCamey & Chilcote, P.C. and that she has served, on the date set forth below, a copy of the document described below, in the above entitled action to the following persons, pursuant to Section 15-9-930 and Section 15-9-940 of the Code of Laws of South Carolina, 1976, by depositing a copy of same in the United States Mail, postage prepaid, addressed to:

TO:

Amy C. Bracy, Judicial Director
South Carolina Workers' Compensation Commissioner
PO Box 1715
Columbia, SC 29202-1715
VIA REGULAR MAIL

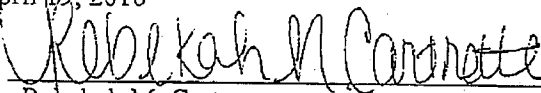
Preston F. McDaniel
McDaniel Law Firm
1315 Elmwood Ave
Columbia, SC 29201
VIA REGULAR MAIL

DOCUMENT:

Motion to Postpone to Conduct Additional Discovery and
Mediate Case

DATE OF
MAILING:

April 19, 2016


Rebekah M. Cartrette
Legal Assistant to Kenya C. Miller, Esquire

1017



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
2014 INDIVIDUAL INCOME TAX RETURN

SC 1040
(Rev. 7/29/14)
3075

Your social security number	Check if deceased ☐
Spouse's social security number	Check if deceased ☐

**DO NOT USE THIS FORM TO FILE A
CORRECTED RETURN. SEE SC1040
INSTRUCTIONS FOR ADDITIONAL
INFORMATION.**

For the year January 1 - December 31, 2014, or fiscal tax year beginning		2014 and ending		2015	
Print your first name and initial GENNETTE			Last name SOWELL		Suff.
Spouse's first name, if married filing jointly			Last name		
Check if new address ☐	Mailing address (number and street, Apt. no or P. O. Box) Foreign address, see instructions				County code
City	State	Zip	Area Code	Daytime telephone	
Check if address is outside US ☐	Foreign country address including Postal code (see instructions)				
Check this box if you are filing SC Schedule NR (Part year/Nonresident) ☐					
Check this box ONLY if filing a composite return on behalf of a partnership or "S" corporation. Do not check this box if you are an individual. ☐					
Check this box if you have filed a federal or state extension ☐					
Check this box if you served in a Military COMBAT ZONE during the filing period ☐					
Enter the name of the combat zone:					
Check this box if this return is affected by a federally declared DISASTER AREA ☐					
Enter the name of the disaster area:					
CHECK YOUR FEDERAL FILING STATUS (1) ☐ Single (2) ☐ Married filing jointly (3) ☐ Married filing separately. Enter spouse's SSN here: _____ (4) ☒ Head-of-household (5) ☐ Widow(er) with dependent child					

Federal Exemptions

Enter the number of exemptions from your 2014 federal return 2
Enter the number of exemptions listed above that were under the age of 6 years on December 31, 2014 0
Enter the number of taxpayers age 65 or older, as of December 31, 2014 0

Dependents:

First name	Last name	Social security number	Relationship	Date of birth (MM/DD/YYYY)
DEONTA	BOWEN		Grandchild	

30751028

**INCOME AND ADJUSTMENTS**

2014

1 Enter federal taxable income from your federal form. If zero or less, enter zero here.
Nonresident filers complete Schedule NR and enter total from line 50 on line 5 below

Dollars
12,603 00

ADDITIONS TO FEDERAL TAXABLE INCOME

a State tax addback, if itemizing on federal return (See instructions) a 00
b Out-of-state losses (See instructions) b 00
Check type of loss: ☐ Rental ☐ Business ☐ Other
c Expenses related to National Guard and Military Reserve income c 00
d Interest income on obligations of states and political subdivisions other than South Carolina d 0 00
e Other additions to income. Attach an explanation (See instructions) e 0 00
2 Add lines a through e and enter the total here. These are your total additions. 2 0 00
3 Add lines 1 and 2 and enter total here. 3 12,603 00

SUBTRACTIONS FROM FEDERAL TAXABLE INCOME

f State tax refund, if included on your federal return f 0 00 Dollars
g Total and permanent disability retirement income, if taxed on your federal return g 00
h Out-of-state income/gain - Do not include personal service income (See instructions) h 00
Check type of income/gain: ☐ Rental ☐ Business ☐ Other
i 44% of net capital gains held for more than one year (See instructions) i 00
j Volunteer deductions (See instructions) Check type of deduction: j 00
☐ Firefighter ☐ HazMat ☐ Rescue Squad
☐ DNR ☐ Reserve Police ☐ Other
k Contributions to the SC College Investment Program ("Future Scholar") or the SC Tuition Prepayment Program (See instructions) k 00
l Active Trade or Business Income deduction (See instructions) l 0 00
m Interest income from obligations of the US government m 0 00
n Certain nontaxable National Guard or Reserve Pay (See instructions) n 00
o Social security and/or railroad retirement, if taxed on your federal return o 10,507 00
p Caution: Retirement Deduction (See instructions)
p-1 Taxpayer: date of birth p-1 3,000 00
p-2 Spouse: date of birth p-2 00
p-3 Surviving spouse #1: date of birth of deceased spouse p-3 00
p-4 Surviving spouse #2: date of birth of deceased spouse p-4 00
q Age 65 and older deduction (See instructions)
q-1 Taxpayer: date of birth q-1 00
q-2 Spouse: date of birth q-2 00
r Negative amount of federal taxable income r 0 00
s Subsistence allowance 0 days @ \$8.00 s 0 00
t Dependents under the age of 6 years on December 31 of the tax year t 00
u Consumer Protection Services u 0 00
v Other subtractions (See instructions) v 0 00
4 Add lines f through v and enter here. These are your total subtractions 4 < 13,507 00 >
5 Residents subtract line 4 from line 3 and enter the difference. Nonresidents enter amount from Schedule NR, line 50. If less than zero, enter zero here. This is your South Carolina INCOME SUBJECT TO TAX 5 0 00
6 TAX: enter tax from SOUTH CAROLINA tax tables. 6 0 00
7 TAX on Lump Sum Distribution (Attach SC4872) 7 00
8 TAX on Active Trade or Business Income (Attach I-335) 8 0 00
9 TAX on excess withdrawals from Catastrophe Savings Accounts 9 0 00
10 Add lines 6 through 9 and enter the total here. This is your TOTAL SOUTH CAROLINA TAX 10 3 00
11 Child and Dependent Care (See instructions) 11 0 00
12 Two Wage Earner Credit (See instructions) 12 00
13 Other non-refundable credits. Attach SC1040TC and other state return(s) 13 0 00
14 TOTAL non-refundable credits. Add lines 11 through 13 and enter the total here. 14 0 00
15 SUBTRACT line 14 from line 10. Enter the difference BUT NOT LESS THAN ZERO here 15 0 00

30752026



2014

PAYMENTS AND REFUNDABLE CREDITS

16 SC INCOME TAX WITHHELD (Attach W-2 or SC41)	249	00	20 Other SC withholding (Attach Form 1099)	0	00
17 2014 estimated tax payments	0	00	21 Tuition tax credit (Attach I-319)	0	00
18 Amount paid with extension	0	00	22 Other refundable credit(s)	0	00
19 NR sale of real estate	0	00	Check type: ☐ Anhydrous Ammonia (Attach I-333) ☐ Milk Credit (Attach I-334) ☐ Classroom Teacher Expenses (Attach I-380)		
23 Add lines 16 through 22 and enter the total here. These are your TOTAL PAYMENTS			23	249	00
24 If line 23 is LARGER than line 15, subtract line 15 from line 23 and enter the OVERPAYMENT			24	249	00
25 If line 15 is LARGER than line 23, subtract line 23 from line 15 and enter the AMOUNT DUE			25		00
26 USE TAX due on internet, mail-order or out-of-state purchases			26	0	00
Use tax is based on your county's sales tax rate. See instructions for more information. If you certify that no use tax is due, check here..... ☒ X					
27 Amount of line 24 to be credited to your 2015 Estimated Tax			27		00
28 Total Contributions for Check-offs (Attach I-330)			28		00
29 Add lines 26 through 28 and enter the total here.			29	0	00
30 If line 29 is larger than line 24, go to line 31. Otherwise, subtract line 29 from line 24 and enter the AMOUNT TO BE REFUNDED TO YOU (line 30a check box entry is required)			30	249	00
REFUND OPTIONS (subject to program limitations)					
30a Mark one refund choice: ☒ Direct Deposit (30b required) ☐ Debit Card* ☐ Paper Check *SCDOR Income Tax Refund Prepaid Debit Card Issued by Bank of America					
30b Direct Deposit (for US Accounts Only) Type: ☒ Checking ☐ Savings					
Routing Number (RTN) Must be 9 digits. The first two numbers of the RTN must be 01 through 12 or 21 through 32					
Bank Account Number (BAN) 1-17 digits					
31 Tax Due: Add lines 25 and 29. If line 29 is larger than line 24, subtract line 24 from line 29 and enter the amount .			31		00
32 Late filing and/or late payment: Penalties Interest (See instructions) Enter total here			32	0	00
33 Penalty for Underpayment of Estimated Tax (Attach SC2210) (See instructions and enter letter in box if applicable) Exception to Underpayment of Estimated Tax ☐			33		00
34 Add lines 31 through 33 and enter the AMOUNT YOU OWE here. Attach Form SC-1040-V with payment. BALANCE DUE			34		00

Pay electronically free of charge at www.dor.sc.gov. Click on DORePay and pay with Visa, MasterCard or by Electronic Funds Withdrawal (EFW) or include SC1040-V with your check or money order for the full amount payable to "SC Department of Revenue". Write your social security number and "2014 SC1040" on the payment.

I declare that this return and all attachments are true, correct and complete to the best of my knowledge and belief.			
Your signature		Date	Spouse's signature (if married filing jointly, BOTH must sign)
Taxpayer's Email			
I authorize the Director of the Department of Revenue or delegate to discuss this return, attachments and related tax matters with the preparer.		Yes ☐ No ☐	Preparer's printed name
If prepared by a person other than taxpayer, his declaration is based on all information of which he has any knowledge.			
Paid	Preparer signature	Date	Check ☐ If self-employed
Preparer's			PTIN
Use Only	Firm name (or yours if self-employed) and address and Zip Code	FEIN	
		Phone No.	

MAIL TO:

REFUNDS OR ZERO TAX

SC1040 Processing Center, PO Box 101100, Columbia, SC 29211-0100

BALANCE DUE

Taxable Processing Center, PO Box 101105, Columbia, SC 29211-0105

30753024

1017

STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
INDIVIDUAL INCOME TAX
DECLARATION FOR ELECTRONIC FILING

SC8453

(Rev. 7/30/14)
3299

Please print or type.	Your first name and Initial GENNETTE SOWELL		Last name	Your social security number	
	If joint return, spouse's first name and Initial		Last name, if different	Spouse's social security number	
	Home address (number and street, apt. number or RR)		Daytime telephone #	Tax Year	
	City, town or post office, state and ZIP code				

Part I Tax Return Information (Whole dollars only)

1. Federal taxable income (SC1040, line 1)	1	12,603	00
2. Net SC Tax (SC1040, line 15)	2	0	00
3. Use Tax	3	0	00
4. Total Tax	4	0	00
5. SC Income Tax Withheld (SC1040, lines 16 & 20)	5	249	00
6. Tuition Tax Credit (SC1040, line 21)	6	0	00
7. Refund (SC1040, line 30)	7	249	00
8. Amount you owe (SC1040, line 34)	8		00

Part II Direct Deposit of Refund or EFW Payment of Tax Due (Optional - See instructions.)

STAPLE COPIES OF STATE W-2(s) and 1099(s) HERE	9. Routing transit number (RTN)		The first two numbers of the RTN must be 01 through 12 or 21 through 32.
	10. Bank account number (BAN)		
	11. Type of account:	☒ Checking ☐ Savings	
	12. Withdrawal Date	Withdrawal Amount \$	

Part III Declaration of Taxpayer (Sign only after Part I is completed.)

13. ☒ a. I consent that my refund be directly deposited as designated in Part II, and declare that the information shown on lines 1 through 8 is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- ☐ b. I authorize (1) the South Carolina Department of Revenue and its designated financial agents to initiate an Electronic Funds Withdrawal (payment) entry to my financial institution account designated in Part II for payment of my South Carolina taxes owed, and (2) my financial institution to debit the entry to my account. I also authorize the financial institutions involved in the processing of my electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to my payment. Under the terms of this authorization, I can revoke this authorization by notifying the South Carolina Department of Revenue no later than two business days prior to the withdrawal (settlement) date by calling 803-896-1715.

If I have filed a balance due return, I understand that if the SC Department of Revenue does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties.

I declare that I have compared the information (including direct deposit or EFW data) on my return with the information I have provided to my electronic return originator (ERO) and the amounts agree with the amounts on my SC tax return. To the best of my knowledge, my return is true and complete. I consent that my return and accompanying schedules and statements be sent to the Internal Revenue Service (IRS) by my ERO, and subsequently by the IRS to the SC Department of Revenue. Do not submit this form to the SC Department of Revenue. Keep with your records.

Sign Here

Your signature	Date	Spouse's signature (if a joint, BOTH must sign)	Date

Part IV Declaration of Electronic Return Originator (ERO) and Paid Preparer (See instructions.)

I declare that I have received the above taxpayer's return and the entries on this form are complete and correct to the best of my knowledge. I have obtained the taxpayer's signature on this form before submitting this return to the SC Department of Revenue. I have provided the taxpayer with a copy of all forms and information to be filed with the IRS and the SC Department of Revenue, and have followed all other requirements described in the IRS Pub 1345 Authorized IRS e-file Providers of Individual Income Tax Returns, and requirements specified by the SC Department of Revenue. If I am the preparer, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge, they are true and complete. This declaration is based on all information of which I have knowledge. I understand I do not mail this form. I am required to keep this form and the supporting documents for three (3) years.

ERO's Use Only	ERO signature	Date	Check if also paid preparer ☐	Check if self-employed ☐	PTIN
	Firm name (or yours if self-employed) and address			FEIN	
	ZIP code				
Paid Preparer's Use Only	Preparer signature	Date	Check if self-employed ☐	PTIN	
	Firm name (or yours if self-employed) and address			FEIN	
	ZIP code				

DO NOT MAIL

KEEP FOR YOUR RECORDS

5, accurate, **file** Visit the IRS Web Site
 Use **file** at www.irs.gov/efile
 Employee Reference Copy
N-2 Wage and Tax Statement 2014
 OMB No. 1545-0048

Control number Dept. Corp. Employer use only
 55600 CHAR/GY3 0300000 T 62

Employee's name, address, and ZIP code
**PIGGLY WIGGLY
 OF BENNETTSTVILLE INC
 235 HWY 15-401
 BENNETTSTVILLE SC 29512**

Batch #00546

Employee's name, address, and ZIP code
GENNETTE M SOWELL

Employer's name, address, and ZIP code	1	2
Wages, tips, other comp.	4427.85	2 Federal income tax withheld 411.80
Social security wages	4549.84	4 Social security tax withheld 282.09
Medicare wages and tips	4549.84	6 Medicare tax withheld 65.97
Social security tips		8 Allocated tips
		10 Dependent care benefits
Nonqualified plans	12a See instructions for box 12 D 121.99	
Other	12b	
	12c	
	12d	
State Employer's state ID no.	16 State wages, tips, etc. 4427.85	
State income tax	18 Local wages, tips, etc.	
249.00		
Local income tax	20 Locality name	

2014 W-2 and EARNINGS SUMMARY

ADP

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

1. The following information reflects your final 2014 pay stub plus any adjustments submitted by your employer.

Gross Pay	4549.84	Social Security Tax Withheld Box 4 of W-2	282.09	SC State Income Tax Box 17 of W-2 SUI/SDI Box 14 of W-2	249.00
Fed. Income Tax Withheld Box 2 of W-2	411.80	Medicare Tax Withheld Box 6 of W-2	65.97		

2. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	SC State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	4,549.84	4,549.84	4,549.84	4,549.84
Less 401(k) (D-Box 12)	121.99	N/A	N/A	121.99
Reported W-2 Wages	4,427.85	4,549.84	4,549.84	4,427.85

3. Employee W-4 Profile. To change your Employee W-4 Profile Information, file a new W-4 with your payroll dept.

GENNETTE M SOWELL

Social Security Number:
 Taxable Marital Status: MARRIED
 Exemptions/Allowances:
 FEDERAL: 1
 STATE: 1

© 2014 ADP LLC

Fold and Detach Here

Wages, tips, other comp.	4427.85	2 Federal income tax withheld	411.80
Social security wages	4549.84	4 Social security tax withheld	282.09
Medicare wages and tips	4549.84	6 Medicare tax withheld	65.97
Control number	Dept.	Corp.	Employer use only
55600 CHAR/GY3 0300000		T	62
Employee's name, address, and ZIP code PIGGLY WIGGLY OF BENNETTSTVILLE INC 235 HWY 15-401 BENNETTSTVILLE SC 29512			

Social security tips	8 Allocated tips
	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 D 121.99
14 Other	12b
	12c
	12d
	13 Stat emp./Ret. plan 3rd party sick pay

Employee's name, address and ZIP code
GENNETTE M SOWELL

State income tax	249.00	18 Local wages, tips, etc.
19 Local income tax		20 Locality name

Federal Filing Copy
W-2 Wage and Tax Statement 2014
 Copy 2 to be filed with employer's Federal Income Tax Return.

Wages, tips, other comp.	4427.85	2 Federal income tax withheld	411.80
Social security wages	4549.84	4 Social security tax withheld	282.09
Medicare wages and tips	4549.84	6 Medicare tax withheld	65.97
Control number	Dept.	Corp.	Employer use only
155600 CHAR/GY3 0300000		T	62
Employee's name, address, and ZIP code PIGGLY WIGGLY OF BENNETTSTVILLE INC 235 HWY 15-401 BENNETTSTVILLE SC 29512			

Social security tips	8 Allocated tips
	10 Dependent care benefits
11 Nonqualified plans	12a D 121.99
14 Other	12b
	12c
	12d
	13 Stat emp./Ret. plan 3rd party sick pay

Employee's name, address and ZIP code
GENNETTE M SOWELL

State income tax	249.00	18 Local wages, tips, etc.
19 Local income tax		20 Locality name

SC State Filing Copy
W-2 Wage and Tax Statement 2014
 Copy 2 to be filed with employer's State Income Tax Return.

Wages, tips, other comp.	4427.85	2 Federal income tax withheld	411.80
Social security wages	4549.84	4 Social security tax withheld	282.09
Medicare wages and tips	4549.84	6 Medicare tax withheld	65.97
Control number	Dept.	Corp.	Employer use only
155600 CHAR/GY3 0300000		T	62
Employee's name, address, and ZIP code PIGGLY WIGGLY OF BENNETTSTVILLE INC 235 HWY 15-401 BENNETTSTVILLE SC 29512			

Social security tips	8 Allocated tips
	10 Dependent care benefits
11 Nonqualified plans	12a D 121.99
14 Other	12b
	12c
	12d
	13 Stat emp./Ret. plan 3rd party sick pay

Employee's name, address and ZIP code
GENNETTE M SOWELL

State income tax	249.00	18 Local wages, tips, etc.
19 Local income tax		20 Locality name

SC State Filing Copy
W-2 Wage and Tax Statement 2014
 Copy 2 to be filed with employer's State Income Tax Return.

FIRST CITIZENS BANK AND TRUST
COMPANY, INC
1314 PARK STREET
COLUMBIA SC 29201



E.I.N. 57-0115220

MON-FRI 7AM-10PM & SAT 9AM-4PM
888-612-4444

GENNETTE M SOWELL

310

051862

FOR TAX YEAR

2014

TAXPAYER ID NUMBER

1099-INT 1099-OID 1099-DIV

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

*Form 1099-OID: Next to box 8 may not be the correct figure to report on your income tax return. See instructions on back.

1098-MORTGAGE

*Caution: The amount shown next to Box 1 may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.

The information next to boxes 1, 2, and 3 is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points or because you did not report this refund of interest on your return.

1098-E

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for student loan interest.

2014 - 1099-INT, INTEREST INCOME

ACCOUNT NUMBER

CERT OF DEP
BOX 1

INTEREST INCOME

89.50

TOTAL INTEREST

89.50

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code and telephone number FOUNDERS FEDERAL CREDIT UNION 737 PLANTATION ROAD LANCASTER, SC 29720-5508 (803) 289-5040		Payer's RTN (optional)	OMB No 1545-0112 2014 Form 1099-INT	Interest Income Copy B For Recipient This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
PAYER'S Federal identification number	RECIPIENT'S identification number	1 Interest income \$ 18.24		
RECIPIENT'S name, address (including apt. no.), city, state and ZIP code CONNETTE M. SOWLE 20280		2 Early withdrawal penalty \$ 0.00	3 Interest on U.S. Savings Bonds and Treas. obligations \$ 0.00	
		4 Federal income tax withheld \$ 0.00	5 Investment expenses \$ 0.00	
		6 Foreign tax paid \$ 0.00	7 Foreign country or U.S. possession	
		8 Tax-exempt interest \$ 0.00	9 Specified private activity bond interest \$ 0.00	
Account number (see instructions)	10 Market discount \$ 0.00	11 Bond premium \$ 0.00	12 Tax-exempt bond CUSIP no. (see instructions)	
	13 State South Carolina	14 State identification no 45	15 State tax withheld \$ 0.00	

Form 1099-INT Substituted Form

(Keep for your records.)

Department of the Treasury - Internal Revenue Service
www.irs.gov/form1099int

Instructions for Recipient

The information provided may be different for covered and noncovered securities. For a description of covered securities, see the instructions for Form 9949. For a covered security acquired at a premium, unless you notified the payer in writing in accordance with Regulations section 1.6045-1(n)(5) that you did not want to amortize the premium under section 171, your payer may report either (1) a net amount of interest that reflects the offset of the amount of interest paid to you by the amount of premium amortization for the year or (2) a gross amount for both the interest paid to you and the premium amortization for the year. If you did notify your payer that you did not want to amortize the premium on a covered security, then your payer will only report the gross amount of interest paid to you. For a noncovered security acquired at a premium, your payer is only required to report the gross amount of interest paid to you. Recipient's identification number. For your protection, this form may show only the last four digits of your social security number (SSN), individual taxpayer identification number (ITIN) or adoption taxpayer identification number (ATIN). However, the issuer has reported your complete identification number to the IRS and, where applicable, to state and/or local governments. Account number. May show an account or other unique number the payer assigned to distinguish your account.

Box 1. Shows taxable interest paid to you during the calendar year by the payer. This does not include interest shown in box 3. May also show the total amount of the credits from clean, renewable energy bonds, new clean renewable energy bonds, qualified energy conservation bonds, qualified zone academy bonds, qualified school construction bonds, and build America bonds that must be included in your interest income. These amounts were treated as paid to you during 2014 on the credit allowance dates (March 15, June 15, September 15, and December 15). For more information, see Form 8912, Credit to Holders of Tax Credit Bonds. See the instructions above for a covered security acquired at a premium.

Box 2. Shows interest or principal forfeited because of early withdrawal of time savings. You may deduct this amount to figure your adjusted gross income on your income tax return. See the instructions for Form 1040 to see where to take the deduction.

Box 3. Shows interest on U.S. Savings Bonds, Treasury bills, Treasury bonds, and Treasury notes. This may or may not all be taxable. See Pub 550. This interest is exempt from state and local income taxes. This interest is not included in box 1. See the instructions above for a covered security acquired at a premium.

Box 4. Shows backup withholding. Generally, a payer must backup withhold if you did not furnish your taxpayer identification number (TIN) or you did not furnish the correct TIN to the payer. See Form W-9. Include this amount on your income tax return as tax withheld.

Box 5. Any amount shown is your share of investment expenses of a single-class REMIC. If you file Form 1040, you may deduct these expenses on the "Other expenses" line of Schedule A (Form 1040) subject to the 2% limit. This amount is included in box 1.

Box 6. Shows foreign tax paid. You may be able to claim this tax as a deduction or a credit on your Form 1040. See your Form 1040 instructions.

Box 7. Shows the country or U.S. possession to which the foreign tax was paid.
Box 8. Shows tax-exempt interest paid to you during the calendar year by the payer. Report this amount on line 8b of Form 1040 or Form 1040A. This amount may be subject to backup withholding. See box 4. See the instructions above for a covered security acquired at a premium.

Box 9. Shows tax-exempt interest subject to the alternative minimum tax. This amount is included in box 8. See the instructions for Form 525. See the instructions above for a covered security acquired at a premium.

Box 10. For a covered security, if you made an election under section 1275(b) to include market discount in income as it accrues and you notified your payer of the election, shows the market discount that accrued on the debt instrument during the year while held by you. Report this amount on your income tax return as directed in the instructions for Form 1040 or 1040A.

Box 11. For a covered security, shows the amount of premium amortization for the year, unless you notified the payer in writing in accordance with Regulations section 1.6045-1(n)(5) that you did not want to amortize bond premium under section 171. If an amount is reported in this box, see the instructions for Form 1040 (Schedule B). If an amount is not reported in this box for a covered security acquired at a premium, the payer has reported a net amount of interest in boxes 1, 3, 8, or 9, whichever is applicable. If the amount in this box is greater than the amount of interest paid on the covered security, please see Regulations section 1.171-2(a)(4).

Box 12. Shows CUSIP number(s) for tax-exempt bond(s) on which tax-exempt interest was paid to you during the calendar year and reported in box 8. If blank, no CUSIP number was issued for the bond(s).

Boxes 13-15. State tax withheld reporting boxes.

Nominees. If this form includes amounts belonging to another person(s), you are considered a nominee recipient. Complete a Form 1099-INT for each of the other owners showing the income allocable to each. File Copy A of the form with the IRS. Furnish Copy B to each owner. List yourself as the "payer" and the other owner(s) as the "recipient." File Form (c) 1099-INT with Form 1099 with the Internal Revenue Service Center for your area. On Form 1099 list yourself as the "filer." A spouse is not required to file a nominee return to show amounts owned by the other spouse.

Future developments. For the latest information about developments related to Form 1099-INT and its instructions, such as legislation enacted after they were published, go to www.irs.gov/form1099int.

January 14, 2015

A6458-7L P-0004 T-0227 00048447 1 AT .405
GENNETTE SOWELL

Dear Gennette Sowell:

The Health Insurance Marketplace is required to provide you with important tax information you'll need to correctly fill out your federal income tax return. We're sending you this completed Form 1095-A (Health Insurance Marketplace Statement) because it includes this information. A copy of this information has also been given to the IRS. Please keep this form for your records.

Why Form 1095-A is important

Form 1095-A includes:

- information about you and any other members of your household who were enrolled in a Marketplace plan during 2014
- information about your Marketplace plan premium and other information you may need to fill out your federal income tax return
- the amount of any advance payments of the premium tax credit that may have been paid to your health plan on your behalf in 2014

You must file a tax return

You must file a federal income tax return if you or another member of your household wants to claim the premium tax credit, or if advance payments of the premium tax credit were paid in 2014. When you file your tax return, you must complete and file Form 8962 (Premium Tax Credit). Use the information on Form 1095-A when you complete Form 8962. If you want more information about Form 1095-A, read the "Instructions for Recipient" section on the back of the enclosed form. If you need Form 8962, visit irs.gov.

Changes to your information

If you think information on your Form 1095-A is incorrect, visit HealthCare.gov/taxes/ to find out how to get a corrected Form 1095-A.

If the "CORRECTED" box on the top of your Form 1095-A is checked, this means we made a change to the



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If you have questions, visit HealthCare.gov or call 1-800-318-2596. TTY users should call 1-855-889-4325. The call is free.

Form **1095-A****Health Insurance Marketplace Statement**

OMB No. 1545-2232

Department of the Treasury
Internal Revenue Service► Information about Form 1095-A and its separate instructions
is at www.irs.gov/form1095a.☐ CORRECTED**2014****Part I** Recipient Information

1 Marketplace identifier	2 Marketplace-assigned policy number 3817466	3 Policy issuer's name Consumers Choice Health Insurance Company	
4 Recipient's name Gennette Sowell		5 Recipient's SSN	6 Recipient's date of birth
7 Recipient's spouse's name		8 Recipient's spouse's SSN	9 Recipient's spouse's date of birth
10 Policy start date 04/01/2014	11 Policy termination date 12/31/2014	12 Street address (including apartment no.)	
13 City or town	14 State or province	15 Country and ZIP or foreign postal code	

Part II Coverage Household

A. Covered Individual Name	B. Covered Individual SSN	C. Covered Individual Date of Birth	D. Covered Individual Start Date	E. Covered Individual Termination Date
16 Gennette Sowell			04/01/2014	12/31/2014
17				
18				
19				
20				

Part III Household Information

Month	A. Monthly Premium Amount	B. Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. Monthly Advance Payment of Premium Tax Credit
21 January	0.00	0.00	0.00
22 February	0.00	0.00	0.00
23 March	0.00	0.00	0.00
24 April	693.14	669.51	617.00
25 May	693.14	669.51	617.00
26 June	693.14	669.51	617.00
27 July	693.14	669.51	617.00
28 August	693.14	669.51	617.00
29 September	693.14	669.51	617.00
30 October	693.14	669.51	617.00
31 November	693.14	669.51	617.00
32 December	693.14	669.51	617.00
33 Annual Totals	6,238.26	6,025.59	5,553.00

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For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 507030

Form 1095-A (2014)

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. ST. JAMES AME ZION CHURCH P.O. BOX 344 CHESTERFIELD SC 29709 Rev., Vera M. Witherspoon		1 Rents \$ 2 Royalties \$ 3 Other income \$	OMB No 1545-0115 2014 Form 1099-MISC	Miscellaneous Income Copy B For Recipient
PAYER'S federal identification number RECIPIENT'S identification number		4 Federal income tax withheld \$ 5 Fishing boat proceeds \$ 6 Med & health care payments \$	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.	
RECIPIENT'S name GENNETTE SOWELL		7 Nonemployee compensation \$ 1828.00 8 Substitute payments in lieu of dividends or interest \$		
Street address (multiple-line permitted) City or town, state or province, country, and ZIP or foreign postal code Account number (see instructions)		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale ☐ 10 Crop insurance proceeds \$ 11 Excess golden parachute payments \$ 12 Gross proceeds paid to an attorney		
15 a Section 409A deferrals \$ 15 b Section 409A income \$		13 State tax withheld \$ 14 State/Payer's state no. 16-18 State income \$		

BAA Form 1099-MISC (Keep for your records.)
www.irs.gov/form1099misc
Department of the Treasury — Internal Revenue Service

Instructions for Recipient

Recipient's identification number. For your protection, this form may show only the last four digits of your social security number (SSN), individual taxpayer identification number (ITIN), or adoption taxpayer identification number (ATIN). However, the issuer has reported your complete identification number to the IRS and, where applicable, to state and/or local governments.

Account number. May show an account or other unique number the payer assigned to distinguish your account.

Amounts shown may be subject to self-employment (SE) tax. If your net income from self-employment is \$400 or more, you must file a return and compute your SE tax on Schedule SE (Form 1040). See Pub. 334 for more information. If no income or social security and Medicare taxes were withheld and you are still receiving these payments, see Form 1040-ES. Individuals must report these amounts as explained in the box 7 instructions on this page. Corporations, fiduciaries, or partnerships must report the amounts on the proper line of their tax returns.

Form 1099-MISC incorrect? If this form is incorrect or has been issued in error, contact the payer. If you cannot get this form corrected, attach an explanation to your tax return and report your income correctly.

Box 1. Report rents from real estate on Schedule E (Form 1040). However, report rents on Schedule C (Form 1040) if you provided significant services to the tenant, sold real estate as a business, or rented personal property as a business.

Box 2. Report royalties from oil, gas, or mineral properties, copyrights, and patents on Schedule E (Form 1040). However, report payments for a working interest as explained in the box 7 instructions. For royalties on timber, coal, and iron ore, see Pub. 544.

Box 3. Generally, report this amount on the "Other income" line of Form 1040 (or Form 1040NR) and identify the payment. The amount shown may be payments received as the beneficiary of a deceased employee, prizes, awards, taxable damages, Indian gaming profits, or other taxable income. See Pub. 525. If it is trade or business income, report this amount on Schedule C or F (Form 1040).

Box 4. Shows backup withholding or withholding on Indian gaming profits. Generally, a payer must backup withhold if you did not furnish your taxpayer identification number. See Form W-9 and Pub. 505 for more information. Report this amount on your income tax return as tax withheld.

Box 5. An amount in this box means the fishing boat operator considers you self-employed. Report this amount on Schedule C (Form 1040). See Pub. 334.

Box 6. For individuals, report on Schedule C (Form 1040).

Box 7. Shows nonemployee compensation. If you are in the trade or business of catching fish, box 7 may show cash you received for the sale of the fish. If the amount in this box is SE income, report it on Schedule C or F (Form 1040), and complete Schedule SE (Form 1040). You received this form instead of Form W-2 because the payer did not consider you an employee and did not withhold income tax or social security and Medicare tax. If you believe you are an employee and cannot get the payer to correct this form, report the amount from box 7 on Form 1040, line 7 (or Form 1040NR, line 8). You must also complete Form 8919 and attach it to your return. If you are not an employee but the amount in this box is not SE income (for example, it is income from a sporadic activity or a hobby), report it on Form 1040, line 21 (or Form 1040NR, line 21).

Box 8. Shows substitute payments in lieu of dividends or tax-exempt interest received by your broker on your behalf as a result of a loan of your securities. Report on the "Other Income" line of Form 1040 (or Form 1040NR).

Box 9. If checked, \$5,000 or more of sales of consumer products was paid to you on a buy-sell, deposit-commission, or other basis. A dollar amount does not have to be shown. Generally, report any income from your sale of these products on Schedule C (Form 1040).

Box 10. Report this amount on Schedule F (Form 1040).

Box 13. Shows your total compensation of excess golden parachute payments subject to a 20% excise tax. See the Form 1040 (or Form 1040NR) instructions for where to report.

Box 14. Shows gross proceeds paid to an attorney in connection with legal services. Report only the taxable part as income on your return.

Box 15a. May show current year deferrals as a nonemployee under a nonqualified deferred compensation (NQDC) plan that is subject to the requirements of section 409A, plus any earnings on current and prior year deferrals.

Box 15b. Shows income as a nonemployee under an NQDC plan that does not meet the requirements of section 409A. This amount is also included in box 7 as nonemployee compensation. Any amount included in box 15a that is currently taxable is also included in this box. This income is also subject to a substantial additional tax to be reported on Form 1040 (or Form 1040NR). See "Total Tax" in the Form 1040 (or Form 1040NR) instructions.

Boxes 16-18. Shows state or local income tax withheld from the payments.

Future developments. For the latest information about developments related to Form 1099-MISC and its instructions, such as legislation enacted after they were published, go to www.irs.gov/form1099misc

200

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. CHERAW BRANCH NAACP		1 Rents \$	OMB No. 1545-0115 2014 Form 1099-MISC		Miscellaneous Income
P.O. BOX 1146 CHERAW SC 29520		2 Royalties \$	3 Other income \$		
PAYER'S federal identification number	RECIPIENT'S identification number	4 Fishing boat proceeds \$	4 Federal income tax withheld \$	Copy C For Payer	
RECIPIENT'S name GENNETTE SOWELL		5 Nonemployee compensation \$ 2250.00	6 Med & health care payments \$		
Street address (including apartment number)		7 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale ☐	8 Substitute payments in lieu of dividends or interest \$	For Privacy Act and Paperwork Reduction Act Notice, see the 2014 General Instructions for Certain Information Returns.	
City or town, state or province, country, and ZIP or foreign postal code		9 Crop insurance proceeds \$	10 Gross proceeds paid to an attorney \$		
Account number (see instructions)		11 Excess golden parachute payments \$	12 State tax withheld \$		
2nd TIN not ☐		13 State/Payer's state no	14 State income \$		
15 a Section 409A deferrals \$	15 b Section 409A income \$	16 State tax withheld \$	17 State/Payer's state no	18 State income \$	

BAA Form 1099-MISC

FDA0302 07/09/14

www.irs.gov/form1099misc

Department of the Treasury — Internal Revenue Service

Instructions for Payer

To complete Form 1099-MISC, use:

- the 2014 General Instructions for Certain Information Returns, and
- the 2014 Instructions for Form 1099-MISC.

To order these instructions and additional forms, go to www.irs.gov/form1099misc or call 1-800-TAX-FORM (1-800-829-3676).

Caution. Because paper forms are scanned during processing, you cannot file Forms 1096, 1097, 1098, 1099, 3921, 3922, or 5498 that you print from the IRS website.

Due Dates. Furnish Copy B of this form to the recipient by February 2, 2015. The due date is extended to February 17, 2015 if you are reporting payments in boxes 8 or 14.

File Copy A of this form with the IRS by March 2, 2015. If you file electronically, the due date is March 31, 2015. To file electronically, you must have software that generates a file according to the specifications in Pub. 1220, Specifications for Electronic Filing of Forms 1097, 1098, 1099, 3921, 3922, 5498, 5935, and W-2G. The IRS does not provide a fill-in form option.

Need help? If you have questions about reporting on Form 1099-MISC, call the information reporting customer service site toll free at 1-866-455-7438 or 304-263-8700 (not toll free). Persons with a hearing or speech disability with access to TTY/TDD equipment can call 304-579-4627 (not toll free).

300

Control PAYER'S Federal Identification # PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code WELLS FARGO BANK, N.A. CROWN 1 CROWN WAY PENSION DEPT PHILADELPHIA, PA 19154 FOR QUESTIONS CALL 215-698-5352 RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code GENNETTE SOWELL		☐ Corrected (if checked) ☐ Void (if checked) RECIPIENT'S identification number 1 Gross distribution 2783.04 2 Taxable amount 2783.04 3 Taxable amount not determined ☐ Total distribution ☐ 5 Employee/Designated Roth contrib. or insurance premiums ☐ 6 Other ☐	Copy 1 For State, city, or local Tax Department OMB No. 1545-0119 2014 Form 1099-R Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. 10 Amount allocable to 10R within 5 years 11 State tax withheld 12 State distribution 2783.04 13 Local tax withheld 14 Name of locality 15 Local distribution

Control PAYER'S Federal Identification # PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code WELLS FARGO BANK, N.A. CROWN 1 CROWN WAY PENSION DEPT PHILADELPHIA, PA 19154 FOR QUESTIONS CALL 215-698-5352 RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code W9T9R0DHAT 023037 GENNETTE SOWELL		☐ Corrected (if checked) ☐ Void (if checked) RECIPIENT'S identification number 1 Gross distribution 2783.04 2 Taxable amount 2783.04 3 Taxable amount not determined ☐ Total distribution ☐ 5 Employee/Designated Roth contrib. or insurance premiums ☐ 6 Other ☐	Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return. OMB No. 1545-0119 2014 Form 1099-R Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. 10 Amount allocable to 10R within 5 years 11 State tax withheld 12 State distribution 2783.04 13 Local tax withheld 14 Name of locality 15 Local distribution

Control PAYER'S Federal Identification # PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code WELLS FARGO BANK, N.A. CROWN 1 CROWN WAY PENSION DEPT PHILADELPHIA, PA 19154 FOR QUESTIONS CALL 215-698-5352 RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code GENNETTE SOWELL		☐ Corrected (if checked) ☐ Void (if checked) RECIPIENT'S identification number 1 Gross distribution 2783.04 2 Taxable amount 2783.04 3 Taxable amount not determined ☐ Total distribution ☐ 5 Employee/Designated Roth contrib. or insurance premiums ☐ 6 Other ☐	Copy C For Recipient's Records OMB No. 1545-0119 2014 Form 1099-R Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. 10 Amount allocable to 10R within 5 years 11 State tax withheld 12 State distribution 2783.04 13 Local tax withheld 14 Name of locality 15 Local distribution

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☐ CORRECTED (IF CHECKED)

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code STATE STREET RETIREE SERVICES FOR USPBGC- PILLOWTEX CORPORATION RETIREMENT PLAN FOR 1-800-400-7242 P O BOX 151750 ALEXANDRIA, VA 22315-1750		1 Gross distribution \$ 951.96 2a Taxable amount \$	OMB No. 1545-0119 2014 FORM 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
PAYER'S federal identification number	RECIPIENT'S identification number	2b Taxable amount not determined ☒	Total distribution ☐	Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in Box 4, attach this copy to your return. This information is being furnished to the Internal Revenue Service.
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code GENNETTE M SOWELL		3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$ 0.00	
5 Employee contributions/Designated Roth contributions or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$	7 Distribution code(s) 7 ☐ IRA/SEP/SIMPLE ☐	
8a Your percentage of total distribution %		8b Total employee contributions \$	8 Other \$ %	
10 Amount allocable to IRA within 5 years	11 1st year of desig. Roth contrib.	12 State tax withheld \$ 0.00	13 State/Payer's state no. SC	14 State distribution \$
Account number (see instructions)		15 Local tax withheld \$	16 Name of locality	17 Local distribution \$

FORM 1099-R

www.irs.gov/form1099r

Department of the Treasury-Internal Revenue Service

☐ CORRECTED (IF CHECKED)

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code STATE STREET RETIREE SERVICES FOR USPBGC- PILLOWTEX CORPORATION RETIREMENT PLAN FOR 1-800-400-7242 P O BOX 151750 ALEXANDRIA, VA 22315-1750		1 Gross distribution \$ 951.96 2a Taxable amount \$	OMB No. 1545-0119 2014 FORM 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
PAYER'S federal identification number	RECIPIENT'S identification number	2b Taxable amount not determined ☒	Total distribution ☐	Copy C For Recipient's Records This information is being furnished to the Internal Revenue Service.
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code GENNETTE M SOWELL		3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$ 0.00	
5 Employee contributions/Designated Roth contributions or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$	7 Distribution code(s) 7 ☐ IRA/SEP/SIMPLE ☐	
8a Your percentage of total distribution %		8b Total employee contributions \$	8 Other \$ %	
10 Amount allocable to IRA within 5 years	11 1st year of desig. Roth contrib.	12 State tax withheld \$ 0.00	13 State/Payer's state no. SC	14 State distribution \$
Account number (see instructions)		15 Local tax withheld \$	16 Name of locality	17 Local distribution \$

FORM 1099-R (keep for your records)

www.irs.gov/form1099r

Department of the Treasury-Internal Revenue Service

☐ CORRECTED (IF CHECKED)

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code STATE STREET RETIREE SERVICES FOR USPBGC- PILLOWTEX CORPORATION RETIREMENT PLAN FOR 1-800-400-7242 P O BOX 151750 ALEXANDRIA, VA 22315-1750		1 Gross distribution \$ 951.96 2a Taxable amount \$	OMB No. 1545-0119 2014 FORM 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
PAYER'S federal identification number	RECIPIENT'S identification number	2b Taxable amount not determined ☒	Total distribution ☐	Copy 2 File this copy with your state, city, or local income tax return, when required.
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code GENNETTE M SOWELL		3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$ 0.00	
5 Employee contributions/Designated Roth contributions or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$	7 Distribution code(s) 7 ☐ IRA/SEP/SIMPLE ☐	
8a Your percentage of total distribution %		8b Total employee contributions \$	8 Other \$ %	
10 Amount allocable to IRA within 5 years	11 1st year of desig. Roth contrib.	12 State tax withheld \$ 0.00	13 State/Payer's state no. SC	14 State distribution \$
Account number (see instructions)		15 Local tax withheld \$	16 Name of locality	17 Local distribution \$

Form 1099-R

www.irs.gov/form1099r

Department of the Treasury-Internal Revenue Service

Form 1099-R Department of the Treasury - Internal Revenue Service ☐ CORRECTED (if checked)

PAYER's name, street address, city or town, province or state, country, and ZIP or foreign postal code
Piggly Wiggly Carolina Co. Employee Stock Ownership Plan
884 Johnnie Dodds Blvd.,
Mt. Pleasant, SC 29464

PAYER'S federal identification number RECIPIENT'S identification number

RECIPIENT'S name, Street address (including apt. no.), City or town, province or state, country, and ZIP or foreign postal code
GENNETTE M SOWELL

Account number (see instructions)

1 Gross distribution \$ **506.38**
 2a Taxable amount \$ **506.38**
 2b Taxable amount not determined ☐ Total distribution ☐
 3 Capital gain (included in box 2a) \$ **101.28**
 4 Federal income tax withheld \$ **101.28**
 5 Employee contribs./Desig. Roth contribs. or insurance premiums \$ **7**
 6 Net unrealized appreciation in employer's securities \$ **7**
 7 Distribution code(s) **7** RAISE/ SAMPLE ☐
 8 Other \$ **7**
 9a Your percentage of total dist. % \$ **7**
 9b Total employee contributions \$ **7**
 10 Amount allocable to IRR within 5 years \$ **7**
 11 1st year of desig. Roth contrib. **7**
 12 State tax withheld \$ **7**
 13 State/Payer's state number **SC**
 14 State distribution \$ **506.38**
 15 Local tax withheld \$ **7**
 16 Name of locality **7**
 17 Local distribution \$ **7**

OMB No. 1545-0119
2014
 Form 1099-R

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

Copy B
 Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.
 This information is being furnished to the Internal Revenue Service.

www.irs.gov/form1099r

13046934 - Payee-872

Form 1099-R Department of the Treasury - Internal Revenue Service ☐ CORRECTED (if checked)

PAYER's name, street address, city or town, province or state, country, and ZIP or foreign postal code
Piggly Wiggly Carolina Co. Employee Stock Ownership Plan
884 Johnnie Dodds Blvd.,
Mt. Pleasant, SC 29464

PAYER'S federal identification number RECIPIENT'S identification number

RECIPIENT'S name, Street address (including apt. no.), City or town, province or state, country, and ZIP or foreign postal code
GENNETTE M SOWELL

Account number (see instructions)

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 9a Your percentage of total dist. % \$ **7**
 9b Total employee contributions \$ **7**
 10 Amount allocable to IRR within 5 years \$ **7**
 11 1st year of desig. Roth contrib. **7**
 12 State tax withheld \$ **7**
 13 State/Payer's state number **SC**
 14 State distribution \$ **506.38**
 15 Local tax withheld \$ **7**
 16 Name of locality **7**
 17 Local distribution \$ **7**

OMB No. 1545-0119
2014
 Form 1099-R

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

Copy C
 For Recipient's Records
 This information is being furnished to the Internal Revenue Service.

www.irs.gov/form1099r

Form 1099-R Department of the Treasury - Internal Revenue Service ☐ CORRECTED (if checked)

PAYER's name, street address, city or town, province or state, country, and ZIP or foreign postal code
Piggly Wiggly Carolina Co. Employee Stock Ownership Plan
884 Johnnie Dodds Blvd.,
Mt. Pleasant, SC 29464

PAYER'S federal identification number RECIPIENT'S identification number

RECIPIENT'S name, Street address (including apt. no.), City or town, province or state, country, and ZIP or foreign postal code
GENNETTE M SOWELL

Account number (see instructions)

1 Gross distribution \$ **506.38**
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 7 Distribution code(s) **7** RAISE/ SAMPLE ☐
 8 Other \$ **7**
 9a Your percentage of total dist. % \$ **7**
 9b Total employee contributions \$ **7**
 10 Amount allocable to IRR within 5 years \$ **7**
 11 1st year of desig. Roth contrib. **7**
 12 State tax withheld \$ **7**
 13 State/Payer's state number **SC**
 14 State distribution \$ **506.38**
 15 Local tax withheld \$ **7**
 16 Name of locality **7**
 17 Local distribution \$ **7**

OMB No. 1545-0119
2014
 Form 1099-R

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

Copy 2
 File this copy with your state, city, or local income tax return, when required

www.irs.gov/form1099r

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. TOWN OF CHERAW P.O. BOX 219 200 MARKET ST. CHERAW, SC 29520-0219		1 Rents \$	OMB No. 1545-0115 2014 Form 1099-MISC	Miscellaneous Income
		2 Royalties \$	3 Other income \$	
PAYER'S federal identification number	RECIPIENT'S identification number	4 Federal income tax withheld \$	5 Fishing boat proceeds \$	6 Medical and health care payments \$
RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code SOWELL, GENNETTE		7 Nonemployee compensation 2510.00 \$	8 Substitute payments in lieu of dividends or interest \$	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale ☐ \$	10 Crop insurance proceeds \$	
Account number (see instructions)		11 \$	12 \$	
		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	
15a Section 409A deferrals \$	15b Section 409A income \$	16 State tax withheld \$	17 State/Payer's state no. \$	18 State income \$

Form 1099-MISC

(keep for your records)

www.irs.gov/form1099misc

Department of the Treasury Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Valley of the Moon Community 210 Leisure Dr. Oscola, IA 50577 641.342.1717		1 Rents \$	OMB No. 1545-0115 2014 Form 1099-MISC		Miscellaneous Income
PAYER'S federal identification number		2 Royalties \$	3 Other income \$	4 Federal income tax withheld \$	
RECIPIENT'S identification number		5 Fishing boat proceeds \$	6 Medical and health care payments \$	Copy B For Recipient	
RECIPIENT'S name Gennette S. Well		7 Nonemployee compensation \$ 10,000	8 Substitute payments in lieu of dividends or interest \$		This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
Street address (including apt. no.)		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale ☐	10 Crop insurance proceeds \$		
City or town, state or province, country, and ZIP or foreign postal code		11	12		
Account number (see instructions)		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$		
15a Section 409A deferrals \$	15b Section 409A income \$	16 State tax withheld \$	17 State/Payer's state no.	18 State income \$	

Form 1099-MISC

(keep for your records)

www.irs.gov/form1099misc

Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. WORD OF LIFE MINISTRIES, INC. PO BOX 400 481 TEC RD. CHERAW, SC 29520 843-537-4522		1 Rents	OMB No. 1545-0115		Miscellaneous Income 2014 Form 1099-MISC
		\$	2 Royalties		
		\$	3 Other income		
PAYER'S federal identification number 		RECIPIENT'S identification number 	4 Federal income tax withheld	\$	Copy B For Recipient This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
RECIPIENT'S name, address, ZIP/postal code & country Gennette M Sowell		5 Fishing boat proceeds	6 Medical and health care payments		
Account number (see instructions)		7 Nonemployee compensation	8 Substitute payments in lieu of dividends or interest		
		\$ 1282.50	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale ☐	10 Crop insurance proceeds	
		11	12		
15a Section 409A deferrals \$		15b Section 409A income \$	13 Excess golden parachute payments	14 Gross proceeds paid to an attorney	18 State income
			16 State tax withheld	17 State/Payer's state no.	18 State income

Form 1099-MISC

(keep for your records)

Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Pee Dee Union Baptist Church 92 Chestnut Street Cheraw, SC 29520 (843) 537-3151		1 Rents		OMB No. 1545-0115 2014 Form 1099-MISC	Miscellaneous Income		
		\$					
		2 Royalties					
		\$					
3 Other income		4 Federal income tax withheld		Copy B For Recipient			
\$		\$					
PAYER'S federal identification number	RECIPIENT'S identification number	5 Fishing boat proceeds				6 Medical and health care payments	
		\$				\$	
RECIPIENT'S name, address, ZIP/postal code & country Gennette Sowell		7 Nonemployee compensation		8 Substitute payments in lieu of dividends or interest		This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported	
		\$ 1,800.00		\$			
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale ☐		10 Crop insurance proceeds			
		\$		\$			
11		12					
Account number (see instructions)		13 Excess golden parachute payments		14 Gross proceeds paid to an attorney			
\$		\$		\$			
15a Section 409A deferrals		15b Section 409A income		16 State tax withheld			
\$		\$		\$			
17 State/Payer's state no.		18 State income					
\$		\$					

Form 1099-MISC (keep for your records)

Department of the Treasury - Internal Revenue Service
38-2099803

107-2570461

BMSISREC

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

2014 • PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME. • SEE THE REVERSE FOR MORE INFORMATION.						
Box 1. Name GENNETTE M SOWELL		Box 2. Beneficiary's Social Security Number				
Box 3. Benefits Paid in 2014 \$10,507.00	Box 4. Benefits Repaid to SSA in 2014 NONE	Box 5. Net Benefits for 2014 (Box 3 minus Box 4) \$10,507.00				
DESCRIPTION OF AMOUNT IN BOX 3 <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Paid by check or direct deposit</td> <td style="text-align: right;">\$10,507.00</td> </tr> <tr> <td>Benefits for 2014</td> <td style="text-align: right;">\$10,507.00</td> </tr> </table>		Paid by check or direct deposit	\$10,507.00	Benefits for 2014	\$10,507.00	DESCRIPTION OF AMOUNT IN BOX 4 NONE
Paid by check or direct deposit	\$10,507.00					
Benefits for 2014	\$10,507.00					
		Box 6. Voluntary Federal Income Tax Withheld NONE				
		Box 7. Address GENNETTE M SOWELL				
		Box 8. Claim Number (Use this number if you need to contact SSA.)				

Form SSA-1099-SM (1-2015)

DO NOT RETURN THIS FORM TO SSA OR IRS

FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT

2014

• PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
• SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name GENNETTE M SOWELL		Box 2. Beneficiary's Social Security Number
Box 3. Benefits Paid in 2014 \$7,610.00	Box 4. Benefits Repaid to SSA in 2014 \$1,522.00	Box 5. Net Benefits for 2014 (Box 3 minus Box 4) \$6,088.00

DESCRIPTION OF AMOUNT IN BOX 3		DESCRIPTION OF AMOUNT IN BOX 4	
Paid by check or direct deposit	\$6,088.00	Deductions for work or other	
Deductions for work or other		adjustments	\$1,522.00
adjustments	\$1,522.00	Benefits repaid to SSA in 2014	\$1,522.00
Total Additions	\$7,610.00		
Benefits for 2014	\$7,610.00		

Box 6. Voluntary Federal Income Tax Withheld NONE
Box 7. Address GENNETTE M SOWELL
Box 8. Claim Number (Use this number if you need to contact SSA.)

Form SSA-1099-SM (1-2015)

DO NOT RETURN THIS FORM TO SSA OR IRS

Allianz Life Insurance Company
of North America

PO Box 59060
Minneapolis, MN 55459-0060
800.950.1962
www.allianzlife.com



2014 Annual Summary of
Tax Information IRA Contribution

Important Tax Information

#BWBBFY



GENNETTE SOWELL

Annuitant
GENNETTE SOWELL

Contract number

Taxpayer ID

Allianz Federal ID

Plan type
Roth IRA

Taxpayer date of birth

Thank you for choosing Allianz as part of your financial planning strategy. We are pleased to provide you with this Annual Summary of Tax Information on your Allianz Life Annuity.

- This is your Form 5498 for tax year 2014 and contains values as of December 31, 2014.
- You will receive a revised Form 5498 in May only if you have additional tax year 2014 transactions.
- The back of this Summary contains detailed information explaining the Form 5498.
- Please consult your tax advisor with questions relating to specific tax issues.

We appreciate your business.

2014 Form 5498 - IRA Contribution Information

OMB No. 1545-0747

This information is being furnished to the Internal Revenue Service.

IRS box		IRS box		
1	IRA Contributions	\$0.00	9 SIMPLE Contributions	\$0.00
2	Rollover Contributions	\$0.00	10 Roth IRA Contributions	\$0.00
3	Roth IRA Conversion Amount	\$0.00	11 If Checked, Required Minimum Distribution for 2015	☐
4	Recharacterization	\$0.00	12a RMD Date	
5	Fair Market Value as of 12/31/2014	\$21,999.16	12b RMD Amount	
6	Life Insurance Cost	\$0.00	13a Postponed Contribution	
7	Plan Type	Roth IRA	13b Year	
8	SEP Contributions	\$0.00	13c Code	
			14a Repayments	
			14b Code	

Frequently asked questions for Form 5498

1. What is the purpose of this statement? Why did I get this form?

Form 5498 is the federal form for reporting IRA contribution information, which is used to report contributions and rollovers to traditional IRAs, Roth IRAs, SEP IRAs, and Simple IRAs. Form 5498 also reports the year-end market value information for your annuity. This form is for your records only and does not need to be attached to your submitted tax form.

2. I sent money from another IRA directly into this IRA at Allianz. Why does the Form 5498 show no contributions?

Money that was sent directly from one IRA into another IRA is considered a transfer. This amount is added into your fair market value in box 5. You should not receive a 1099-R from the previous company regarding this transaction.

3. I took money from another IRA and later placed it into this IRA at Allianz. Where does this amount show on my Form 5498?

An IRA to IRA indirect rollover occurs when money is taken from one IRA and re-deposited into another IRA within 60 days of receipt of the funds. You should receive a Form 1099-R from the distributing company. If any portion of this distribution is not re-deposited within 60 days, this portion will be considered taxable and no longer qualifies as a rollover contribution. Allianz reports the amount that it receives via this rollover in box 2. Generally, if you deposited the check to Allianz within 60 days of the day you received the money from the previous company, this Form 5498 will offset the other company's form 1099-R.

Note: Effective January 1, 2015, if you make a tax-free IRA to IRA rollover, you cannot, within a one-year period, make another tax-free rollover of a distribution from any of your IRAs to another IRA.

4. My employer made contributions to a SEP IRA. Are these contributions stated on this form?

Any employer contributions will show as SEP IRA contributions. Employer IRA Contributions will be listed in box 8; personal contributions you make directly to the SEP IRA will be listed in box 1. Employer

contributions are required to be shown on the form for the year the contributions are received – see question 7 below. Personal contributions are shown on the form for the year for which the contributions were made.

5. What is the amount that I am allowed to contribute to my traditional IRA/Roth IRA for year 2014?

The general limit - the most that can be contributed to your traditional IRA/Roth IRA - is the lesser of the following amounts: \$5,500.00 (\$6,500.00 if you are 50 or older) or your taxable compensation for the year. Please see a tax advisor on specifics regarding contributions for traditional IRAs, Roth IRAs, SEP IRAs, and SIMPLE IRAs.

6. What is the last date that I can make a contribution for tax year 2014 to my traditional IRA/Roth IRA?

If your traditional/Roth IRA contract allows for additional premium, your contribution to a company-approved mailing address must be postmarked no later than Wednesday, April 15th, 2015. If you have more than one Allianz contract, please verify that you have specified the correct contract. Note that Allianz does not accept starter checks. If you would like your contribution to be recorded for the 2014 tax year, please put "2014 contribution" on your check sent to our office. If "2014 contribution" is not on your check or the remittance form, we will apply the money as a 2015 contribution. If you are making a traditional IRA contribution for 2014 between January 1 and April 15, 2015, it will be shown on Form 5498, which will be sent to you by May 31, 2015.

7. What if my employer is able to make a SEP IRA contribution after April 15, 2015 for 2014? Will my Form 5498 for 2014 reflect this contribution?

Per IRS guidelines, SEP IRA contributions the IRA issuer receives in 2015 will be reported on the 2015 Form 5498 even when the employer deducts the SEP contribution on their 2014 tax return. Please see a tax advisor for the best way to administer this extension.

Please consult a tax advisor for additional questions on Form 5498.



Allianz Life Insurance Company of North America

5701 Golden Hills Drive

Minneapolis, MN 55416-1297

800.950.5872

www.allianzlife.com

Privacy and Security Statement

2015

Your privacy is a high priority for Allianz Life Insurance Company of North America (Allianz). Our pledge to protect your privacy is reflected in our Privacy and Security Statement. This statement outlines our principles for collecting, using, and protecting information that we maintain about you.

This statement applies to Allianz and its affiliated companies listed on the next page. The law allows us to share your information among our affiliates. The law does not allow you to prevent these disclosures.

Information about you that Allianz collects

Allianz collects information about you so that we can provide you with the products and services you have requested, maintain your account, improve our services, and inform you of additional products or services that may be of interest to you. We limit the amount of information collected to what we feel is needed for these purposes. We may collect your information from the following sources:

- From you, either directly or through your agent. This includes information on your insurance application or other information provided during the application process or while you hold a policy with us.
- From others, through the process of handling a claim. This may include information from medical or accident reports.
- From your doctor or health provider. This is medical information about you, gathered with your written authorization.
- From a consumer reporting agency such as a medical, credit, or motor vehicle report.
- From sources using the information you provide, in order to obtain updated or additional information. An example is the U.S. Postal Service, in order to validate your current mailing address so that we may maintain records to correspond with you.

Information about you that Allianz shares

Allianz does not share information about current or former customers with anyone, except as allowed by law. "Allowed by law" means that we may share your information as follows:

- With affiliates and service providers in order to administer or service your policy, and with research groups to conduct various studies. However, no individual is identified in any study or summary report. These companies sign a Privacy and Security Agreement requiring them to protect your information.
- With consumer reporting agencies to obtain a medical report, credit report, or motor vehicle report. These reports are used to determine eligibility for coverage or to process your requested transactions.
- With your insurance agent and their affiliates so that they can perform services for you.
- With medical professionals in order to process your claim.
- With a state Department of Insurance in order to examine our records or business practices.
- With state or federal law enforcement agencies, as required by law or to report suspected fraud activities.

Form **1040** U.S. Individual Income Tax Return **2015** (99) OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2015, or other tax year beginning , 2015, ending , 20 See separate instructions.

Your first name and initial **GENNETTE** Last name **SOWELL** Your social security number
If a joint return, spouse's first name and initial Last name Spouse's social security number

Home address (number and street) If you have a P.O. box, see instructions. Apt. no. **▲ Make sure the SSN(s) above and on line 6c are correct.**

City, town or post office, state, and ZIP code If you have a foreign address, also complete spaces below (see instructions).

Foreign country name Foreign province/state/country Foreign postal code **▲ Presidential Election Campaign** Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund ☐ You ☐ Spouse

Filing Status 1 ☐ Single 4 ☒ Head of household (with qualifying person). (See instr.) If the qualifying person is a child but not your dependent, enter this child's name here.
2 ☐ Married filing jointly (even if only one had income)
3 ☐ Married filing separately. Enter spouse's SSN above and full name here.
Check only one box. 5 ☐ Qualifying widow(er) with dependent child

Exemptions 6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a
b ☐ Spouse
c Dependents:
(1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) ☒ If child under age 17 qualifying for child tax credit (see instructions)
DEONTA BOWEN **Grandchild** **X**
If more than four dependents, see instructions and check here ☐
d Total number of exemptions claimed **2**

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 0
8a Taxable interest. Attach Schedule B if required 8a 95
b Tax-exempt interest. Do not include on line 8a 8b 0
9a Ordinary dividends. Attach Schedule B if required 9a 0
b Qualified dividends 9b 0
10 Taxable refunds, credits, or offsets of state and local income taxes 10 0
11 Alimony received 11 0
12 Business income or (loss). Attach Schedule C or C-EZ 12 0
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐ 13 0
14 Other gains or (losses). Attach Form 4797 14 0
15a IRA distributions 15a 15b 0
16a Pensions and annuities 16a 37,432 b Taxable amount 16b 3,208
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 0
18 Farm income or (loss). Attach Schedule F 18 0
19 Unemployment compensation 19 0
20a Social security benefits 20a 14,086 b Taxable amount 20b 0
21 Other income. List type and amount **NONEMPLOYEE COMP** 21 7,580
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income **10,883**

Adjusted Gross Income 23 Educator expenses 23 0
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24 0
25 Health savings account deduction. Attach Form 8889 25 0
26 Moving expenses. Attach Form 3903 26 0
27 Deductible part of self-employment tax. Attach Schedule SE 27 0
28 Self-employed SEP, SIMPLE, and qualified plans 28 0
29 Self-employed health insurance deduction 29 0
30 Penalty on early withdrawal of savings 30 8
31a Alimony paid b Recipient's SSN 31a 31b 0
32 IRA deduction 32 0
33 Student loan interest deduction 33 0
34 Tuition and fees. Attach Form 8917 34 0
35 Domestic production activities deduction. Attach Form 8903 35 0
36 Add lines 23 through 35 36 8
37 Subtract line 36 from line 22. This is your adjusted gross income **10,875**

KIA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2015)

Tax and Credits

Standard Deduction for—

- People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.
- All others:
- Single or Married filing separately, \$6,300
- Married filing jointly or Qualifying widow(er), \$12,600
- Head of household, \$8,250

38	Amount from line 37 (adjusted gross income)	38	10,875
39a	Check ☒ You were born before January 2, 1951, ☐ Blind. ☐ Spouse was born before January 2, 1951, ☐ Blind. Total boxes checked ▶ 39a	1	
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	10,800
41	Subtract line 40 from line 38	41	75
42	Exemptions. If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see instructions	42	8,000
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	0
44	Tax (see instructions) Check if any from: a ☐ Form(s) 8814 b ☐ Form 4972 c ☐	44	0
45	Alternative minimum tax (see instructions). Attach Form 8251	45	0
46	Excess advance premium tax credit repayment. Attach Form 8962	46	144
47	Add lines 44, 45, and 46	47	144
48	Foreign tax credit. Attach Form 1116 if required	48	0
49	Credit for child and dependent care expenses. Attach Form 2441	49	
50	Education credits from Form 8863, line 19	50	
51	Retirement savings contributions credit. Attach Form 8880	51	0
52	Child tax credit. Attach Schedule 8812, if required	52	144
53	Residential energy credits. Attach Form 5695	53	
54	Other credits from Form: a ☐ 8800 b ☐ 8801 c ☐	54	0
55	Add lines 48 through 54. These are your total credits	55	144
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	0

Other Taxes

57	Self-employment tax. Attach Schedule SE	57	0
58	Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919	58	0
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	43
60a	Household employment taxes from Schedule H	60a	0
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	0
61	Health care: individual responsibility (see instructions) Full-year coverage ☒	61	
62	Taxes from: a ☐ Form 8959 b ☐ Form 8960 c ☐ Instructions; enter code(s)	62	0
63	Add lines 58 through 62. This is your total tax	63	43

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	85
65	2015 estimated tax payments and amount applied from 2014 return	65	0
66a	Earned income credit (EIC) NO	66a	
b	Nontaxable combat pay election ☐ 66b		
67	Additional child tax credit. Attach Schedule 8812	67	
68	American opportunity credit from Form 8863, line 8	68	
69	Nat premium tax credit. Attach Form 8962	69	
70	Amount paid with request for extension to file	70	
71	Excess social security and tier 1 RRTA tax withheld	71	0
72	Credit for federal tax on fuels. Attach Form 4136	72	
73	Credits from Form: a ☐ 2439 b ☐ Reserved c ☐ 8885 d ☐	73	0
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	85

Refund

Direct deposit? See instructions.

75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	42
76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here ▶ ☐	76a	42
b	Routing number		
c	Type: ☒ Checking ☐ Savings		
d	Account number		
77	Amount of line 75 you want applied to your 2016 estimated tax ▶ 77	0	

Amount You Owe

78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	
79	Estimated tax penalty (see instructions)	79	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)?		Yes. Complete below ☒ No ☐
Designee's name ▶	Phone no. ▶	Personal identification number (PIN) ▶

Sign Here

Joint return? See instructions. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	Your signature	Date	Your occupation	Daytime phone number
	COOK			
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)	

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ▶	Firm's EIN ▶		Phone no	
Firm's address ▶				

Form **5329****Additional Taxes on Qualified Plans
(Including IRAs) and Other Tax-Favored Accounts**

OMB No. 1545-0074

2015Attachment
Sequence No. 29Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040 or Form 1040NR.

▶ Information about Form 5329 and its separate instructions is at www.irs.gov/form5329.

Name of individual subject to additional tax. If married filing jointly, see instructions.

GENNETTE

SOWELL

Your social security number

Fill in Your Address Only
If You Are Filing This
Form by Itself and Not
With Your Tax Return

Home address (number and street), or P.O. box if mail is not delivered to your home

Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete
the space below (see instructions).If this is an amended
return, check here ☐

Foreign country name

Foreign province/state/county

Foreign postal code

If you only owe the additional 10% tax on early distributions, you may be able to report this tax directly on Form 1040, line 59, or
Form 1040NR, line 57, without filing Form 5329. See the instructions for Form 1040, line 59, or for Form 1040NR, line 57.**Part I Additional Tax on Early Distributions.** Complete this part if you took a taxable distribution before you reached age 59 1/2
from a qualified retirement plan (including an IRA) or modified endowment contract (unless you are reporting this tax directly on
Form 1040 or Form 1040NR - see above). You may also have to complete this part to indicate that you qualify for an exception to
the additional tax on early distributions or for certain Roth IRA distributions (see instructions).

1	Early distributions included in income. For Roth IRA distributions, see instructions	1	425
2	Early distributions included on line 1 that are not subject to the additional tax (see instructions). Enter the appropriate exception number from the instructions:	2	0
3	Amount subject to additional tax. Subtract line 2 from line 1	3	425
4	Additional tax. Enter 10% (.10) of line 3. Include this amount on Form 1040, line 59, or Form 1040NR, line 57	4	43

Caution: If any part of the amount on line 3 was a distribution from a SIMPLE IRA, you may have
to include 25% of that amount on line 4 instead of 10% (see instructions).

Part II Additional Tax on Certain Distributions From Education Accounts and ABLE Accounts.Complete this part if you included an amount in income, on Form 1040 or Form 1040NR, line 21; from a Coverdell
education savings account (ESA), a qualified tuition program (QTP), or an ABLE account.

5	Distributions included in income from Coverdell ESA, a QTP, or an ABLE account	5	0
6	Distributions included on line 5 that are not subject to the additional tax (see instructions)	6	
7	Amount subject to additional tax. Subtract line 6 from line 5	7	0
8	Additional tax. Enter 10% (.10) of line 7. Include this amount on Form 1040, line 59, or Form 1040NR, line 57	8	0

Part III Additional Tax on Excess Contributions to Traditional IRAs.Complete this part if you contributed more to your traditional IRAs for 2015 than is allowable or you had an amount on
line 17 of your 2014 Form 5329.

9	Enter your excess contributions from line 16 of your 2014 Form 5329 (see instructions). If zero, go to line 15	9	
10	If your traditional IRA contributions for 2015 are less than your maximum allowable contribution, see instructions. Otherwise, enter -0-	10	
11	2015 traditional IRA distributions included in income (see instructions)	11	
12	2015 distributions of prior year excess contributions (see instructions)	12	
13	Add lines 10, 11, and 12	13	
14	Prior year excess contributions. Subtract line 13 from line 9. If zero or less, enter -0-	14	
15	Excess contributions for 2015 (see instructions)	15	0
16	Total excess contributions. Add lines 14 and 15	16	0
17	Additional tax. Enter 6% (.06) of the smaller of line 16 or the value of your traditional IRAs on December 31, 2015 (including 2015 contributions made in 2016). Include this amount on Form 1040, line 59, or Form 1040NR, line 57	17	0

Part IV Additional Tax on Excess Contributions to Roth IRAs.

Complete this part if you contributed more to your Roth IRAs for 2015 than is allowable or you had an amount on line 25 of your 2014 Form 5329.

18	Enter your excess contributions from line 24 of your 2014 Form 5329 (see instructions). If zero, go to line 23	18	
19	If your Roth IRA contributions for 2015 are less than your maximum allowable contribution, see instructions. Otherwise, enter -0-	19	
20	2015 distributions from your Roth IRAs (see instructions)	20	
21	Add lines 19 and 20	21	
22	Prior year excess contributions. Subtract line 21 from line 18. If zero or less, enter -0-	22	
23	Excess contributions for 2015 (see instructions)	23	0
24	Total excess contributions. Add lines 22 and 23	24	0
25	Additional tax. Enter 6% (.06) of the smaller of line 24 or the value of your Roth IRAs on December 31, 2015 (including 2015 contributions made in 2016). Include this amount on Form 1040, line 59, or Form 1040NR, line 57	25	0

KIA For Privacy Act and Paperwork Reduction Act Notice, see your tax return instructions.

Cat. No. 13329Q

Form 5329 (2015)

Part V Additional Tax on Excess Contributions to Coverdell ESAs. Complete this part if the contributions to your Coverdell ESAs for 2015 were more than is allowable or you had an amount on line 33 of your 2014 Form 5329.

26	Enter the excess contributions from line 32 of your 2014 Form 5329 (see instructions). If zero, go to line 31	26	
27	If the contributions to your Coverdell ESAs for 2015 were less than the maximum allowable contribution, see instructions. Otherwise, enter -0-	27	
28	2015 distributions from your Coverdell ESAs (see instructions)	28	
29	Add lines 27 and 28	29	
30	Prior year excess contributions. Subtract line 29 from line 26. If zero or less, enter -0-	30	
31	Excess contributions for 2015 (see instructions)	31	
32	Total excess contributions. Add lines 30 and 31	32	0
33	Additional tax. Enter 6% (.06) of the smaller of line 32 or the value of your Coverdell ESAs on December 31, 2015 (including 2015 contributions made in 2016). Include this amount on Form 1040, line 59, or Form 1040NR, line 57	33	0

Part VI Additional Tax on Excess Contributions to Archer MSAs. Complete this part if you or your employer contributed more to your Archer MSAs for 2015 than is allowable or you had an amount on line 41 of your 2014 Form 5329.

34	Enter the excess contributions from line 40 of your 2014 Form 5329 (see instructions). If zero, go to line 39	34	
35	If the contributions to your Archer MSAs for 2015 are less than the maximum allowable contribution, see instructions. Otherwise, enter -0-	35	
36	2015 distributions from your Archer MSAs from Form 8853, line 8	36	
37	Add lines 35 and 36	37	
38	Prior year excess contributions. Subtract line 37 from line 34. If zero or less, enter -0-	38	
39	Excess contributions for 2015 (see instructions)	39	0
40	Total excess contributions. Add lines 38 and 39	40	0
41	Additional tax. Enter 6% (.06) of the smaller of line 40 or the value of your Archer MSAs on December 31, 2015 (including 2015 contributions made in 2016). Include this amount on Form 1040, line 59, or Form 1040NR, line 57	41	0

Part VII Additional Tax on Excess Contributions to Health Savings Accounts (HSAs). Complete this part if you, someone on your behalf, or your employer contributed more to your HSAs for 2015 than is allowable or you had an amount on line 49 of your 2014 Form 5329.

42	Enter the excess contributions from line 48 of your 2014 Form 5329. If zero, go to line 47	42	
43	If the contributions to your HSAs for 2015 are less than the maximum allowable contribution, see instructions. Otherwise, enter -0-	43	
44	2015 distributions from your HSAs from Form 8889, line 16	44	
45	Add lines 43 and 44	45	
46	Prior year excess contributions. Subtract line 45 from line 42. If zero or less, enter -0-	46	
47	Excess contributions for 2015 (see instructions)	47	
48	Total excess contributions. Add lines 46 and 47	48	0
49	Additional tax. Enter 6% (.06) of the smaller of line 48 or the value of your HSAs on December 31, 2015 (including 2015 contributions made in 2016). Include this amount on Form 1040, line 59, or Form 1040NR, line 57	49	0

Part VIII Additional Tax on Excess Contributions to an ABL Account. Complete this part if contributions to your ABL account for 2015 were more than is allowable.

50	Excess contributions for 2015 (see instructions)	50	
51	Additional tax. Enter 6% (.06) of the smaller of line 50 or the value of your ABL account on December 31, 2015. Include this amount on Form 1040, line 59, or Form 1040NR, line 57	51	0

Part IX Additional Tax on Excess Accumulation in Qualified Retirement Plans (Including IRAs). Complete this part if you did not receive the minimum required distribution from your qualified retirement plan.

52	Minimum required distribution for 2015 (see instructions)	52	
53	Amount actually distributed to you in 2015	53	
54	Subtract line 53 from line 52. If zero or less, enter -0-	54	0
55	Additional tax. Enter 50% (.50) of line 54. Include this amount on Form 1040, line 59, or Form 1040NR, line 57	55	0

Sign Here Only If You
Are Filing This Form by
Itself and Not With Your
Tax Return

Under penalties of perjury, I declare that I have examined this form, including accompanying attachments, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature

Date

Paid
Preparer
Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if
self-employed PTIN

Firm's name

Firm's EIN

Firm's address

Phone no.

KIA

Form 5329 (2015)

Form **8962****Premium Tax Credit (PTC)**

OMB No. 1545-0074

2015Department of the Treasury
Internal Revenue Service▶ Attach to Form 1040, 1040A, or 1040NR.
▶ Information about Form 8962 and its separate instructions is at www.irs.gov/form8962.Attachment
Sequence No. **73**Name shown on your return
GENNETTE

SOWELL

Your social security number

You cannot claim the PTC if your filing status is married filing separately unless you are eligible for an exception (see instructions). If you qualify, check the box. ☐**Part I: Annual and Monthly Contribution Amount**

1 Tax family size. Enter the number of exemptions from Form 1040 or Form 1040A, line 6d, or Form 1040NR, line 7d	1	2
2a Modified AGI. Enter your modified AGI (see instructions)	2a	24,961
b Enter the total of your dependents' modified AGI (see instructions)	2b	0
3 Household income. Add the amounts on line 2a and 2b	3	24,961
4 Federal poverty line. Enter the federal poverty line amount from Table 1-1, 1-2, or 1-3 (see instructions). Check the appropriate box for the federal poverty table used. a ☐ Alaska b ☐ Hawaii c ☒ Other 48 states and DC	4	15,730
5 Household income as a percentage of federal poverty line (see instructions)	5	158 %
6 Did you enter 401% on line 5? (See instructions if you entered less than 100%). ☒ No. Continue to line 7. ☐ Yes. You are not eligible to receive PTC. If advance payment of the PTC was made, see the instructions for how to report your excess advance PTC repayment amount.		
7 Applicable Figure: Using your line 5 percentage, locate your "applicable figure" on the table in the instructions	7	0.0439
8a Annual contribution amount. Multiply line 3 by line 7	8a	1,096
b Monthly contribution amount. Divide line 8a by 12. Round to whole dollar amount	8b	91

Part II: Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit

- 9 Are you allocating policy amounts with another taxpayer or do you want to use the alternative calculation for year of marriage (see instructions)?
☐ Yes. Skip to Part IV, Shared Policy Allocation, or Part V, Alternative Calculation for Year of Marriage. ☒ No. Continue to line 10.
- 10 See the instructions to determine if you can use line 11 or must complete lines 12 through 23.
☐ Yes. Continue to line 11. Compute your annual PTC. Skip lines 12-23 and continue to line 24.
☒ No. Continue to lines 12-23. Compute your monthly PTC and continue to line 24.

Annual Calculation	(a) Annual enrollment premiums (Form(s) 1095-A, line 33A)	(b) Annual applicable SLICSP premium (Form(s) 1095-A, line 33B)	(c) Annual contribution amount (line 8a)	(d) Annual maximum premium assistance (subtract (c) from (b), if zero or less, enter -0-)	(e) Annual premium tax credit allowed (smaller of (a) or (d))	(f) Annual advance payment of PTC (Form(s) 1095-A, line 33C)
11 Annual Totals						
Monthly Calculation	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21-32, column A)	(b) Monthly applicable SLICSP premium (Form(s) 1095-A, lines 21-32, column B)	(c) Monthly contribution amount (amount from line 8b or alternative marriage monthly contribution)	(d) Monthly maximum premium assistance (subtract (c) from (b), if zero or less, enter -0-)	(e) Monthly premium tax credit allowed (smaller of (a) or (d))	(f) Monthly advance payment of PTC (Form(s) 1095-A, lines 21-32, column C)
12 January	724	672	91	581	581	617
13 February	724	672	91	581	581	617
14 March	724	672	91	581	581	617
15 April	724	672	91	581	581	617
16 May	0	0	91	0	0	0
17 June	0	0	91	0	0	0
18 July	0	0	91	0	0	0
19 August	0	0	91	0	0	0
20 September	0	0	91	0	0	0
21 October	0	0	91	0	0	0
22 November	0	0	91	0	0	0
23 December	0	0	91	0	0	0
24 Total premium tax credit. Enter the amount from line 11(e) or add lines 12(e) through 23(e) and enter the total here	24	2,324				
25 Advance payment of PTC. Enter the amount from line 11(f) or add lines 12(f) through 23(f) and enter the total here	25	2,468				
26 Net premium tax credit. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and on Form 1040, line 69; Form 1040A, line 45; or Form 1040NR, line 65. If you elected the alternative calculation for marriage, enter zero. If line 24 equals line 25, enter zero. Stop here. If line 25 is greater than line 24, leave this line blank and continue to line 27	26					

Part III: Repayment of Excess Advance Payment of the Premium Tax Credit

27 Excess advance payment of PTC. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here	27	144
28 Repayment limitation (see instructions)	28	600
29 Excess advance premium tax credit repayment. Enter the smaller of line 27 or line 28 here and on Form 1040, line 46; Form 1040A, line 29; or Form 1040NR, line 44	29	144

KIA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8962 (2015)

Part IV: Shared Policy Allocation

Complete the following information for up to four shared policy allocations. See instructions for allocation details.

Shared Policy Allocation 1

30 (a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpayer	(c) Allocation start month	(d) Allocation stop month
Allocation percentage applied to monthly amounts	(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PTC Percentage

Shared Policy Allocation 2

31 (a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpayer	(c) Allocation start month	(d) Allocation stop month
Allocation percentage applied to monthly amounts	(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PTC Percentage

Shared Policy Allocation 3

32 (a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpayer	(c) Allocation start month	(d) Allocation stop month
Allocation percentage applied to monthly amounts	(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PTC Percentage

Shared Policy Allocation 4

33 (a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpayer	(c) Allocation start month	(d) Allocation stop month
Allocation percentage applied to monthly amounts	(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PTC Percentage

34 Have you completed shared policy allocation information for all allocated Forms 1095-A?

☐ Yes. Multiply the amounts on Form 1095-A by the allocation percentages entered by policy. Add allocated amounts across all allocated policies with amounts for non-allocated policies from Forms 1095-A, if any, to compute a combined total for each month. Enter the combined total for each month on lines 12-23, columns (a), (b), and (f). Compute the amounts for lines 12-23, columns (c)-(e), and continue to line 24.

☐ No. See the instructions to report additional shared policy allocations.

Part V: Alternative Calculation for Year of Marriage

Complete line(s) 35 and/or 36 to elect the alternative calculation for year of marriage. For eligibility to make the election, see the instructions for line 9. To complete line(s) 35 and/or 36 and compute the amounts for lines 12-23, see the instructions for this Part V.

35 Alternative entries for your SSN	(a) Alternative family size	(b) Monthly contribution	(c) Alternative start month	(d) Alternative stop month
36 Alternative entries for your spouse's SSN	(a) Alternative family size	(b) Monthly contribution	(c) Alternative start month	(d) Alternative stop month

KIA

Form 8962 (2015)

1017



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
2015 INDIVIDUAL INCOME TAX RETURN

SC 1040
(Rev. 7/21/15)
3075

Your social security number	Check if deceased ☐
Spouse's social security number	Check if deceased ☐

DO NOT USE THIS FORM TO FILE A
CORRECTED RETURN. SEE SC1040
INSTRUCTIONS FOR ADDITIONAL
INFORMATION.

For the year January 1 - December 31, 2015, or fiscal tax year beginning		2015 and ending		2016	
Print your first name and initial GENNETTE		Last name SOWELL		Suff.	
Spouse's first name, if married filing jointly		Last name			
Check if new address ☐	Mailing address (number and street, Apt. no or P O Box) Foreign address, see instructions				County code 13
City	State	Zip	Area code	Daytime telephone	
Check if address is outside US ☐	Foreign country address including Postal code (see instructions)				
Check this box if you are filing SC Schedule NR (Part-year/Nonresident) ☐					
Check this box ONLY if filing a composite return on behalf of a partnership or "S" corporation. Do not check this box if you are an individual. ☐					
Check this box if you have filed a federal or state extension ☐					
Check this box if you served in a Military COMBAT ZONE during the filing period. ☐					
Enter the name of the combat zone:					
Check this box if this return is affected by a federally declared DISASTER AREA ☐					
Enter the name of the disaster area:					
CHECK YOUR FEDERAL FILING STATUS (1) ☐ Single (3) ☐ Married filing separately. Enter spouse's SSN here: _____ (2) ☐ Married filing jointly (4) ☒ Head-of-household (5) ☐ Widow(er) with dependent child					

Federal Exemptions

Enter the number of exemptions from your 2015 federal return. 2
 Enter the number of exemptions listed above that were under the age of 6 years on December 31, 2015 0
 Enter the number of taxpayers age 65 or older, as of December 31, 2015 1

Dependents:

First name	Last name	Social security number	Relationship	Date of birth (MM/DD/YYYY)
DEONTA	BOWEN		GRANDCHILD	

30751028

435
616



INCOME AND ADJUSTMENTS

2015

1 Enter federal taxable income from your federal form. If zero or less, enter zero here. Dollars 0 00
Nonresident filers complete Schedule NR and enter total from line 50 on line 5 below 1 0 00

ADDITIONS TO FEDERAL TAXABLE INCOME

a State tax addback, if itemizing on federal return (See instructions) a 00
b Out-of-state losses (See instructions) b 00
Check type of loss: ☐ Rental ☐ Business ☐ Other
c Expenses related to National Guard and Military Reserve income c 00
d Interest income on obligations of states and political subdivisions other than South Carolina d 0 00
e Other additions to income. Attach an explanation (See instructions) e 0 00
2 Add lines a through e and enter the total here. These are your total additions 2 0 00
3 Add lines 1 and 2 and enter the total here. 3 0 00

SUBTRACTIONS FROM FEDERAL TAXABLE INCOME

f State tax refund, if included on your federal return f 0 00 Dollars
g Total and permanent disability retirement income, if taxed on your federal return g 00
h Out-of-state income/gain - Do not include personal service income (See instructions) h 00
Check type of income/gain: ☐ Rental ☐ Business ☐ Other
i 44% of net capital gains held for more than one year (See instructions) i 00
j Volunteer deductions (See instructions) Check type of deduction: j 00
☐ Firefighter ☐ HazMat ☐ Rescue Squad
☐ DNR ☐ Reserve Police ☐ Other
k Contributions to the SC College Investment Program ("Future Scholar") or the SC Tuition Prepayment Program (See instructions) k 00
l Active Trade or Business Income deduction (See instructions) l 0 00
m Interest income from obligations of the US government m 0 00
n Certain nontaxable National Guard or Reserve Pay (See instructions) n 00
o Social security and/or railroad retirement, if taxed on your federal return o 0 00
p Caution: Retirement Deduction (See instructions)
p-1 Taxpayer: date of birth p-1 2,783 00
p-2 Spouse: date of birth p-2 00
p-3 Surviving spouse #1: date of birth of deceased spouse p-3 00
p-4 Surviving spouse #2: date of birth of deceased spouse p-4 00
q Age 65 and older deduction (See instructions)
q-1 Taxpayer: date of birth q-1 12,217 00
q-2 Spouse: date of birth q-2 00
r Negative amount of federal taxable income r 7,925 00
s Subsistence allowance 0 days @ \$8.00 s 0 00
t Dependents under the age of 6 years on December 31 of the tax year t 00
u Consumer Protection Services u 0 00
v Other subtractions (See instructions) v 0 00
4 Add lines f through v and enter here. These are your total subtractions 4 < 22,925 00 >
5 Residents subtract line 4 from line 3 and enter the difference. Nonresidents enter amount from Schedule NR, line 50. If less than zero, enter zero here. This is your South Carolina INCOME SUBJECT TO TAX 5 0 00
6 TAX: enter tax from SOUTH CAROLINA tax tables. 6 0 00
7 TAX on Lump Sum Distribution (Attach SC4972) 7 00
8 TAX on Active Trade or Business Income (Attach I-335) 8 0 00
9 TAX on excess withdrawals from Catastrophe Savings Accounts 9 0 00
10 Add lines 6 through 9 and enter the total here. This is your TOTAL SOUTH CAROLINA TAX 10 0 00
11 Child and Dependent Care (See instructions) 11 0 00
12 Two Wage Earner Credit (See instructions) 12 00
13 Other non-refundable credits. Attach SC1040TC and other state return(s) 13 0 00
14 TOTAL non-refundable credits. Add lines 11 through 13 and enter the total here. 14 0 00
15 SUBTRACT line 14 from line 10. Enter the difference BUT NOT LESS THAN ZERO here 15 0 00

30752026



2015

PAYMENTS AND REFUNDABLE CREDITS

16 SC INCOME TAX WITHHELD (Attach W-2 or SC41)	00	20 Other SC withholding (Attach Form 1099)	00
17 2015 estimated tax payments	00	21 Tuition tax credit (Attach I-319)	00
18 Amount paid with extension	00	22 Other refundable credit(s)	00
19 NR sale of real estate	00	☐ Anhydrous Ammonia (Attach I-333) ☐ Milk Credit (Attach I-334) ☐ Classroom Teacher Expenses (Attach I-360) ☐ Exceptional Needs Children Education (Attach I-361)	
23 Add lines 16 through 22 and enter the total here. These are your TOTAL PAYMENTS		23	00
24 If line 23 is LARGER than line 15, subtract line 15 from line 23 and enter the OVERPAYMENT		24	00
25 If line 15 is LARGER than line 23, subtract line 23 from line 15 and enter the AMOUNT DUE		25	00
26 USE TAX due on internet, mail-order or out-of-state purchases		26	00
Use tax is based on your county's sales tax rate. See instructions for more information. If you certify that no use tax is due, check here ☒ X			
27 Amount of line 24 to be credited to your 2016 Estimated Tax		27	00
28 Total Contributions for Check-offs (Attach I-330)		28	00
29 Add lines 26 through 28 and enter the total here		29	00
30 If line 29 is larger than line 24, go to line 31. Otherwise, subtract line 29 from line 24 and enter the AMOUNT TO BE REFUNDED TO YOU (line 30a check box entry is required) REFUND		30	00
REFUND OPTIONS (subject to program limitations)			
30a Mark one refund choice: ☐ Direct Deposit (30b required) ☐ Debit Card* ☐ Paper Check *SCDOR Income Tax Refund Prepaid Debit Card Issued by Bank Of America			
30b Direct Deposit (for US Accounts Only) Type: ☐ Checking ☐ Savings			
Routing Number (RTN) Must be 9 digits. The first two numbers of the RTN must be 01 through 12 or 21 through 32			
Bank Account Number (BAN) 1-17 digits			
31 Tax Due: Add lines 25 and 29. If line 29 is larger than line 24, subtract line 24 from line 29 and enter the amount		31	00
32 Late filing and/or late payment: Penalties Interest (See instructions) Enter total here		32	00
33 Penalty for Underpayment of Estimated Tax (Attach SC2210) (See instructions and enter letter in box if applicable) Exception to Underpayment of Estimated Tax ☐		33	00
34 Add lines 31 through 33 and enter the AMOUNT YOU OWE here. Attach Form SC-1040-V with payment. BALANCE DUE		34	00

Pay electronically free of charge at www.dor.sc.gov. Click on DORePay and pay with Visa, MasterCard or by Electronic Funds Withdrawal (EFW) or include SC1040-V with your check or money order for the full amount payable to "SC Department of Revenue". Write your social security number and "2015 SC1040" on the payment.

I declare that this return and all attachments are true, correct and complete to the best of my knowledge and belief.			
Your signature		Date	Spouse's signature (if married filing jointly, BOTH must sign)
Taxpayer's Email SHQUICK@SHTC.NET			
I authorize the Director of the SC Department of Revenue or delegate to discuss this return, attachments and related tax matters with the preparer.		Yes ☐ No ☐	Preparer's printed name
If prepared by a person other than the taxpayer, his declaration is based on all information of which he has any knowledge.			
Paid	Preparer signature	Date	Check if self-employed ☐ PTIN
Preparer's Use Only	Firm name (or yours if self-employed) and address and Zip Code	FEIN	
		Phone No	

MAIL TO:

REFUNDS OR ZERO TAX

SC1040 Processing Center, PO Box 101100, Columbia, SC 29211-0100

BALANCE DUE

Taxable Processing Center, PO Box 101105, Columbia, SC 29211-0105

30753024

437

618

Control		PAYER'S Federal Identification		☐ Corrected (if checked) ☐ Void (if checked) RECIPIENT'S identification number		Copy 1 For State, City, or Local Tax Department		OMB No. 1545-0119 2015 Form 1099-R	
PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code WELLS FARGO BANK, N.A. CROWN 1 CROWN WAY PENSION DEPT PHILADELPHIA, PA 19154 FOR QUESTIONS CALL 215-698-5352		11 1st year of distribution Contrib.		1 Gross distribution 2783.04		16 Amount allocable to IRA within 5 years		Distributions From Pensions, Annuities, Retirement or Profit- Sharing Plans, IRAs, Insurance Contracts, etc.	
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code GENNETTE SOWELL		12 State tax withheld		13 State distribution 2783.04		17 Local distribution		18 Local tax withheld	
				19 Total distribution ☐		20 Total employee contributions		21 Federal income tax withheld	
				22 Total distribution ☐		23 Total employee contributions		24 Distribution code (IRA/SEP/SIMPLE) 4	
				25 Your percentage of total distribution %		26 Total employee contributions		27 Local distribution	
				28 Name of locality		29 Local distribution		30 Local tax withheld	

Form 1099-R Department of the Treasury - Internal Revenue Service

Control		PAYER'S Federal Identification		☐ Corrected (if checked) ☐ Void (if checked) RECIPIENT'S identification number		Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return		OMB No. 1545-0119 2015 Form 1099-R	
PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code WELLS FARGO BANK, N.A. CROWN 1 CROWN WAY PENSION DEPT PHILADELPHIA, PA 19154 FOR QUESTIONS CALL 215-698-5352		This information is being furnished to the Internal Revenue Service		11 1st year of distribution Contrib.		1 Gross distribution 2783.04		16 Amount allocable to IRA within 5 years	
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code W9T9RRDHAZ 014863 GENNETTE SOWELL		12 State tax withheld		13 State distribution 2783.04		17 Local distribution		18 Local tax withheld	
				19 Total distribution ☐		20 Total employee contributions		21 Federal income tax withheld	
				22 Total distribution ☐		23 Total employee contributions		24 Distribution code (IRA/SEP/SIMPLE) 4	
				25 Your percentage of total distribution %		26 Total employee contributions		27 Local distribution	
				28 Name of locality		29 Local distribution		30 Local tax withheld	

Form 1099-R Department of the Treasury - Internal Revenue Service

Control		PAYER'S Federal Identification		☐ Corrected (if checked) ☐ Void (if checked) RECIPIENT'S identification number		Copy C For Recipient's Records		OMB No. 1545-0119 2015 Form 1099-R	
PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code WELLS FARGO BANK, N.A. CROWN 1 CROWN WAY PENSION DEPT PHILADELPHIA, PA 19154 FOR QUESTIONS CALL 215-698-5352		This information is being furnished to the Internal Revenue Service		11 1st year of distribution Contrib.		1 Gross distribution 2783.04		16 Amount allocable to IRA within 5 years	
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code GENNETTE SOWELL		12 State tax withheld		13 State distribution 2783.04		17 Local distribution		18 Local tax withheld	
				19 Total distribution ☐		20 Total employee contributions		21 Federal income tax withheld	
				22 Total distribution ☐		23 Total employee contributions		24 Distribution code (IRA/SEP/SIMPLE) 4	
				25 Your percentage of total distribution %		26 Total employee contributions		27 Local distribution	
				28 Name of locality		29 Local distribution		30 Local tax withheld	

Form 1099-R Department of the Treasury - Internal Revenue Service

Control		PAYER'S Federal Identification		☐ Corrected (if checked) ☐ Void (if checked) RECIPIENT'S identification number		Copy 2 File this copy with your state, city, or local income tax return, when required.		OMB No. 1545-0119 2015 Form 1099-R	
PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code WELLS FARGO BANK, N.A. CROWN 1 CROWN WAY PENSION DEPT PHILADELPHIA, PA 19154 FOR QUESTIONS CALL 215-698-5352		11 1st year of distribution Contrib.		1 Gross distribution 2783.04		16 Amount allocable to IRA within 5 years		Distributions From Pensions, Annuities, Retirement or Profit- Sharing Plans, IRAs, Insurance Contracts, etc.	
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code GENNETTE SOWELL		12 State tax withheld		13 State distribution 2783.04		17 Local distribution		18 Local tax withheld	
				19 Total distribution ☐		20 Total employee contributions		21 Federal income tax withheld	
				22 Total distribution ☐		23 Total employee contributions		24 Distribution code (IRA/SEP/SIMPLE) 4	
				25 Your percentage of total distribution %		26 Total employee contributions		27 Local distribution	
				28 Name of locality		29 Local distribution		30 Local tax withheld	

Form 1099-R Department of the Treasury - Internal Revenue Service

STATEMENT OR 1098-E STUDENT LOAN STATEMENT - READ CAREFULLY

FIRST-CITIZENS BANK & TRUST
COMPANY
P O BOX 27131
RALEIGH NC 27611-7131

E.I.N. 56-0223230

INQUIRIES 7AM-11PM DAILY
888-323-4732

GENNETTE M SOWELL

309

142544

FOR TAX YEAR

2015

TAXPAYER ID NUMBER

2015 - 1099-INT, INTEREST INCOME

ACCOUNT NUMBER

CLOSED CD INT

BOX 1

INTEREST INCOME

83.08

BOX 2

EARLY WITHDRAWAL PENALTY

8.30

TOTAL INTEREST

83.08

1099-INT 1099-DIV 1099-DIV

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

*Form 1099-DIV: Next to box 8 may not be the correct figure to report on your income tax return. See instructions on back.

1098-MORTGAGE

*Caution: The amount shown next to Box 1 may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.

The information next to boxes 1, 2, and 3 is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points or because you did not report this refund of interest on your return.

1098-E

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for student loan interest.

1099-INT, Interest Income, OMB No. 1545-0112

1099-DIV, Dividends and Distribution, OMB No. 1545-0110

1099-DIV, Original Issue Discount, OMB No. 1545-0117

1099-E, Student Loan Interest Statement, OMB No. 1545-0901

1098-E, Student Loan Interest Statement, OMB No. 1545-1578

PLEASE SEE REVERSE SIDE FOR INSTRUCTIONS

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439

620

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code and telephone number FOUNDERS FEDERAL CREDIT UNION 737 PLANTATION ROAD LANCASTER, SC 29720-5808 (803) 289-5040		Payer's RTN (optional)	OMB No. 1545-0112 2015 Form 1099-INT		Interest Income
PAYER'S Federal identification number	RECIPIENT'S identification number	1 Interest income \$11.81		Copy B For Recipient This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.	
RECIPIENT'S name, address (including apt. no. if city, state and ZIP code) GENNETTE M SOWELL 		2 Early withdrawal penalty \$0.00	3 Interest on U.S. Savings Bonds and Treas. obligations \$0.00		
		4 Federal income tax withheld \$0.00	5 Investment expenses \$0.00		
		6 Foreign tax paid \$0.00	7 Foreign country or U.S. possession		
		8 Tax-exempt interest \$0.00	9 Specified private activity bond interest \$0.00		
Account number (see instructions)	FATCA filing requirement ☐	10 Market discount \$0.00	11 Bond premium \$0.00		
12	13 Bond premium on tax-exempt bond \$0.00	14 Tax-exempt bond CUSIP no. (see instructions)	15 SL SC	16 SL identification no. 45	17 State tax withheld \$0.00

Form 1099-INT

Substitute Form

(Keep for your records.)

Department of the Treasury - Internal Revenue Service
www.irs.gov/form1099int

Instructions for Recipient

The information provided may be different for covered and noncovered securities. For a description of covered securities, see the Instructions for Form 8849. For a taxable covered security acquired at a premium, unless you notified the payer in writing in accordance with Regulations section 1.6045-1(a)(5) that you did not want to amortize the premium under section 171, or for a tax-exempt covered security acquired at a premium, your payer may report either (1) a net amount of interest that reflects the offset of the amount of interest paid to you by the amount of premium amortization allocable to the payment(s), or (2) a gross amount for both the interest paid to you and the premium amortization allocable to the payment(s). If you did notify your payer that you did not want to amortize the premium on a taxable covered security, then your payer will only report the gross amount of interest paid to you. For a noncovered security acquired at a premium, your payer is only required to report the gross amount of interest paid to you.

Recipient's identification number. For your protection, this form may show only the last four digits of your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN). However, the issuer has reported your complete identification number to the IRS.

FATCA filing requirement. If the FATCA filing requirement box is checked, the payer is reporting on this Form 1099 to satisfy its chapter 4 account reporting requirement. You also may have a filing requirement. See the Instructions to Form 9938.

Account number. May show an account or other unique number the payer assigned to distinguish your account.

Box 1. Shows taxable interest paid to you during the calendar year by the payer. This does not include interest shown in box 3. May also show the total amount of the credits from clean renewable energy bonds, new clean renewable energy bonds, qualified energy conservation bonds, qualified zone academy bonds, qualified school construction bonds, and build America bonds that must be included in your interest income. These amounts were treated as paid to you during 2015 on the credit allowance dates (March 15, June 15, September 15, and December 15). For more information, see Form 8912, Credit to Holders of Tax Credit Bonds. See the instructions above for a taxable covered security acquired at a premium.

Box 2. Shows interest or principal forfeited because of early withdrawal of time savings. You may deduct this amount to figure your adjusted gross income on your income tax return. See the instructions for Form 1040 to see where to take the deduction.

Box 3. Shows interest on U.S. Savings Bonds, Treasury bills, Treasury bonds, and Treasury notes. This may or may not all be taxable. See Pub. 550. This interest is exempt from state and local income taxes. This interest is not included in box 1. See the instructions above for a taxable covered security acquired at a premium.

Box 4. Shows backup withholding. Generally, a payer must backup withhold if you did not furnish your taxpayer identification number (TIN) or you did not furnish the correct TIN to the payer. See Form W-9. Include this amount on your income tax return as tax withheld.

Box 5. Any amount shown is your share of investment expenses of a single-class REMIC. If you file Form 1040, you may deduct these expenses on the "Other expenses" line of Schedule A (Form 1040) subject to the 2% limit. This amount is included in box 1.

Box 6. Shows foreign tax paid. You may be able to claim this tax as a deduction or a credit on your Form 1040. See your Form 1040 instructions.

Box 7. Shows the country or U.S. possession to which the foreign tax was paid.

Box 8. Shows tax-exempt interest paid to you during the calendar year by the payer. Report it as amount on line 8b of Form 1040 or Form 1040A. This amount may be subject to backup withholding. See box 4. See the instructions above for a tax-exempt covered security acquired at a premium.

Box 9. Shows tax-exempt interest subject to the alternative minimum tax. This amount is included in box 8. See the Instructions for Form 8251. See the instructions above for a tax-exempt covered security acquired at a premium.

Box 10. For a taxable or tax-exempt covered security, if you made an election under section 1278(b) to include market discount in income as it accrues and you notified your payer of the election, shows the market discount that accrued on the debt instrument during the year while held by you. Report this amount on your income tax return as directed in the instructions for Form 1040 or 1040A. Market discount on a tax-exempt security is includible in taxable income as interest income.

Box 11. For a taxable covered security, shows the amount of premium amortization allocable to the interest payment(s), unless you notified the payer in writing in accordance with Regulations section 1.6045-1(n)(5) that you did not want to amortize bond premium under section 171. If an amount is reported in this box, see the instructions for Form 1040 (Schedule B). If an amount is not reported in this box for a taxable covered security acquired at a premium, the payer has reported a net amount of interest in box 1 or 3, whichever is applicable. If the amount in this box is greater than the amount of interest paid on the covered security, see Regulations section 1.171-2(a)(4).

Box 13. For a tax-exempt covered security, shows the amount of premium amortization allocable to the interest payment(s). If an amount is not reported in this box for a tax-exempt covered security acquired at a premium, the payer has reported a net amount of interest in box 8 or 9, whichever is applicable. If the amount in this box is greater than the amount of interest paid on the tax-exempt covered security, the excess is a nondeductible loss. See Regulations section 1.171-2(a)(4)(ii).

Box 14. Shows CUSIP number(s) for tax-exempt bond(s) on which tax-exempt interest was paid or tax credit bond(s) on which taxable interest was paid or tax credit was allowed, to you during the calendar year. If blank, no CUSIP number was issued for the bond(s).

Boxes 15-17. State tax withholding reporting boxes.

Nominees. If this form includes amounts belonging to another person(s), you are considered a nominee recipient. Complete a Form 1099-INT for each of the other owners showing the income allocable to each. File Copy A of the form with the IRS. Furnish Copy B to each owner. List yourself as the "payer" and the other owner(s) as the "recipient." File Form(s) 1099-INT with Form 1099 with the Internal Revenue Service Center for your area. On Form 1099 list yourself as the "filer." A spouse is not required to file a nominee return to show amounts owned by the other spouse.

Futures developments. For the latest information about developments related to Form 1099-INT and its instructions, such as legislation enacted after they were published, go to www.irs.gov/form1099int.

☐ CORRECTED (IF CHECKED)

ER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code
STATE STREET RETIREE SERVICES FOR
ISPBGC - PILLOWTEX CORPORATION RETIREMENT PLAN FOR
-800-400-7242
P O BOX 151750
ALEXANDRIA, VA 22315-1750

ER'S federal identification number

RECIPIENT'S identification number

PIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code

ENNETTE M SOWELL

Amount allocable to IRA within 5 years

11 1st year of desig. Roth contrib.

ount number (see instructions)

rm 1099-R

1 Gross distribution

\$ 951.96

2a Taxable amount

\$

2b Taxable amount not determined ☒

OMB No. 1545-0119

2015

FORM 1099-R

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

Copy B
Report this income on your federal tax return. If this form shows federal income tax withheld in Box 4, attach this copy to your return.

This information is being furnished to the Internal Revenue Service.

3 Capital gains (included in box 2a)

\$

5 Employee contributions/Designated Roth contributions or insurance premiums

\$

7 Distribution code(s)

7

9a Your percentage of total distribution

%

12 State tax withheld

\$ 0.00

15 Local tax withheld

\$

4 Federal income tax withheld

\$ 0.00

6 Net unrealized appreciation in employer's securities

\$

8 Other

\$

9b Total employee contributions

\$

13 State/Payer's state no.

SC/

16 Name of locality

\$

Total distribution

\$

14 State distribution

\$

17 Local distribution

\$

☐ CORRECTED (IF CHECKED)

ER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code
STATE STREET RETIREE SERVICES FOR
ISPBGC - PILLOWTEX CORPORATION RETIREMENT PLAN FOR
-800-400-7242
P O BOX 151750
ALEXANDRIA, VA 22315-1750

ER'S federal identification number

RECIPIENT'S identification number

PIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code

ENNETTE M SOWELL

Amount allocable to IRA within 5 years

11 1st year of desig. Roth contrib.

ount number (see instructions)

rm 1099-R (keep for your records)

1 Gross distribution

\$ 951.96

2a Taxable amount

\$

2b Taxable amount not determined ☒

OMB No. 1545-0119

2015

FORM 1099-R

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

Copy C
For Recipient's Records

This information is being furnished to the Internal Revenue Service.

3 Capital gains (included in box 2a)

\$

5 Employee contributions/Designated Roth contributions or insurance premiums

\$

7 Distribution code(s)

7

9a Your percentage of total distribution

%

12 State tax withheld

\$ 0.00

15 Local tax withheld

\$

4 Federal income tax withheld

\$ 0.00

6 Net unrealized appreciation in employer's securities

\$

8 Other

\$

9b Total employee contributions

\$

13 State/Payer's state no.

SC/

16 Name of locality

\$

Total distribution

\$

14 State distribution

\$

17 Local distribution

\$

☐ CORRECTED (IF CHECKED)

YER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code
STATE STREET RETIREE SERVICES FOR
USPBGC - PILLOWTEX CORPORATION RETIREMENT PLAN FOR
1-800-400-7242
P O BOX 151750
ALEXANDRIA, VA 22315-1750

YER'S federal identification number

RECIPIENT'S identification number

PIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code

ENNETTE M SOWELL

Amount allocable to IRA within 5 years

11 1st year of desig. Roth contrib.

ount number (see instructions)

rm 1099-R

1 Gross distribution

\$ 951.96

2a Taxable amount

\$

2b Taxable amount not determined ☒

OMB No. 1545-0119

2015

FORM 1099-R

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

Copy 2
File this copy with your state, city, or local income tax return, when required.

3 Capital gains (included in box 2a)

\$

5 Employee contributions/Designated Roth contributions or insurance premiums

\$

7 Distribution code(s)

7

9a Your percentage of total distribution

%

12 State tax withheld

\$ 0.00

15 Local tax withheld

\$

4 Federal income tax withheld

\$ 0.00

6 Net unrealized appreciation in employer's securities

\$

8 Other

\$

9b Total employee contributions

\$

13 State/Payer's state no.

SC/

16 Name of locality

\$

Total distribution

\$

14 State distribution

\$

17 Local distribution

\$

www.irs.gov/form1099r

Department of the Treasury-Internal Revenue Service

441

622

☐ CORRECTED (if checked)

PAYER's name, street address, city or town, state or province, country, and ZIP or foreign postal code Piggly Wiggly Carolina Co. Employee Stock Ownership Plan 884 Johnnie Dodds Blvd. Ste 201 Mt. Pleasant, SC 29464		1 Gross distribution		OMB No. 1545-0119		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return. This information is being furnished to the Internal Revenue Service.
		2a Taxable amount \$ 424.62		2015 Form 1099-R		
PAYER'S federal identification number _____		2b Taxable amount not determined ☐		Total distribution ☐		11 1st year of design Roth contrib.
RECIPIENT'S identification number _____		3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$ 84.92		
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code GENNETTE M SOWELL		5 Employee contribs./Design, Roth contribs. or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$		12 State tax withheld \$
		7 Distribution code(s) 2		8 Other \$		
Account number (see instructions) _____		9a Your percentage of total dist. % \$		9b Total employee contributions \$		10 Amount allocable to RRR within 5 years \$
		13 State/Payer's state number _____		14 State distribution \$		17 Local distribution \$
		15 Local tax withheld \$		16 Name of locality _____		

Form 1099-R www.irs.gov/form1099r Department of the Treasury - Internal Revenue Service

16078703 Payee-2764

☐ CORRECTED (if checked)

PAYER's name, street address, city or town, state or province, country, and ZIP or foreign postal code Piggly Wiggly Carolina Co. Employee Stock Ownership Plan 884 Johnnie Dodds Blvd. Ste 201 Mt. Pleasant, SC 29464		1 Gross distribution		OMB No. 1545-0119		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy C For Recipient's Records
		2a Taxable amount \$ 424.62		2015 Form 1099-R		
PAYER'S federal identification number _____		2b Taxable amount not determined ☐		Total distribution ☐		This information is being furnished to the Internal Revenue Service.
RECIPIENT'S identification number _____		3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$ 84.92		
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code GENNETTE M SOWELL		5 Employee contribs./Design, Roth contribs. or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$		11 1st year of design Roth contrib.
		7 Distribution code(s) 2		8 Other \$		
Account number (see instructions) _____		9a Your percentage of total dist. % \$		9b Total employee contributions \$		10 Amount allocable to RRR within 5 years \$
		13 State/Payer's state number _____		14 State distribution \$		17 Local distribution \$
		15 Local tax withheld \$		16 Name of locality _____		

Form 1099-R (keep for your records) www.irs.gov/form1099r Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER's name, street address, city or town, state or province, country, and ZIP or foreign postal code Piggly Wiggly Carolina Co. Employee Stock Ownership Plan 884 Johnnie Dodds Blvd. Ste 201 Mt. Pleasant, SC 29464		1 Gross distribution		OMB No. 1545-0119		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy 2 File this copy with your state, city, or local income tax return, when required.
		2a Taxable amount \$ 424.62		2015 Form 1099-R		
PAYER'S federal identification number _____		2b Taxable amount not determined ☐		Total distribution ☐		11 1st year of design Roth contrib.
RECIPIENT'S identification number _____		3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$ 84.92		
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code GENNETTE M SOWELL		5 Employee contribs./Design, Roth contribs. or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$		12 State tax withheld \$
		7 Distribution code(s) 2		8 Other \$		
Account number (see instructions) _____		9a Your percentage of total dist. % \$		9b Total employee contributions \$		10 Amount allocable to RRR within 5 years \$
		13 State/Payer's state number _____		14 State distribution \$		17 Local distribution \$
		15 Local tax withheld \$		16 Name of locality _____		

Form 1099-R www.irs.gov/form1099r Department of the Treasury - Internal Revenue Service

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

2015

• PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
• SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name GENNETTE M SOWELL		Box 2. Beneficiary's Social Security Number
Box 3. Benefits Paid in 2015 \$19,968.00	Box 4. Benefits Repaid to SSA in 2015 \$5,882.00	Box 5. Net Benefits for 2015 (Box 3 minus Box 4) \$14,086.00
DESCRIPTION OF AMOUNT IN BOX 3 Paid by check or direct deposit \$12,371.00 Medicare Part B premiums deducted from your benefits \$1,049.00 Medicare Advantage premiums (Part C) deducted from your benefits \$323.10 Medicare Prescription Drug Premiums (Part D) deducted from your benefits \$312.90 Deductions for work or other adjustments \$5,882.00 Total Additions \$19,968.00 Benefits for 2015 \$19,968.00		DESCRIPTION OF AMOUNT IN BOX 4 Deductions for work or other adjustments \$5,882.00 Benefits repaid to SSA in 2015 \$5,882.00
		Box 6. Voluntary Federal Income Tax Withheld NONE
		Box 7. Address GENNETTE M SOWELL
		Box 8. Claim Number (Use this number if you need to contact SSA)

Form SSA-1099-SM (1-2015)

DO NOT RETURN THIS FORM TO SSA OR IRS

☐ CORRECTED (if checked)		OMB No. 1545-0119 2015 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code LINCOLN NATIONAL LIFE INS CO PO BOX 1110 FORT WAYNE, IN 46801		1 Gross distribution \$33,272.33		Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return. This information is being furnished to the Internal Revenue Service.
2a Taxable amount \$0.00		2b Taxable amount not determined ☐ Total distribution ☒		
3 Capital gain (included in box 2a)		4 Federal income tax withheld		14 State distribution
5 Employee contributions/Designated Roth contributions or insurance premiums \$28,000.00		6 Net unrealized appreciation in employer's securities		
7 Distribution code(s) 6 ☐ IRA / SEP / SIMPLE ☐		8 Other ☐ %		15 Local tax withheld
9a Your percentage of total distribution %		9b Total employee contributions		
12 State tax withheld		13 State/Payer's state no		17 Local distribution
10 Amount allocable to IRA within 5 years		16 Name of locality		
11 1st year of design. Roth contrib		15 Local tax withheld		17 Local distribution

Form 1099-R

www.irs.gov/form1099r

Department of the Treasury-Internal Revenue Service

☐ CORRECTED (if checked)		OMB No. 1545-0119 2015 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code LINCOLN NATIONAL LIFE INS CO PO BOX 1110 FORT WAYNE, IN 46801		1 Gross distribution \$33,272.33		Copy C For Recipient's Records This information is being furnished to the Internal Revenue Service.
2a Taxable amount \$0.00		2b Taxable amount not determined ☐ Total distribution ☒		
3 Capital gain (included in box 2a)		4 Federal income tax withheld		14 State distribution
5 Employee contributions/Designated Roth contributions or insurance premiums \$28,000.00		6 Net unrealized appreciation in employer's securities		
7 Distribution code(s) 6 ☐ IRA / SEP / SIMPLE ☐		8 Other ☐ %		15 Local tax withheld
9a Your percentage of total distribution %		9b Total employee contributions		
12 State tax withheld		13 State/Payer's state no		17 Local distribution
10 Amount allocable to IRA within 5 years		16 Name of locality		
11 1st year of design. Roth contrib		15 Local tax withheld		17 Local distribution

Form 1099-R

www.irs.gov/form1099r

Department of the Treasury-Internal Revenue Service

☐ CORRECTED (if checked)		OMB No. 1545-0119 2015 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code LINCOLN NATIONAL LIFE INS CO PO BOX 1110 FORT WAYNE, IN 46801		1 Gross distribution \$33,272.33		Copy 2 File this copy with your state, city, or local income tax return, when required.
2a Taxable amount \$0.00		2b Taxable amount not determined ☐ Total distribution ☒		
3 Capital gain (included in box 2a)		4 Federal income tax withheld		14 State distribution
5 Employee contributions/Designated Roth contributions or insurance premiums \$28,000.00		6 Net unrealized appreciation in employer's securities		
7 Distribution code(s) 6 ☐ IRA / SEP / SIMPLE ☐		8 Other ☐ %		15 Local tax withheld
9a Your percentage of total distribution %		9b Total employee contributions		
12 State tax withheld		13 State/Payer's state no		17 Local distribution
10 Amount allocable to IRA within 5 years		16 Name of locality		
11 1st year of design. Roth contrib		15 Local tax withheld		17 Local distribution

Form 1099-R

www.irs.gov/form1099r

Department of the Treasury-Internal Revenue Service

Page 1 of 2

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☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. ST. JAMES AME ZION CHURCH P.O. BOX 344 CHSTERFIELD SC 29709 (803) 285-7720 Rev., Vera M. Witherspoon		1 Rents \$ 2 Royalties \$ 3 Other income \$ 4 Federal income tax withheld \$ 5 Fishing boat proceeds \$ 6 Med & health care payments \$ 7 Nonemployee compensation \$ 954.30 8 Substitute payments in lieu of dividends or interest \$ 9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale ☐ 10 Crop insurance proceeds \$ 11 12 13 Excess golden parachute payments \$ 14 Gross proceeds paid to an attorney \$ 15 a Section 409A deferrals \$ 15 b Section 409A income \$ 16 State tax withheld \$ 17 State/payer's state no. 18 State income \$		OMB No 1545-0115 2015 Form 1099-MISC FD-50302 03/09/15 Miscellaneous Income Copy B For Recipient
PAYER'S federal identification number RECIPIENT'S identification number RECIPIENT'S name GENNETTE SOWELL Street address (including apartment number) City or town, state or province, country, and ZIP or foreign postal code		This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.		

BAA Form 1099-MISC (Keep for your records.) www.irs.gov/form1099misc Department of the Treasury — Internal Revenue Service

Instructions for Recipient

Recipient's identification number. For your protection, this form may show only the last four digits of your social security number (SSN), individual taxpayer identification number (ITIN), or adoption taxpayer identification number (ATIN) or employer identification number (EIN). However, the issuer has reported your complete identification number to the IRS.

Account number. May show an account or other unique number the payer assigned to distinguish your account.

FATCA filing requirement. If the FATCA filing requirement box is checked, the payer is reporting on this Form 1099 to satisfy its chapter 4 account reporting requirement. You also may have a filing requirement. See the instructions to Form 9938.

Amounts shown may be subject to self-employment (SE) tax. If your net income from self-employment is \$400 or more, you must file a return and compute your SE tax on Schedule SE (Form 1040). See Pub. 334 for more information. If no income or social security and Medicare taxes were withheld and you are still receiving these payments, see Form 1040-ES. Individuals must report these amounts as explained in the box 7 instructions on this page. Corporations, fiduciaries, or partnerships must report the amounts on the proper line of their tax returns.

Form 1099-MISC incorrect? If this form is incorrect or has been issued in error, contact the payer. If you cannot get this form corrected, attach an explanation to your tax return and report your income correctly.

Box 1. Report rents from real estate on Schedule E (Form 1040). However, report rents on Schedule C (Form 1040) if you provided significant services to the tenant, sold real estate as a business, or rented personal property as a business.

Box 2. Report royalties from oil, gas, or mineral properties, copyrights, and patents on Schedule E (Form 1040). However, report payments for a working interest as explained in the box 7 instructions. For royalties on timber, coal, and iron ore, see Pub. 544.

Box 3. Generally, report this amount on the "Other income" line of Form 1040 (or Form 1040NR) and identify the payment. The amount shown may be payments received as the beneficiary of a deceased employee, prizes, awards, taxable damages, Indian gaming profits, or other taxable income. See Pub. 525. If it is trade or business income, report this amount on Schedule C or F (Form 1040).

Box 4. Shows backup withholding or withholding on Indian gaming profits. Generally, a payer must backup withhold if you did not furnish your taxpayer identification number. See Form W-9 and Pub. 505 for more information. Report this amount on your income tax return as tax withheld.

Box 5. An amount in this box means the fishing boat operator considers you self-employed. Report this amount on Schedule C (Form 1040). See Pub. 334.

Box 6. For individuals, report on Schedule C (Form 1040).

Box 7. Shows nonemployee compensation. If you are in the trade or business of catching fish, box 7 may show cash you received for the sale of the fish. If the amount in this box is SE income, report it on Schedule C or F (Form 1040), and complete Schedule SE (Form 1040). You received this form instead of Form W-2 because the payer did not consider you an employee and did not withhold income tax or social security and Medicare tax. If you believe you are an employee and cannot get the payer to correct this form, report the amount from box 7 on Form 1040, line 7 (or Form 1040NR, line 8). You must also complete Form 8919 and attach it to your return. If you are not an employee but the amount in this box is not SE income (for example, it is income from a sporadic activity or a hobby), report it on Form 1040, line 21 (or Form 1040NR, line 21).

Box 8. Shows substitute payments in lieu of dividends or tax-exempt interest received by your broker on your behalf as a result of a loan of your securities. Report on the "Other income" line of Form 1040 (or Form 1040NR).

Box 9. If checked, \$5,000 or more of sales of consumer products was paid to you on a buy-sell, deposit-commission, or other basis. A dollar amount does not have to be shown. Generally, report any income from your sale of these products on Schedule C (Form 1040).

Box 10. Report this amount on Schedule F (Form 1040).

Box 13. Shows your total compensation of excess golden parachute payments subject to a 20% excise tax. See the Form 1040 (or Form 1040NR) instructions for where to report.

Box 14. Shows gross proceeds paid to an attorney in connection with legal services. Report only the taxable part as income on your return.

Box 15a. May show current year deferrals as a nonemployee under a nonqualified deferred compensation (NQDC) plan that is subject to the requirements of section 409A, plus any earnings on current and prior year deferrals.

Box 15b. Shows income as a nonemployee under an NQDC plan that does not meet the requirements of section 409A. This amount is also included in box 7 as nonemployee compensation. Any amount included in box 15a that is currently taxable is also included in this box. This income is also subject to a substantial additional tax to be reported on Form 1040 (or Form 1040NR). See "Total Tax" in the Form 1040 (or Form 1040NR) instructions.

Boxes 16-18. Shows state or local income tax withheld from the payments.

Future developments. For the latest information about developments related to Form 1099-MISC and its instructions, such as legislation enacted after they were published, go to www.irs.gov/form1099misc.

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign post office box no. TOWN OF CHERAW P.O. BOX 219 200 MARKET ST. CHERAW, SC 29520-0219		1 Rents \$	OMB No. 1545-0115 2015 Form 1099-MISC	Miscellaneous Income	
		2 Royalties \$	3 Other income \$		4 Federal income tax withheld \$
PAYER'S federal identification number RECIPIENT'S identification number		5 Fishing boat proceeds \$	6 Medical and health care payments \$		Copy B For Recipient This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
RECIPIENT'S name, street address, city or town, state or province, country, ZIP or foreign post office code SOWELL, GENNETTE		7 Nonemployee compensation 2585.00 \$	8 Substitute payments in lieu of dividends or interest \$		
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient for resale) ☐	10 Crop insurance proceeds \$		
		11	12		
Account number (see instructions)	FATCA filing requirement ☐	13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$		
15a Section 409A deferrals \$	15b Section 409A income \$	16 State tax withheld \$	17 State/Payer's state no. \$	18 State income \$	

Form 1099-MISC LMB (keep for your records) 5111 www.irs.gov/form1099misc Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. WORD OF LIFE MINISTRIES, INC. PO BOX 400 481 TEC RD. CHERAW, SC 29520 843-537-4522		1 Rents \$		OMB No. 1545-0115 2015 Form 1099-MISC		Miscellaneous Income		
		2 Royalties \$						
		3 Other income \$		4 Federal income tax withheld \$				
PAYER'S federal identification number		RECIPIENT'S identification number		5 Fishing boat proceeds \$		6 Medical and health care payments \$		Copy B For Recipient
RECIPIENT'S name, address, ZIP/postal code & country Gennette M Sowell		7 Nonemployee compensation \$ 1290.00		8 Substitute payments in lieu of dividends or interest \$		This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.		
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale ☐		10 Crop insurance proceeds \$				
		11		12				
Account number (see instructions)		FATCA filing requirement ☐		13 Excess golden parachute payments \$		14 Gross proceeds paid to an attorney \$		
15a Section 409A deferrals \$		15b Section 409A income \$		16 State tax withheld \$		17 State/Payer's state no		18 State income \$

Form 1099-MISC (keep for your records)

Department of the Treasury - Internal Revenue Service 38-2099803

BMISREC NTF 2578266

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Valley of the Moon Commercial Poults 210 Lesiure Drive Osceola, IA 50213 (641) 342-1717		1 Rents \$	2 Royalties \$	3 Other income \$	4 Federal income tax withheld \$	Miscellaneous Income Copy B For Recipient
PAYER'S federal identification number ---	RECIPIENT'S identification number ---	5 Fishing boat proceeds \$	6 Medical and health care payments \$	7 Nonemployee compensation \$ 1680.00		
RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code Gennette Sowell		8 Substanc payments in lieu of dividends or interest \$		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale ☐ \$		This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
Account number (see instructions) ---		FATCA filing requirement ☐		10 Crop insurance proceeds \$	11	
12		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	15a Section 409A deferrals \$	15b Section 409A income \$	
16 State tax withheld \$		17 State/Payer's state no. ---		18 State income \$		

Form 1099-MISC LMB (Keep for your records) 5111 www.irs.gov/form1099misc Department of the Treasury - Internal Revenue Service

☐ CORRECTED (If checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. CHERAW BRANCH NAACP P.O. BOX 1146 CHERAW SC 29520 (864) 621-1875 STEEVENSON PIERRE PAYER'S federal identification number RECIPIENT'S identification number		OMB No. 1545-0115 2015 Form 1099-MISC FDEAD002 03/09/15		Miscellaneous Income Copy B For Recipient	
RECIPIENT'S name GENNETTE SOWELL Street address (including apartment number) City or town, state or province, country, and ZIP or foreign postal code Account number (see instructions) FATCA filing req. ☐		1 Rents \$ 2 Royalties \$ 3 Other income \$ 4 Federal income tax withheld \$ 5 Fishing boat proceeds \$ 6 Med & health care payments \$ 7 Nonemployee compensation \$ 2025.00 8 Substitute payments in lieu of dividends or interest \$ 9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale ☐ 10 Crop insurance proceeds \$ 11 \$ 12 \$ 13 Excess golden parachute payments \$ 14 Gross proceeds paid to an attorney \$ 15a Section 409A deferrals \$ 15b Section 409A income \$ 16 State tax withheld \$ 17 State/Payer's state no. \$ 18 State income \$		This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.	

BAA Form 1099-MISC (Keep for your records.) www.irs.gov/form1099misc Department of the Treasury — Internal Revenue Service

Instructions for Recipient

Recipient's identification number. For your protection, this form may show only the last four digits of your social security number (SSN), individual taxpayer identification number (ITIN), or adoption taxpayer identification number (ATIN) or employer identification number (EIN). However, the issuer has reported your complete identification number to the IRS.

Account number. May show an account or other unique number the payer assigned to distinguish your account.

FATCA filing requirement. If the FATCA filing requirement box is checked, the payer is reporting on this Form 1099 to satisfy its chapter 4 account reporting requirement. You also may have a filing requirement. See the instructions to Form 9938.

Amounts shown may be subject to self-employment (SE) tax. If your net income from self-employment is \$400 or more, you must file a return and compute your SE tax on Schedule SE (Form 1040). See Pub. 334 for more information. If no income or social security and Medicare taxes were withheld and you are still receiving these payments, see Form 1040-ES. Individuals must report these amounts as explained in the box 7 instructions on this page. Corporations, fiduciaries, or partnerships must report the amounts on the proper line of their tax returns.

Form 1099-MISC incorrect? If this form is incorrect or has been issued in error, contact the payer. If you cannot get this form corrected, attach an explanation to your tax return and report your income correctly.

Box 1. Report rents from real estate on Schedule E (Form 1040). However, report rents on Schedule C (Form 1040) if you provided significant services to the tenant, sold real estate as a business, or rented personal property as a business.

Box 2. Report royalties from oil, gas, or mineral properties, copyrights, and patents on Schedule E (Form 1040). However, report payments for a working interest as explained in the box 7 instructions. For royalties on timber, coal, and iron ore, see Pub. 544.

Box 3. Generally, report this amount on the "Other Income" line of Form 1040 (or Form 1040NR) and identify the payment. The amount shown may be payments received as the beneficiary of a deceased employee, prizes, awards, taxable damages, Indian gaming profits, or other taxable income. See Pub. 525. If it is trade or business income, report this amount on Schedule C or F (Form 1040).

Box 4. Shows backup withholding or withholding on Indian gaming profits. Generally, a payer must backup withhold if you did not furnish your taxpayer identification number. See Form W-9 and Pub. 505 for more information. Report this amount on your income tax return as tax withheld.

Box 5. An amount in this box means the fishing boat operator considers you self-employed. Report this amount on Schedule C (Form 1040). See Pub. 334.

Box 6. For individuals, report on Schedule C (Form 1040).

Box 7. Shows nonemployee compensation. If you are in the trade or business of catching fish, box 7 may show cash you received for the sale of the fish. If the amount in this box is SE income, report it on Schedule C or F (Form 1040), and complete Schedule SE (Form 1040). You received this form instead of Form W-2 because the payer did not consider you an employee and did not withhold income tax or social security and Medicare tax. If you believe you are an employee and cannot get the payer to correct this form, report the amount from box 7 on Form 1040, line 7 (or Form 1040NR, line 8). You must also complete Form 8919 and attach it to your return. If you are not an employee but the amount in this box is not SE income (for example, it is income from a sporadic activity or a hobby), report it on Form 1040, line 21 (or Form 1040NR, line 21).

Box 8. Shows substitute payments in lieu of dividends or tax-exempt interest received by your broker on your behalf as a result of a loan of your securities. Report on the "Other Income" line of Form 1040 (or Form 1040NR).

Box 9. If checked, \$5,000 or more of sales of consumer products was paid to you on a buy-sell, deposit-commission, or other basis. A dollar amount does not have to be shown. Generally, report any income from your sale of these products on Schedule C (Form 1040).

Box 10. Report this amount on Schedule F (Form 1040).

Box 13. Shows your total compensation of excess golden parachute payments subject to a 20% excise tax. See the Form 1040 (or Form 1040NR) instructions for where to report.

Box 14. Shows gross proceeds paid to an attorney in connection with legal services. Report only the taxable part as income on your return.

Box 15a. May show current year deferrals as a nonemployee under a nonqualified deferred compensation (NQDC) plan that is subject to the requirements of section 409A, plus any earnings on current and prior year deferrals.

Box 15b. Shows income as a nonemployee under an NQDC plan that does not meet the requirements of section 409A. This amount is also included in box 7 as nonemployee compensation. Any amount included in box 15a that is currently taxable is also included in this box. This income is also subject to a substantial additional tax to be reported on Form 1040 (or Form 1040NR). See "Total Tax" in the Form 1040 (or Form 1040NR) instructions.

Boxes 16-18. Shows state or local income tax withheld from the payments.

Future developments. For the latest information about developments related to Form 1099-MISC and its instructions, such as legislation enacted after they were published, go to www.irs.gov/form1099misc

**Allianz Life Insurance Company
of North America**

PO Box 59060
Minneapolis, MN 55459-0060
800.950.1962
www.allianzlife.com



**2015 Annual Summary of
Tax Information IRA Contribution**

Important Tax Information

#BWBBFY



GENNETTE SOWELL

Contract number

Taxpayer ID

Allianz Federal ID

Plan type
Roth IRA



Thank you for choosing Allianz as part of your financial planning strategy. We are pleased to provide you with this Annual Summary of Tax Information on your Allianz Life Annuity.

- This is your Form 5498 for tax year 2015 and contains values as of December 31, 2015.
- You will receive a revised Form 5498 in May only if you have additional tax year 2015 transactions.
- The back of this Summary contains detailed information explaining the Form 5498.
- Please consult your tax advisor with questions relating to specific tax issues.

We appreciate your business.

2015 Form 5498 - IRA Contribution Information		OMB No. 1545-0747	
This information is being furnished to the Internal Revenue Service.			
IRS box		IRS box	
1	IRA Contributions	\$0.00	11 If Checked, Required Minimum Distribution for 2016 ☐
2	Rollover Contributions	\$0.00	
3	Roth IRA Conversion Amount	\$0.00	12a RMD Date
4	Recharacterization	\$0.00	12b RMD Amount
5	Fair Market Value as of 12/31/2015	\$22,195.26	13a Postponed Contribution
			13b Year
6	Life Insurance Cost	\$0.00	13c Code
7	Plan Type	Roth IRA	14a Repayments
8	SEP Contributions	\$0.00	14b Code
9	Simple Contributions	\$0.00	15a FMV of Certain Specified Assets
10	Roth IRA Contributions	\$0.00	15b Code(s)

Frequently asked questions for Form 5498

1. What is the purpose of this statement? Why did I get this form?

Form 5498 is the federal form for reporting IRA contribution information, which is used to report contributions and rollovers to traditional IRAs, Roth IRAs, SEP IRAs, and Simple IRAs. Form 5498 also reports the year-end market value information for your annuity. This form is for your records only and does not need to be attached to your submitted tax form.

2. I sent money from another IRA directly into this IRA at Allianz. Why does the Form 5498 show no contributions?

Money that was sent directly from one IRA into another IRA is considered a transfer. This amount is added into your fair market value in box 5. You should not receive a 1099-R from the previous company regarding this transaction.

3. I took money from another IRA and later placed it into this IRA at Allianz. Where does this amount show on my Form 5498?

An IRA to IRA indirect rollover occurs when money is taken from one IRA and re-deposited into another IRA within 60 days of receipt of the funds. You should receive a Form 1099-R from the distributing company. If any portion of this distribution is not re-deposited within 60 days, this portion will be considered taxable and no longer qualifies as a rollover contribution. Allianz reports the amount that it receives via this rollover in box 2. Generally, if you deposited the check to Allianz within 60 days of the day you received the money from the previous company, this Form 5498 will offset the other company's form 1099-R.

Note: Effective January 1, 2015, if you make a tax-free IRA to IRA rollover, you cannot, within a one-year period, make another tax-free rollover of a distribution from any of your IRAs to another IRA.

4. My employer made contributions to a SEP IRA. Are these contributions stated on this form?
Any employer contributions will show as SEP IRA contributions. Employer IRA Contributions will be listed in box 8; personal contributions you make directly to the SEP IRA will be listed in box 1. Employer

contributions are required to be shown on the form for the year the contributions are received – see question 7 below. Personal contributions are shown on the form for the year for which the contributions were made.

5. What is the amount that I am allowed to contribute to my traditional IRA/Roth IRA for year 2015?

The general limit - the most that can be contributed to your traditional IRA/Roth IRA - is the lesser of the following amounts: \$5,500.00 (\$6,500.00 if you are 50 or older) or your taxable compensation for the year. Please see a tax advisor on specifics regarding contributions for traditional IRAs, Roth IRAs, SEP IRAs, and SIMPLE IRAs.

6. When is the due date (last date) to make a contribution for tax year 2015 to my traditional IRA/Roth IRA?

If your traditional/Roth IRA contract allows for additional premium, your contribution must be sent to a company-approved mailing address and postmarked by the due date of April 18th. For taxpayers in Massachusetts and Maine, the due date is April 19th. If you have more than one Allianz contract, please verify that you have specified the correct contract. Note that Allianz does not accept starter checks. If you would like your contribution to be recorded for the 2015 tax year, please put "2015 contribution" on your check sent to our office. If "2015 contribution" is not on your check or the remittance form, we will apply the money as a 2016 contribution. If you are making a traditional IRA contribution for 2015 between January 1 and the due date, it will be shown on Form 5498, which will be sent to you by May 31, 2016.

7. What if my employer is able to make a SEP IRA contribution after the due date?

Per IRS guidelines, SEP IRA contributions the IRA issuer receives in 2016 will be reported on the 2016 Form 5498 even when the employer deducts the SEP contribution on their 2015 tax return. Please see a tax advisor for the best way to administer this extension.

Please consult a tax advisor for additional questions on Form 5498.



Allianz Life Insurance Company of North America

PO Box 1344

Minneapolis, MN 55440-1344

800.328.5600

Privacy Notice

Your privacy is a high priority for Allianz ("we" or "our"). Our pledge to protect your privacy is reflected in our Privacy Notice. This notice outlines our principles for collecting, using and protecting information that we maintain about you.

Information about you that Allianz collects

We collect information about you so that we can process the insurance transactions you request. We limit the amount of your information collected to what we feel is needed to maintain your account. We may collect your information from the following sources:

- From you, either directly or through your agent. This may include information on your insurance application or other forms you may complete. The information we collect includes, but is not limited to, your name, social security number, address and telephone number.
- From others, through the process of handling a claim. This may include information from medical or accident reports.
- From your doctor or during a home visit by a health assessment professional. This may include medical information about you gathered with your written authorization.
- From your relationship with us, such as the number of years you have been a customer or the types of insurance products you purchased.
- From a consumer reporting agency such as a medical, credit, or motor vehicle report. The information in these reports may be kept by the agency and shared with others.

Information about you that Allianz shares

We do not share information about current or former customers with anyone, except as allowed by law. "Allowed by law" means that we may share your information, such as your name, address, and policy information, as follows:

- With affiliates and other third parties in order to administer or service your policy.
- With consumer reporting agencies to obtain a medical report, credit report, or motor vehicle report. These reports are used to determine eligibility for coverage or to process your requested transactions.
- With your insurance agent so that they can perform services for you.
- With medical professionals in order to process your claim.
- With a state Department of Insurance in order to examine our records or business practices.
- With state or federal law enforcement agency, as required by law or to report suspected fraud activities.
- With research groups to conduct studies on claims results. No individual is identified in any study or report.

We advise the vendors with whom we legally share your information of our privacy policy. We make every effort to use vendors whose privacy policy reflects our own.

Allianz does not sell your information to anyone

We do not sell your information to anyone for their own marketing purposes. For this reason, we are not required to obtain an "opt-in election," an "opt-out election" or an authorization from you.

Allianz policies and practices regarding security of your information

We limit access to your information to those employees, affiliates, and service providers who need it to administer or service your policy. We use computer hardware and software tools to maintain physical and electronic safeguards. These safeguards comply with applicable federal and state regulations. We use state of the art technology to secure our websites and protect the information that may be shared over these sites. We restrict access to information about you to those employees who need the information to service your policy.

Form **1095-B**Department of the Treasury
Internal Revenue Service**Health Coverage**► Information about Form 1095-B and its separate instructions is at www.irs.gov/form1095b.☐ VOID☐ CORRECTED

OMB No. 1545-2252

2015**Part I Responsible Individual**

1 Name of responsible individual GENNETTE M SOWELL		2 Social security number (SSN)	3 Date of birth (If SSN is not available)
4 Street address (including apartment no.)	5 City or town	6 State or province	7 Country and ZIP or foreign postal code
8 Enter letter identifying Origin of the Policy (see instructions for codes): C			
9 Small Business Health Options Program (SHOP) Marketplace identifier, if applicable			

Part II Employer Sponsored Coverage (see instructions)

10 Employer name			11 Employer identification number (EIN)
12 Street address (including room or suite no.)	13 City or town	14 State or province	15 Country and ZIP or foreign postal code

Part III Issuer or Other Coverage Provider (see instructions)

16 Name Centers for Medicare & Medicaid Services		17 Employer identification number (EIN)	18 Contact telephone number 1-800-MEDICARE
19 Street address (including room or suite no.) 7500 Security Blvd.	20 City or town Baltimore	21 State or province MD	22 Country and ZIP or foreign postal code

Part IV Covered Individuals (Enter the information for each covered individual(s).)

(a) Name of covered individual(s)	(b) SSN	(c) DOB (If SSN is not available)	(d) Covered all 12 months	(e) Months of coverage											
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
23 GENNETTE M SOWELL			☐	☐	☐	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒
24			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
25			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
26			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
27			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
28			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 60704B

Form 1095-B (2015)

453
634

Get help & more information.

For more information, visit Medicare.gov or call 1-800-MEDICARE (1-800-633-4227).
TTY users should call 1-877-486-2048.

The Centers for Medicare & Medicaid Services doesn't discriminate in its programs and activities. To request this notice in an alternative format, call 1-800-MEDICARE or email AltFormatRequest@cms.hhs.gov.

Para obtener información en español, llame GRATIS al 1-800-MEDICARE (1-800-633-4227).
Los usuarios de TTY deben llamar al 1-877-486-2048.



Form **1095-A****Health Insurance Marketplace Statement**☐ VOID

OMB No. 1545-2232

Department of the Treasury
Internal Revenue Service► Information about Form 1095-A and its separate instructions
is at www.irs.gov/form1095a.☐ CORRECTED**2015****Part I** Recipient Information

1 Marketplace Identifier SC	2 Marketplace-assigned policy number 12656065	3 Policy issuer's name Consumers Choice Health Insurance Company	
4 Recipient's name Gennette Sowell		5 Recipient's SSN	6 Recipient's date of birth
7 Recipient's spouse's name		8 Recipient's spouse's SSN	9 Recipient's spouse's date of birth
10 Policy start date 01/01/2015	11 Policy termination date 04/30/2015	12 Street address (including apartment no.)	
13 City or town	14 State or province	15 Country and ZIP or foreign postal code	



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Part II Covered Individuals

A. Covered individual name	B. Covered individual SSN	C. Covered individual date of birth	D. Coverage start date	E. Coverage termination date
16 Gennette Sowell			01/01/2015	04/30/2015
17				
18				
19				
20				

Part III Coverage Information

Month	A. Monthly enrollment premiums	B. Monthly second lowest cost silver plan (SLCSP) premium	C. Monthly advance payment of premium tax credit
21 January	723.56	672.04	617.00
22 February	723.56	672.04	617.00
23 March	723.56	672.04	617.00
24 April	723.56	672.04	617.00
25 May	0.00	0.00	0.00
26 June	0.00	0.00	0.00
27 July	0.00	0.00	0.00
28 August	0.00	0.00	0.00
29 September	0.00	0.00	0.00
30 October	0.00	0.00	0.00
31 November	0.00	0.00	0.00
32 December	0.00	0.00	0.00
33 Annual Totals	2,894.24	2,688.16	2,468.00

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 69703D

Form 1095-A (2015)

- information about your Marketplace plan premium and other information you may need to fill out your federal income tax return
- the amount of any advance payments of the premium tax credit that we paid in 2015 to a health plan on your behalf or on behalf of other members of your household.

If there are zeroes printed in Part III, Column B during the months you had coverage

The attached form might include zeroes for the monthly premium amount for the second lowest cost Silver plan (SLCSP) available to you. If your Form 1095-A has zeroes in Part III column B for the months you had coverage, you should use the online tax tool on <https://www.healthcare.gov/tax-tool/> to find the monthly premium for your 2015 second lowest cost Silver plan. Then either enter that information onto your Form 8962 for the months you had coverage, enter it into your tax software, or provide it to your tax preparer.



Also, you should use the tax tool if you experienced certain changes in your family (for example, if you moved) during 2015 and didn't report them to the Marketplace. You can find more details about this in the Instructions for Form 8962.

Using the online tax tool to complete your taxes

You will need the following information to use the online tax tool located at <https://www.healthcare.gov/tax-tool/>:

- ZIP code and county where you lived for each month of 2015 during which you had health coverage through the Marketplace
- Age of each household member enrolled in Marketplace coverage, for each month of 2015
- Months each household member was enrolled in Marketplace coverage *and* wasn't eligible for, or enrolled in, other coverage outside the Marketplace.

Use the monthly premium amount for your SLCSP from the online tax tool to complete Part 2: Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit on Form 8962 (lines 9-26) for the months you had coverage. Your tax software or tax preparer can help you with this form too.

Changes to your Form 1095-A information

If you think information on the attached Form 1095-A is incorrect, call the Marketplace Call Center at the number below to find out how to get a corrected Form 1095-A.

If the "CORRECTED" box on the top of your Form 1095-A is checked, this means we made a change to the information we originally provided to you. Be sure you use this corrected form when you complete Form 8962 and file your federal income tax return.

If you already filed your federal income tax return using information from a previous Form 1095-A we sent you, and you didn't resolve the incorrect information with the IRS, you may need to file an amended return. Visit irs.gov and enter the keywords "amended return" for more information on when to file an amended return.

If you have questions, visit HealthCare.gov or call 1-800-318-2596. TTY users should call 1-855-889-4325. The call is free.

Instructions for Recipient

You received this Form 1095-A because you or a family member enrolled in health insurance coverage through the Health Insurance Marketplace. This Form 1095-A provides information you need to complete Form 8962, Premium Tax Credit (PTC).

You must complete Form 8962 and file it with your tax return if any amount other than zero is shown in Part III, Column C of this Form 1095-A (meaning that you received premium assistance through advance credit payments) or if you want to take the premium tax credit. The filing requirement applies whether or not you're otherwise required to file a tax return. The Marketplace has also reported the information on this form to the IRS. If you or your family members enrolled at the Marketplace in more than one qualified health plan policy, you will receive a Form 1095-A for each policy. Check the information on this form carefully. Please contact your Marketplace if you have questions concerning its accuracy. If you or your family members were enrolled in a Marketplace catastrophic health plan or separate dental policy, you aren't entitled to take a premium tax credit for this coverage when you file your return, even if you received a Form 1095-A for this coverage.

VOID box. If the "VOID" box is checked at the top of the form, you previously received a Form 1095-A for the policy described in Part I. That Form 1095-A was sent in error. You shouldn't have received a Form 1095-A for this policy. Don't use the information on this or the previously received Form 1095-A to figure your premium tax credit on Form 8962.

CORRECTED box. If the "CORRECTED" box is checked at the top of the form, use the information on this Form 1095-A to figure the premium tax credit and reconcile any advance credit payments on Form 8962. Don't use the information on the original Form 1095-A you received for this policy.

Part I. Recipient Information, lines 1–15. Part I reports information about you, the insurance company that issued your policy, and the Marketplace where you enrolled in the coverage.

Line 1. This line identifies the state where you enrolled in coverage through the Marketplace.

Line 2. This line is the policy number assigned by the Marketplace to identify the policy in which you enrolled. If you are completing Part 4 of Form 8962, enter this number on line 30, 31, 32, or 33, box a.

Line 3. This is the name of the insurance company that issued your policy.

Line 4. You are the recipient because you are the person the Marketplace identified at enrollment who is expected to file a tax return and who, if qualified, would take the premium tax credit for the year of coverage.

Line 5. This is your social security number. For your protection, this form may show only the last four digits. However, the Marketplace has reported your complete social security number to the IRS.

Line 6. A date of birth will be entered if there is no social security number on line 5.

Lines 7, 8, and 9. Information about your spouse will be entered only if advance credit payments were made for your coverage. The date of birth will be entered on line 9 only if line 8 is blank.

Lines 10 and 11. These are the starting and ending dates of the policy.

Lines 12 through 15. Your address is entered on these lines.

Part II. Coverage Household, lines 16–20. Part II reports information about each individual who is covered under your policy. This information includes the name, social security number, date of birth, and the starting and ending dates of coverage for each covered individual. For each line, a date of birth is reported in column C only if an SSN isn't entered in column B.

If advance credit payments are made, only the individuals for whom you attested the intention to claim a personal exemption deduction (yourself, spouse, and dependents) to the Marketplace at enrollment will be listed on Form 1095-A. If you attested to the Marketplace at enrollment that one or more of the individuals who enrolled in the plan aren't individuals for whom you intend to claim a personal exemption deduction on your tax return, those individuals won't be listed on your Form 1095-A. For example, if you indicated to the Marketplace at enrollment that an individual enrolling in the policy is your adult child for whom you won't claim a personal exemption deduction, that child will receive a separate Form 1095-A and won't be listed in Part II on your Form 1095-A.

If advance credit payments weren't made and you didn't identify at enrollment the individuals for whom you intended to claim a personal exemption deduction, Form 1095-A will list all enrolled individuals in Part II on your Form 1095-A.

Part II also tells the IRS the months that the individuals identified are covered by health insurance and therefore have satisfied the individual shared responsibility provision.

If there are more than 5 individuals covered by a policy, you will receive one or more additional Forms 1095-A that continue Part II.

Part III. Coverage Information, lines 21–33. Part III reports information about your insurance coverage that you will need to complete Form 8962 to reconcile advance credit payments or to take the premium tax credit when you file your return.

Column A. This column is the monthly premiums for the plan in which you or family members were enrolled, including premiums that you paid and premiums that were paid through advance payments of the premium tax credit. If you or a family member enrolled in a separate dental plan with pediatric benefits, this column includes the portion of the dental plan premiums for the pediatric benefits. If your plan covered benefits that aren't essential health benefits, such as adult dental or vision benefits, the amount in this column will be reduced by the premiums for the non-essential benefits. If the policy was terminated by your insurance company due to nonpayment of premiums for one or more months, then a -0- will appear in this column for these months regardless of whether advance credit payments were made for these months.

Column B. This column is the monthly premium for the second lowest cost silver plan (SLCSP) that the Marketplace has determined applies to members of your family enrolled in the coverage. The applicable SLCSP premium is used to compute your monthly advance credit payments and the premium tax credit you take on your return. See the Instructions for Form 8962, Part II, on how to use the information in this column or how to complete Form 8962 if there is no information entered. If the policy was terminated by your insurance company due to nonpayment of premiums for one or more months, then a -0- will appear in this column for the months, regardless of whether advance credit payments were made for these months.

Column C. This column is the monthly amount of advance credit payments that were made to your insurance company on your behalf to pay for all or part of the premiums for your coverage. If this is the only column in Part III that is filled in with an amount other than zero for a month, it means your policy was terminated by your insurance company due to nonpayment of premiums, and you aren't entitled to take the premium tax credit for that month when you file your tax return. You still must reconcile the entire advance payment that was paid on your behalf for that month using Form 8962. No information will be entered in this column if no advance credit payments were made.

Lines 21–33. The Marketplace will report the amounts in columns A, B, and C on lines 21–32 for each month and enter the totals on line 33. Use this information to complete Form 8962, line 11 or lines 12–23.



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If you have questions, visit HealthCare.gov or call 1-800-318-2596. TTY users should call 1-855-889-4325. The call is free.

한국어 (Korean) 이 통지서에는 건강 보험 시장을 통한 귀하의 신청이나 보험 커버리지에 관한 중요한 정보가 포함되어 있습니다. 이 통지서에 나타난 중요한 날짜들을 잘 찾아 보십시오. 귀하는 귀하의 보험 커버리지를 계속 유지시키거나 경비를 절감하는 도움을 받기 위해서 일정한 마감일 까지 필요한 조치를 취해야 할 수도 있습니다. 귀하는 귀하의 언어로 이 정보와 도움을 무료로 받을 수 있는 권리가 있습니다. 1-800-318-2596 로 전화하시고 시작하기 전에 기다리십시오. 직원이 전화를 받으면 귀하가 필요한 언어를 말씀하십시오. 그러면 통역사의 연결될 것입니다.

Polski (Polish) To ogłoszenie zawiera ważne informacje odnośnie Państwa wniosku o ubezpieczenie lub polisy zdrowotnej zakupionej przez Rynek Ubezpieczeń Zdrowotnych. Prosimy zwrócić uwagę na kluczowe daty zawarte w tym ogłoszeniu aby przy podejmowaniu ewentualnych decyzji dotyczących odnowienia polisy lub pomocy związanej z kosztami, nie przekroczyć terminów. Macie Państwo prawo do bezpłatnej informacji we własnym języku. W tym celu prosimy o telefon pod numer 1 800 318 2596, następnie proszę poczekać na zgłoszenie się operatora i wypowiedzenie preferowanego języka a rozmowa zostanie przekazana do tłumacza.

Português (Portuguese) Este aviso contém informações importantes sobre sua aplicação ou cobertura ao longo do Mercado de Planos de Saúde (Health Insurance Marketplace). Observe as datas importantes nesse aviso. Você poderá precisar tomar medidas, até determinados prazos, para manter sua cobertura médica ou ajuda de custo. Você tem o direito de obter tais informações e auxílio em seu idioma, sem custo algum. Ligue para 1-800-318-2596 e espere através da introdução. Quando o agente atende, afirme o idioma que precisa e você será transferido para um intérprete.

Русский (Russian) В настоящем уведомлении содержится важная информация о вашей страховке через рынок медицинского страхования. Вы можете найти важные даты в данном уведомлении. Возможно, вам придется предпринять некоторые действия в конкретные сроки, с тем, чтобы сохранить вашу медицинскую страховку или финансовую помощь на медицинские расходы. Вы имеете право на получение этой информации и помощи на родном языке бесплатно. Позвоните по номеру 1-800-318-2596 и прослушайте вступительную информацию до конца. Когда ответит агент, укажите необходимый язык, и вас соединят с переводчиком.

Español (Spanish) Este aviso contiene información importante sobre su solicitud o la cobertura que tiene a través del Mercado de Seguros Médicos. Consulte las fechas importantes que figuran aquí. Es probable que deba tomar medidas antes de algunas fechas clave para mantener su cobertura de salud o seguir recibiendo ayuda para pagar los costos. Usted tiene derecho a recibir esta información y asistencia en su idioma en forma gratuita. Llame al 1-800-318-2596 y espere a través de la introducción. Cuando el agente atienda, indique el idioma que necesita y lo pondrán en comunicación con un intérprete.

Tagalog (Tagalog) Ang paunawa na ito ay may nilalamang mahalagang impormasyon tungkol sa iyong aplikasyon o kaseguruhan sa pamamagitan ng Health Insurance Marketplace. Tingnan ang mga mahalagang petsa sa paunawang ito. Maaring mangailangang gumawa ka ng hakbang sa loob ng mga itinakdang petsa upang mapanatili ang iyong kaseguruhan pangkalusugan o makatanggap ng tulong sa mga gastos. Mayroon kang karapatang makuha ang impormasyon na ito at tulong sa iyong wika ng walang gastos. Tumawag sa 1 800 318 2596 at maghintay ng pagkakataong mabuksan ang linya. Kapag sumagot ang isang ahente, sabihin ang kailangan mong wika at ikaw ay iuugnay sa isang tagapagsalin sa Tagalog.

اردو (Urdu)

اسی نوٹس جس آپ کی درخواست یا Health Insurance Marketplace کے ذریعے کوریج کے بارے میں آپ معلومات ہیں اس نوٹس میں آپ کی تاریخوں کو تلاش کریں۔ آپ کو اپنی صحت کا کوریج برقرار رکھنے یا لاگتیں جس قدر کے لیے مخصوص طبی بارکھن تک کارروائی کرنے کی ضرورت ہو سکتی ہے۔ آپ کو یہ معلومات اور مدد بخیر کنی لاگت کے اسی رہاں جس حاصل کرنے کا حق ہے۔ 1-800-318-2596 پر کال کریں اس کے شروع ہونے کا انتظار کریں۔ جب کوئی ایجنٹ جواب دے تو، اپنی مطلوبہ زبان بتائیں اور آپ کو ایک مترجم کے ساتھ مربوط کر دیا جائے گا۔

Tiếng Việt (Vietnamese) Thông báo này có thông tin quan trọng bản về đơn nộp hoặc hợp đồng bảo hiểm của chương trình Thị trường bảo hiểm sức khỏe Marketplace. Xin xem ngày then chốt trong thông báo này. Quý vị có thể phải thực hiện theo thông báo đúng trong thời hạn để duy trì bảo hiểm sức khỏe hoặc được trợ giúp thêm về chi phí. Quý vị có quyền được biết thông tin này và được trợ giúp bằng ngôn ngữ của mình miễn phí. Xin gọi 1 800 318 2596 và đợi nghe hết lời mở đầu do máy nói. Cho tới khi gặp một nhân viên trả lời, xin nói ngôn ngữ của mình là gì và quý vị sẽ được kết nối với một thông dịch viên.



January 2015



C253416

If you have questions, visit HealthCare.gov or call 1-800-318-2596. TTY users should call 1-855-889-4325. The call is free.

947059705

7 of 7

639 458

Installment Agreement Request

► Information about Form 9465 and its separate instructions is at www.irs.gov/form9465.
► If you are filing this form with your tax return, attach it to the front of the return.
► See separate instructions.

OMB No. 1545-0074

Tip: If you owe \$50,000 or less, you may be able to establish an installment agreement online, even if you have not yet received a bill for your taxes. Go to IRS.gov to apply to pay online. **Caution:** Do not file this form if you are currently making payments on an installment agreement or can pay your balance in full within 120 days. Instead, call 1-800-829-1040. Do not file if your business is still operating and owes employment or unemployment taxes. Instead, call the telephone number on your most recent notice. If you are in bankruptcy or we have accepted your offer-in-compromise, see Bankruptcy or offer-in-compromise, in the instructions.

Part I

This request is for Form(s) (for example, Form 1040 or Form 941) ►

and for tax year(s) (for example, 2012 and 2013) ►

1a Your first name and Initial <u>Gennette</u>	Last name <u>Sowell</u>	Your social security number _____
If a joint return, spouse's first name and Initial _____	Last name _____	Spouse's social security number _____
Current address _____ _____ _____, enter your box number.		Apt. number _____
City, town or post office, state, and ZIP code. If a foreign address, also complete the spaces below (see instructions): _____ _____		
Foreign country name _____	Foreign province/state/county _____	Foreign postal code _____

1b If this address is new since you filed your last tax return, check here ☐

2 Name of your business (must be no longer operating) _____	Employer identification number (EIN) _____
3 Your home phone number _____ Best time for us to call _____	4 Your work phone number _____ Ext. _____ Best time for us to call _____
5 Name of your bank or other financial institution: _____ Address _____ City, state, and ZIP code _____	6 Your employer's name: _____ Address _____ City, state, and ZIP code _____

7 Enter the total amount you owe as shown on your tax return(s) (or notice(s))	7 <u>3938</u> <u>00</u>
8 Enter the amount of any payment you are making with your tax return(s) (or notice(s)). See instructions	8 <u>100</u> <u>00</u>
9 Subtract line 8 from line 7 and enter the result	9 <u>3838</u> <u>00</u>
10 Enter the amount you can pay each month. Make your payments as large as possible to limit interest and penalty charges. The charges will continue until you pay in full. If no payment amount is listed on line 10, a payment will be determined for you by dividing the balance due by 72 months	10 <u>100</u> <u>00</u>
11 Divide the amount on line 9 by 72 and enter the result • If the amount on line 10 is less than the amount on line 11 and you are unable to increase your payment to the amount on line 11, complete and attach Form 433-F, Collection Information Statement. • If the amount on line 10 is equal to or greater than the amount on line 11 but the amount you owe is greater than \$25,000 but not more than \$50,000, you must complete either line 13 or 14, if you do not wish to complete Form 433-F. • If the amount on line 9 is greater than \$50,000, complete and attach Form 433-F, Collection Information Statement.	11 <u>53</u> <u>31</u>
12 Enter the date you want to make your payment each month. Do not enter a date later than the 28th ► <u>15th</u>	
13 If you want to make your payments by direct debit from your checking account, see the instructions and fill in lines 13a and 13b. This is the most convenient way to make your payments and it will ensure that they are made on time. ► a Routing number _____ ► b Account number _____	

I authorize the U.S. Treasury and its designated Financial Agent to initiate a monthly ACH debit (electronic withdrawal) entry to the financial institution account indicated for payments of my Federal taxes owed, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke payment, I must contact the U.S. Treasury Financial Agent at 1-800-829-1040 no later than 14 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payments of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payments.

14 If you want to make your payments by payroll deduction, check this box and attach a completed Form 2159, Payroll Deduction Agreement ☐

Your signature <u>Gennette Sowell</u>	Date <u>4/09/16</u>	Spouse's signature. If a joint return, both must sign _____	Date _____

GENNETTE M SOWELL

654

67-7943/2537
28

4/04/14

DATE:

PAY TO THE
ORDER OF

IRS-US Treasury

One hundred + no/100

\$ 100.00



FOUNDERS
FEDERAL CREDIT UNION
CROFTSVILLE OFFICE
CROFTSVILLE, SC 29710

CPro00

EXPIRATION



Printed
Name
On front
Date of issue

Gennette Sowell

⑆253279439⑆



Department of Treasury
Internal Revenue Service
PO BOX 621505
ATLANTA GA 30362-1505



Notice CP2000
Tax Year 2014
Notice date March 28, 2016
Social Security number
AUR control number
To contact us Phone 1-800-829-3009
Fax 1-877-477-0967

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INTERNAL REVENUE SERVICE
PO BOX 621505
ATLANTA GA 30362-1505



24892829120141

Fielder

Response form

Complete both sides of this form, and send it to us in the enclosed envelope so we receive it by April 27, 2016. If making a payment, use the provided voucher to ensure proper application of your payment. Be sure our address shows through the window.

To request more time to respond, call us at 1-800-829-3009. Remember: Additional interest will be charged during this period if the information in this notice is correct.

Provide your contact information

If your address has changed, please make the changes below.

GENNETTE SOWELL

Primary phone ☐ a.m. ☐ p.m. Best time to call ☐ a.m. ☐ p.m.
Be secondary phone Best time to call

1. Indicate your agreement or disagreement

☐ I agree with all changes

I consent to the assessment of my 2014 income tax, and understand that:

- I owe \$3,938 in additional tax, payment adjustments, and interest.
- The IRS is required by law to charge interest on taxes that weren't paid in full by April 15, 2015.
- The IRS will continue to charge interest until I've paid the tax in full. Certain penalties may also apply.
- I can challenge these changes in the U.S. Tax Court only if the IRS determines after the date I sign this form that I owe additional taxes for 2014.
- I can file for a refund at a later date.

Please sign and return this form with your payment.

Signature

Date

Printed Signature

Date

Continued on back...

642 461



Notice CP2000
Tax Year 2014
Notice date March 28, 2016
Social Security number
Page 8 of 9

Indicate your agreement or disagreement--Continued

- ☐ I don't agree with some or all of the changes
Please return this form and include a statement signed by you that explains what you don't agree with. Also include copies of any documents, such as corrected W-2, 1099, or missing forms that support your statement.

Note: You can fax documentation to 1-877-477-0967

2. Indicate your payment option

I am enclosing (check all that apply):

- ☐ Full payment of \$3,938
☒ Partial payment of \$ 1,000.00
☐ No payment
☒ A completed Installment Agreement Request (Form 9465)
• Write your Social Security number 248-92-8291, the tax year (2014), and the notice number (CP2000) on your payment and any correspondence.
• Make your check or money order payable to the United States Treasury.

3. Authorization optional

If you would like to authorize someone, in addition to you, to contact the IRS concerning this notice, please include the person's information, your signature, and the date.

The authority granted is limited as indicated by the statement above the signature line. The contact may not sign returns, enter into agreements, or otherwise represent you before the IRS. If you want to have a designee with expanded authorization, see IRS Publication 947, Practice Before the IRS and Power of Attorney.

Full name of authorized person

Address

City State County Zip code
☐ a.m. ☐ p.m.
Primary phone Best time to call Secondary phone Best time to call

I authorize the person listed above to discuss and provide information to the IRS about this notice.

Signature Date

Spouse's Signature Date



Notice CP2000
Tax Year 2014
Notice date March 28, 2016
Social Security number
Page 3 of 9

Social Security/Railroad Retirement

Received from	Address	Account Information	Shown on return	Reported to IRS by others	Difference
SOCIAL SECURITY ADMINISTRATION		SSN Form 1099-SSA	-	\$7,610	-

Social Security/Railroad Retirement Total

\$18,117

Tax Withheld

Received from	Address	Account Information	Shown on return	Reported to IRS by others	Difference
33632 MG TRUST COMPANY	717 17TH STREET SUITE 1300 DENVER CO 80202	SSN 2- Form 1099 R Distrib CD 7	-	\$2,210	-

PIGGLY WIGGLY CAROLINA CO.
EMPLOYEE
STOCK OWNERSHIP PLAN

884 JOHNNIE DODDS
BLVD
MT PLEASANT SC 29464
SSN
Form 1099 R
Distrib CD 7

\$101

Tax Withheld Total

\$1,624

\$2,311

\$687

Earned Income Credit

The allowable amount of earned income credit is based on your earned income and adjusted gross income (AGI), both of which must be less than:

- \$14,590 with no qualifying child (\$20,020 for married filing jointly),
- \$38,511 with one qualifying child (\$43,941 for married filing jointly) or
- \$43,756 with two qualifying children (\$49,186 for married filing jointly) or
- \$46,997 with more than two qualifying children (\$52,427 for married filing jointly).

Changes to your AGI will impact your allowable Earned Income Credit.

Underclaimed withholding

Our records indicate you may be entitled to a larger amount of withholding and/or Additional Medicare Tax withholding than claimed on your tax return. Please review the payer information provided in this notice with your records. If this payer information is incorrect, please provide a statement so that we can correct our records. If this payer information is correct, please respond to this notice so that we may make the necessary adjustments to your account.

Continued on back...



Notice CP2000
Tax Year 2014
Notice date March 28, 2016
Social Security number
Page 9 of 9

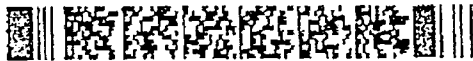


133632



GENNETTE SOWELL

Notice CP2000
Notice date March 28, 2016
Social Security number



- Make your check or money order payable to the United States Treasury.
- Write your Social Security number the tax year (2014), and the notice number on your payment and any correspondence.

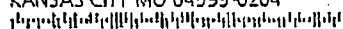
Payment

Internal Revenue Service

Amount due by
April 27, 2016

\$3,938

KANSAS CITY MO 64999-0204



248928291 CI SOWE 30 0 201412 640 00000393800

645 464



Department of Treasury
Internal Revenue Service
PO BOX 621505
ATLANTA GA 30362-1505

033632.649072.291173.31592 2 AB 0.416 1276



GENNETTE SOWELL



Notice CP2000
Tax Year 2014
Notice date March 28, 2016
Social Security number
AUR control number
To contact us Phone 1-800-829-3009
Fax 1 877-477-0967

Page 1 of 9



24892829120141

33632

Changes to your 2014 Form 1040

Proposed amount due: \$3,938

The income and payment information we have on file from sources such as employers or financial institutions doesn't match the information you reported on your tax return. If our information is correct, you will owe \$3,938 (including interest), which you need to pay by April 27, 2016.

Summary of proposed changes

Tax you owe	\$4,065
Payments	\$687
Negligence penalty	\$442
Interest	\$118
Amount due by April 27, 2016	\$3,938

What you need to do immediately

Review this notice, and compare our changes to the information on your 2014 tax return.

If you agree with the changes we made

- Complete, sign and date the Response form on Page 7, and mail it to us along with your payment of \$3,938 so we receive it by April 27, 2016.
- If you can't pay the amount due, pay as much as you can now, and make payment arrangements that allow you to pay off the rest over time. If you want to apply for an installment plan, send in your Response form AND a completed Installment Agreement Request (Form 9465). Download Form 9465 from www.irs.gov, or call 1-800-829-3676 to request a copy. You can also save time and money by applying online if you qualify. Visit www.irs.gov, and search for keyword: "tax payment options" for more information about:
 - Installment and payment agreements
 - Payroll deductions
 - Credit card payments

If you don't agree with the changes

Complete the Response form on Page 7, and send it to us along with a signed statement and any documentation that supports your claim so we receive it by April 27, 2016.

If we don't hear from you

If we don't receive your response by April 27, 2016, we will send you a Statutory Notice of Deficiency followed by a final bill for the proposed amount due. During this time, interest will increase and penalties may apply.

Continued on back...

Social Security Administration
Retirement, Survivors and Disability Insurance
Notice of Award

Southeastern Program Service Center
1200 Rev. Abraham Woods, Jr. Blvd.
Birmingham, AL 35285-0001
Date: July 7, 2014
Claim Number:

|||||
GENNETTE M SOWELL

You are entitled to monthly disability benefits beginning July 2014.

We are stopping the benefits you have been receiving as a widow on ARALEE SOWELL's Social Security record. This is because you are entitled to an equal or larger benefit on your own record.

The Date You Became Disabled

We found that you became disabled under our rules on January 6, 2014.

To qualify for disability benefits, you must be disabled for five full calendar months in a row. The first month you are entitled to benefits is July 2014.

What We Will Pay And When

- You will receive \$1,522.00 for July 2014 around August 1, 2014.
- After that you will receive \$1,522.00 on or about the third of each month.
- These and any future payments will go to the financial institution you selected. Please let us know if you change your mailing address, so we can send you letters directly.

Your Benefits

In your first payment, you will receive the difference between the benefits already paid and those now due.

Enclosure(s):
Pub 05-10153

See Next Page

Do You Disagree With The Decision?

If you do not agree with this decision, you have the right to appeal. We will review your case and look at any new facts you have. A person who did not make the first decision will decide your case. We will review the parts of the decision that you think are wrong and correct any mistakes. We may also review the parts of our decision that you think are right. We will make a decision that may or may not be in your favor.

- You have 60 days to ask for an appeal.
- The 60 days start the day after you receive this letter. We assume you received this letter 5 days after the date on it unless you show us that you did not receive it within the 5-day period.
- You must have a good reason if you wait more than 60 days to ask for an appeal.
- You can file an appeal with any Social Security office. You must ask for an appeal in writing. Please use our "Request for Reconsideration" form, SSA-561-U2. You may go to our website at www.socialsecurity.gov/online/ to find the form. You can also call, write, or visit us to request the form. If you need help to fill out the form, we can help you by phone or in person.

If You Want Help With Your Appeal

You can have a friend, representative, or someone else help you. There are groups that can help you find a representative or give you free legal services if you qualify. There are also representatives who do not charge unless you win your appeal. Your local Social Security office has a list of groups that can help you with your appeal.

If you get someone to help you, you should let us know. If you hire someone, we must approve the fee before he or she can collect it. And if you hire a representative who is eligible for direct pay, we will withhold up to 25 percent of any past due benefits to pay toward the fee.

If You Have Any Questions

We invite you to visit our website at www.socialsecurity.gov on the Internet to find general information about Social Security. If you have any specific questions, you may call us toll-free at 1-800-772-1213, or call your local Social Security office at 1-888-810-7617. We can answer most questions over the phone. If you are deaf or hard of hearing, you may call our TTY number, 1-800-325-0778. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY
1028 CHERAW ST
BENNETTSVILLE SC 29512

1040 U.S. Individual Income Tax Return 2014

For the year Jan. 1–Dec. 31, 2014, or other tax year beginning 2014 ending 20

Your first name and initial GENNETTE Last name SOWELL

If a joint return, spouse's first name and initial Last name Spouse's social security number

Home address (number and street, or P.O. box, see instructions) Apt. no.

City, town or post office, state, and ZIP code If you have a foreign address, also complete spaces below (see instructions).

Foreign country name Foreign province/state/county Foreign postal code

Filing Status 1 Single 4 Head of household (with qualifying person). (See instr.) If the qualifying person is a child but not your dependent, enter this child's name here.

Check only one box. 2 Married filing jointly (even if only one had income) 3 Married filing separately. Enter spouse's SSN above and full name here. 5 Qualifying widow(er) with dependent child

Exemptions 6a Yourself. If someone can claim you as a dependent, do not check box 6a

b Spouse

c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) X If child under age 17 qualifying for child tax credit (see instructions)

DEONTA BOWEN Grandchild X

If more than four dependents, see instructions and check here

d Total number of exemptions claimed 2

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 4,428

8a Taxable interest. Attach Schedule B if required 8a 108

b Tax-exempt interest. Do not include on line 8a 8b 0

9a Ordinary dividends. Attach Schedule B if required 9a 0

b Qualified dividends 9b 0

10 Taxable refunds, credits, or offsets of state and local income taxes 10 0

11 Alimony received 11 0

12 Business income or (loss). Attach Schedule C or C-EZ 12 0

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here 13 0

14 Other gains or (losses). Attach Form 4797 14 0

15a IRA distributions 15a 4,241 b Taxable amount 15b 0

16a Pensions and annuities 16a 4,241 b Taxable amount 16b 3,259

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 0

18 Farm income or (loss). Attach Schedule F 18 0

19 Unemployment compensation 19 0

20a Social security benefits LSE 20a 16,595 b Taxable amount 20b 10,507

21 Other income. List type and amount NONEEMPLOYEE COMP 21 11,271

22 Combine the amounts in the far right column for lines 7 through 21. This is your total income 22 29,603

Adjusted Gross Income 23 Educator expenses 23 0

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24 0

25 Health savings account deduction. Attach Form 8889 25 0

26 Moving expenses. Attach Form 3903 26 0

27 Deductible part of self-employment tax. Attach Schedule SE 27 0

28 Self-employed SEP, SIMPLE, and qualified plans 28 0

29 Self-employed health insurance deduction 29 0

30 Penalty on early withdrawal of savings 30 0

31a Alimony paid b Recipient's SSN 31a 0

32 IRA deduction 32 0

33 Student loan interest deduction 33 0

34 Tuition and fees. Attach Form 8917 34 0

35 Domestic production activities deduction. Attach Form 8903 35 0

36 Add lines 23 through 35 36 0

37 Subtract line 36 from line 22. This is your adjusted gross income 37 29,603

KIA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form 1040 (2014)

649 468

Tax and Credits

Standard Deduction for—

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others:

Single or Married filing separately, \$8,200

Married filing jointly or Qualifying widow(er), \$12,400

Head of household, \$9,100

38	Amount from line 37 (adjusted gross income)	38	29,603
39a	Check ☐ You were born before January 2, 1950, ☐ Blind. Total boxes if: ☐ Spouse was born before January 2, 1950, ☐ Blind. checked ☐ 39a 0		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ☐ 39b		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	9,100
41	Subtract line 40 from line 38	41	20,503
42	Exemptions. If line 38 is \$152,525 or less, multiply \$3,950 by the number on line 6d. Otherwise, see instructions	42	7,900
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	12,603
44	Tax (see instructions). Check if any from: a ☐ Form(s) 8814 b ☐ Form 4572 c ☐	44	1,263
45	Alternative minimum tax (see instructions). Attach Form 6251	45	0
46	Excess advance premium tax credit repayment. Attach Form 8962	46	
47	Add lines 44, 45, and 46	47	1,263
48	Foreign tax credit. Attach Form 1116 if required	48	0
49	Credit for child and dependent care expenses. Attach Form 2441	49	
50	Education credits from Form 8853, line 19	50	
51	Retirement savings contributions credit. Attach Form 8860	51	12
52	Child tax credit. Attach Schedule 8812, if required	52	1,000
53	Residential energy credits. Attach Form 5695	53	
54	Other credits from Form: a ☐ 3800 b ☐ 8801 c ☐	54	0
55	Add lines 48 through 54. These are your total credits	55	1,012
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	251

Other Taxes

57	Self-employment tax. Attach Schedule SE	57	0
58	Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919	58	0
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	0
60a	Household employment taxes from Schedule H	60a	0
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	0
61	Health care: individual responsibility (see instructions) Full-year coverage ☒	61	
62	Taxes from: a ☐ Form 8958 b ☐ Form 8880 c ☐ Instructions, enter code(s)	62	0
63	Add lines 56 through 62. This is your total tax	63	251

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	2,035
65	2014 estimated tax payments and amount applied from 2013 return	65	0
66a	Earned income credit (EIC)	66a	1,420
b	Nontaxable combat pay election ☐ 66b 0		
67	Additional child tax credit. Attach Schedule 8812	67	
68	American opportunity credit from Form 8863, line 8	68	
69	Net premium tax credit. Attach Form 8962	69	
70	Amount paid with request for extension to file	70	
71	Excess social security and tier 1 RRTA tax withheld	71	0
72	Credit for federal tax on fuels. Attach Form 4136	72	
73	Credits from Form: a ☐ 2439 b ☐ Reserved c ☐ Reserved d ☐	73	0
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	3,455

Refund

Direct deposit? See instructions.

75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	3,204
76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here ☐	76a	3,204
b	Routing number: _____		
c	Type: ☒ Checking ☐ Savings		
d	Account number: _____		
77	Amount of line 75 you want applied to your 2015 estimated tax	77	0

Amount You Owe

78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	
79	Estimated tax penalty (see instructions)	79	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)?		Yes. Complete below ☒ No ☐
Designee's name	Phone no.	Personal identification number (PIN)

Sign Here

Joint return? See instructions. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		Your signature		Date	Your occupation	Daytime phone number
Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupation		If the IRS sent you an Identity Protection PIN, enter it here (see inst.)	

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ self-employed ☐ PTIN
Firm's name	Firm's EIN	Phone no.	
Firm's address			

SCHEDULE EIC
(Form 1040A or 1040)

Earned Income Credit
Qualifying Child Information

1040A
1040

EIC

OMB No. 1545-0074

2014

Attachment
Sequence No. 43

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

GENNETTE

SOWELL

Your social security number

Before you begin:

- See the instructions for Form 1040A, lines 42a and 42b, or Form 1040, lines 66a and 66b, to make sure that (a) you can take the EIC, and (b) you have a qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.

If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.

CAUTION

It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

Qualifying Child Information

Child 1

Child 2

Child 3

	First name	Last name	First name	Last name	First name	Last name
1 Child's name If you have more than three qualifying children, you have to list only three to get the maximum credit.	DEONTA	BOWEN				
2 Child's SSN The child must have an SSN as defined in the instructions for Form 1040A, lines 42a and 42b, or Form 1040, lines 66a and 66b, unless the child was born and died in 2014. If your child was born and died in 2014 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records.						
3 Child's year of birth	Year <u>2000</u> <i>If born after 1995 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b, go to line 5.</i>		Year _____ <i>If born after 1995 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b, go to line 5.</i>		Year _____ <i>If born after 1995 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b, go to line 5.</i>	
4a Was the child under age 24 at the end of 2014, a student, and younger than you (or your spouse, if filing jointly)?	☐ Yes. ☐ No. Go to line 5. Go to line 4b.		☐ Yes. ☐ No. Go to line 5. Go to line 4b.		☐ Yes. ☐ No. Go to line 5. Go to line 4b.	
b Was the child permanently and totally disabled during any part of 2014?	☐ Yes. ☐ No. Go to line 5. The child is not a qualifying child.		☐ Yes. ☐ No. Go to line 5. The child is not a qualifying child.		☐ Yes. ☐ No. Go to line 5. The child is not a qualifying child.	
5 Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, foster child, etc.)	Grandchild					
6 Number of months child lived with you in the United States during 2014 • If the child lived with you for more than half of 2014 but less than 7 months, enter "7." • If the child was born or died in 2014 and your home was the child's home for more than half the time he or she was alive during 2014, enter "12."	<u>12</u> months Do not enter more than 12 months.		<u> </u> months Do not enter more than 12 months.		<u> </u> months Do not enter more than 12 months.	

KIA For Paperwork Reduction Act Notice, see your tax return instructions

Schedule EIC (Form 1040A or 1040) 2014

Form **8880****Credit for Qualified Retirement Savings Contributions**

OMB No. 1545-0074

2014Attachment
Sequence No. 54Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040, Form 1040A, or Form 1040NR.

▶ Information about Form 8880 and its instructions is at www.irs.gov/form8880.

Name(s) shown on return

GENNETTE

SOWELL

Your social security number

1

You cannot take this credit if either of the following applies.

- The amount on Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37 is more than \$30,000 (\$45,000 if head of household; \$60,000 if married filing jointly).

CAUTION

- The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 1997, (b) is claimed as a dependent on someone else's 2014 tax return, or (c) was a student (see instructions).

- Traditional and Roth IRA contributions for 2014. Do not include rollover contributions
- Elective deferrals to a 401(k) or other qualified employer plan, voluntary employee contributions, and 501(c)(18)(D) plan contributions for 2014 (see instructions)
- Add lines 1 and 2
- Certain distributions received after 2011 and before the due date (including extensions) of your 2014 tax return (see instructions). If married filing jointly, include both spouses' amounts in both columns. See instructions for an exception
- Subtract line 4 from line 3. If zero or less, enter -0-
- In each column, enter the smaller of line 5 or \$2,000
- Add the amounts on line 6. If zero, stop; you cannot take this credit
- Enter the amount from Form 1040, line 38*; Form 1040A, line 22; or Form 1040NR, line 37
- Enter the applicable decimal amount shown below:

	(a) You	(b) Your spouse
1	0	0
2	122	0
3	122	0
4	0	
5	122	0
6	122	0
7		122
8	29,603	

If line 8 is—		And your filing status is—		
Over—	But not over—	Married filing jointly	Head of household	Single, Married filing separately, or Qualifying widow(er)
—	\$18,000	.5	.5	.5
\$18,000	\$19,500	.5	.5	.2
\$19,500	\$27,000	.5	.5	.1
\$27,000	\$29,250	.5	.2	.1
\$29,250	\$30,000	.5	.1	.1
\$30,000	\$36,000	.5	.1	.0
\$36,000	\$39,000	.2	.1	.0
\$39,000	\$45,000	.1	.1	.0
\$45,000	\$60,000	.1	.0	.0
\$60,000	—	.0	.0	.0

Note: If line 9 is zero, stop; you cannot take this credit.

- Multiply line 7 by line 9
- Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet in the instructions
- Credit for qualified retirement savings contributions. Enter the smaller of line 10 or line 11 here and on Form 1040, line 51; Form 1040A, line 34; or Form 1040NR, line 48

*See Pub. 590-A for the amount to enter if you are filing Form 2555, 2555-EZ, or 4563 or you are excluding income from Puerto Rico.

KIA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8880 (2014)



South Carolina Department of Health
and Environmental Control

INVOICE FOR SERVICES

Freedom of Information Center / Sims/Aycock Building
2600 Bull St, Columbia, SC 29201

Invoice Number: QO04013-9

Invoice Date: 5/25/2016

Bill To:

Ms. Kenya Miller
DICKIE, MCCAMEY & CHILCOTE
103 A-SOUTH CATAWBA ST
LANCASTER, SC 29720

Remit To:

S.C. DHEC
Attention: Bureau of Financial Management
2600 Bull Street
Columbia, SC 29201

Date:

5/25/2016

Terms:

DUE UPON RECEIPT

Department Name:

Order Filled By:

WILLIAEK

Description of Services: 1605218 - PIGGLY WIGGLY
235 15-402 BYPASS EAST
MARLBORO, SC

Qty	Unit Description	Loc	Organ.	Fund	Account	Analytical	Unit Price	Amount
1	RESEARCH AND CD COPYING	700	106010	534011		0000000	\$30.00	\$30.00
							Total	\$30.00

Note: Make checks payable to South Carolina Department of Health and Environmental Control, remit to above address to the Attention of Freedom of Information



South Carolina Department of Health
and Environmental Control

Retail Food Establishment Inspection Report

Facility Information

Permit Number: 34-211-00508
Facility Name: PIGGLY WIGGLY #65 MARKET
Address: 235 HIGHWAY 15/401 BYPASS
City/State/Zip: BENNETTSVILLE, SC 295120000
MARLBORO
Contact Name: Patricia Bethea

Audit Information

Audit Name: Retail Food Establishment Inspection Report
Audit Type: 10_Routine Inspection
Start Date: 27 Jan 2015 02:00 PM
End Date: 27 Jan 2015 03:00 PM
Inspector: Ronnie Herndon

Overall Score
95%

Foodborne Illness Risk Factors & Interventions and Good Retail Practices

Item	Answer	Points Current	Points to Total
1. PIC Present, Demonstration - Certification by accredited program, and Performs duties.	Delayed Implementation	2	2
2. Management and food employee knowledge, and conditional employee; responsibilities and reporting.	In	2	2
3. Proper use of reporting, restriction and exclusion	In	2	2
4. Proper eating, tasting, drinking, or tobacco use	In	2	2
5. No discharge from eyes, nose, and mouth	In	2	2
6. Hands clean and properly washed	In	4	4
7. No bare hand contact with RTE foods	Not Observed	3	3
8. Handwashing sinks, properly supplied and accessible	In	2	2
9. Food obtained from approved source	In	2	2
10. Food received at proper temperature	Not Observed	2	2
11. Food in good condition, safe and unadulterated	In	2	2
12. Required records available: shellstock tags, parasite destruction	Not Observed	2	2
13. Food separated and protected	In	3	3
14. Food-contact surfaces: cleaned and sanitized	In	3	3
15. Proper disposition of returned, previously served, reconditioned, and unsafe food	In	2	2
16. Proper cooking time and temperatures	Not Applicable	3	3
17. Proper reheating procedures for hot holding	Not Applicable	3	3
18. Proper cooling time and temperatures	In	3	3
19. Proper hot holding temperatures	Not Applicable	3	3
20. Proper cold holding temperatures	In	3	3

21. Proper date marking and disposition	Not Observed	3	3
22. Time as a Public Health Control: procedures and records	Not Applicable	2	2
23. Consumer advisory provided for raw or undercooked foods	Not Applicable	1	1
24. Pasteurized foods used; prohibited foods not offered	Not Applicable	2	2
25. Food additives: approved and properly used	Not Applicable	2	2
26. Toxic substances properly identified, stored, and used	Correction During Inspection	1	2
Comments			
• <i>glass cleaner not properly stored.</i>			
• 7-201.11 - Separation-Storage (Priority Violation)			
27. Compliance with variance, specialized process, reduced oxygen packaging criteria or HACCP plan	Not Applicable	2	2
28. Pasteurized eggs used where required	Not Applicable	1	1
29. Water and ice from approved source	In	2	2
30. Variance obtained for specialized processing methods	Not Applicable	1	1
31. Proper cooling methods used; adequate equipment for temperature control	In	1	1
32. Plant food properly cooked for hot holding	Not Applicable	1	1
33. Approved thawing methods used	Not Applicable	1	1
34. Thermometers provided and accurate	In	1	1
35. Food properly labeled: original container	In	1	1
36. Insects and rodents not present; no unauthorized animals	In	2	2
37. Contamination prevented during food preparation, storage and display	In	2	2
38. Personal cleanliness	In	2	2
39. Wiping cloths: properly used and stored	Out	0	1
Comments			
• <i>wiping cloths not properly stored.</i>			
• 3-304.14 - Wiping Cloths-Use Limitation			
40. Washing fruits and vegetables	In	1	1
41. In-use utensils: properly stored	In	1	1
42. Utensils, equipment and linens: properly stored, dried & handled	In	1	1
43. Single-use and single-service articles; properly stored and used	Out	0	1
Comments			
• <i>bathroom tissue stored on floor</i>			
• 4-903.11 (A&C) - Single-Service and Single-Use Articles-Storing			
44. Gloves used properly	In	1	1
45. Equipment, food and non-food-contact surfaces approved; cleanable, properly designed, constructed and used	In	2	2
46. Warewashing facilities: installed, maintained and used; test strips	In	1	1
47. Non-food-contact surfaces clean	Out	0	1
Comments			

- *wrappings machines dirty ,need covers, meat met.*
- 4-601.11 (C) - Nonfood-Contact Surfaces-Clean

48. Hot and cold water available; adequate pressure	In	2	2
49. Plumbing installed; proper backflow devices	In	2	2
50. Sewage and waste water properly disposed	In	2	2
51. Toilet facilities: properly constructed, supplied and cleaned	In	1	1
52. Garbage and refuse properly disposed; facilities maintained	In	1	1
53. Physical facilities installed, maintained and clean	Out	0	1
Comments			
• <i>floors dirty ,trash (meat met)</i>			
• 6-501.12 - Cleaning Frequency and Restrictions			
54. Meets ventilation and lighting requirements; designated areas used	In	1	1
55. Chapter 8 - Meets all requirements of Chapter 8: Compliance & Enforcement	In	0	0
56. Chapter 9 - Meets all applicable requirements of Chapter 9: Standards for Additional Operations	In	1	1
Totals		95	100

Temperature Observations

Item	Answer	Points Current	Points to Total
PRODUCT, PROCESS, LOCATION AND TEMPERATURE	Yes		
- Documented			
Comments			
• <i>walk in cooler 38 f</i>			
Totals			

Inspection Report Information

Item	Answer	Points Current	Points to Total
Facility Category	Category 2		
Grade Posted	A		
Is a Follow-Up required within 10 days?	No		
DHEC Contact Phone and Fax Number.	Pee Dee EQC Florence - (843)661-4825 Fax- (843)661-4858		
Violations may be subject to enforcement action and penalty. Information collected on this form is subject to public scrutiny or release as well as the Freedom of Information Act. For additional information see. www.scdhec.gov/Agency/RegulationsAndUpdates/LawsAndRegulations/Food/	Notification	0	0
Totals			

Auditor Signature: Ronnie Herndon

Account Signature: Patricia Bethea

Ronnie Harner

SEE DNEC 1702 H



Retail Food Establishment Inspection Report

Facility Information

Permit Number: 34-211-00508
 Facility Name: PIGGLY WIGGLY #65 MARKET
 Address: 235 HIGHWAY 15/401 BYPASS
 City/State/Zip: BENNETTSVILLE, SC 295120000
 MARLBORO
 Contact Name: Patricia Bethea

Audit Information

Audit Name: Retail Food Establishment Inspection Report
 Audit Type: 10_Routine Inspection
 Start Date: 27 Jan 2015 02:00 PM
 End Date: 27 Jan 2015 03:00 PM
 Inspector: Ronnie Herndon

Overall Score
95%

Foodborne Illness Risk Factors & Interventions and Good Retail Practices

Item	Answer	Points Current	Points to Total
1. PIC Present, Demonstration - Certification by accredited program, and Performs duties.	Delayed Implementation	2	2
2. Management and food employee knowledge, and conditional employee; responsibilities and reporting.	In	2	2
3. Proper use of reporting, restriction and exclusion	In	2	2
4. Proper eating, tasting, drinking, or tobacco use	In	2	2
5. No discharge from eyes, nose, and mouth	In	2	2
6. Hands clean and properly washed	In	4	4
7. No bare hand contact with RTE foods	Not Observed	3	3
8. Handwashing sinks, properly supplied and accessible	In	2	2
9. Food obtained from approved source	In	2	2
10. Food received at proper temperature	Not Observed	2	2
11. Food in good condition, safe and unadulterated	In	2	2
12. Required records available: shellstock tags, parasite destruction	Not Observed	2	2
13. Food separated and protected	In	3	3
14. Food-contact surfaces: cleaned and sanitized	In	3	3
15. Proper disposition of returned, previously served, reconditioned, and unsafe food	In	2	2
16. Proper cooking time and temperatures	Not Applicable	3	3
17. Proper reheating procedures for hot holding	Not Applicable	3	3
18. Proper cooling time and temperatures	In	3	3
19. Proper hot holding temperatures	Not Applicable	3	3
20. Proper cold holding temperatures	In	3	3

21. Proper date marking and disposition	Not Observed	3	3
22. Time as a Public Health Control; procedures and records	Not Applicable	2	2
23. Consumer advisory provided for raw or undercooked foods	Not Applicable	1	1
24. Pasteurized foods used; prohibited foods not offered	Not Applicable	2	2
25. Food additives; approved and properly used	Not Applicable	2	2
26. Toxic substances properly identified, stored, and used	Correction During Inspection	1	2
Comments			
• <i>glass cleaner not properly stored.</i>			
• 7-201.11 - Separation-Storage (Priority Violation)			
27. Compliance with variance, specialized process, reduced oxygen packaging criteria or HACCP plan	Not Applicable	2	2
28. Pasteurized eggs used where required	Not Applicable	1	1
29. Water and ice from approved source	In	2	2
30. Variance obtained for specialized processing methods	Not Applicable	1	1
31. Proper cooling methods used; adequate equipment for temperature control	In	1	1
32. Plant food properly cooked for hot holding	Not Applicable	1	1
33. Approved thawing methods used	Not Applicable	1	1
34. Thermometers provided and accurate	In	1	1
35. Food properly labeled; original container	In	1	1
36. Insects and rodents not present; no unauthorized animals	In	2	2
37. Contamination prevented during food preparation, storage and display	In	2	2
38. Personal cleanliness	In	2	2
39. Wiping cloths; properly used and stored	Out	0	1
Comments			
• <i>wiping cloths not properly stored.</i>			
• 3-304.14 - Wiping Cloths-Use Limitation			
40. Washing fruits and vegetables	In	1	1
41. In-use utensils; properly stored	In	1	1
42. Utensils, equipment and linens; properly stored, dried & handled.	In	1	1
43. Single-use and single-service articles; properly stored and used	Out	0	1
Comments			
• <i>bathroom tissue stored on floor</i>			
• 4-903.11 (A&C) - Single-Service and Single-Use Articles-Storing			
44. Gloves used properly	In	1	1
45. Equipment, food and non-food-contact surfaces approved; cleanable, properly designed, constructed and used	In	2	2
46. Warewashing facilities; installed, maintained and used; test strips	In	1	1
47. Non-food-contact surfaces clean	Out	0	1
Comments			

- *wrappings machines dirty ,need covers, meat met.*
- 4-601.11 (C) - Nonfood-Contact Surfaces-Clean

48. Hot and cold water available; adequate pressure	In	2	2
49. Plumbing installed; proper backflow devices	In	2	2
50. Sewage and waste water properly disposed	In	2	2
51. Toilet facilities: properly constructed, supplied and cleaned	In	1	1
52. Garbage and refuse properly disposed; facilities maintained	In	1	1
53. Physical facilities installed, maintained and clean	Out	0	1
Comments			
• <i>floors dirty ,trash (meat met)</i>			
• 6-501.12 - Cleaning Frequency and Restrictions			
54. Meets ventilation and lighting requirements; designated areas used	In	1	1
55. Chapter 8 - Meets all requirements of Chapter 8: Compliance & Enforcement	In	0	0
56. Chapter 9 - Meets all applicable requirements of Chapter 9: Standards for Additional Operations	In	1	1
Totals		95	100

Temperature Observations

Item	Answer	Points Current	Points to Total
PRODUCT, PROCESS, LOCATION AND TEMPERATURE	Yes		
- Documented			
Comments			
• <i>walk in cooler 38 f</i>			
Totals			

Inspection Report Information

Item	Answer	Points Current	Points to Total
Facility Category	Category 2		
Grade Posted	A		
Is a Follow-Up required within 10 days?	No		
DHEC Contact Phone and Fax Number.	Pee Dee EQC Florence - (843)661-4825 Fax- (843)661-4858		
Violations may be subject to enforcement action and penalty. Information collected on this form is subject to public scrutiny or release as well as the Freedom of Information Act. For additional information see. www.scdhec.gov/Agency/RegulationsAndUpdates/LawsAndRegulations/Food/	Notification	0	0
Totals			

Auditor Signature: Ronnie Herndon

Account Signature: Patricia Bethea

Ronnie Harnish

SEE DHEC 1702 H



Retail Food Establishment Inspection Report

Facility Information
 Permit Number: 34-211-00508
 Facility Name: PIGGLY WIGGLY #65 MARKET
 Address: 235 HIGHWAY 15/401 BYPASS
 City/State/Zip: BENNETTSVILLE, SC 295120000 MARLBORO
 Contact Name: Patricia Bethea

Audit Information
 Audit Name: Retail Food Establishment Inspection Report V4
 Audit Type: 15_Follow-Up Inspection
 Start Date: 26 Feb 2014 01:00 PM
 End Date: 26 Feb 2014 01:45 PM
 Inspector: Ronnie Herndon

Overall Score
 98%

Inspection Information

Item	Answer	Points Current	Points to Total
Grade Posted	A	10	10
Is a follow up required	No		
DHEC phone & fax #.	Florence - (843)661-4825 Fax- (843)661-4858		
Totals		10	10

Critical Risk Factors

Item	Answer	Points Current	Points to Total
1. Properly Cooked- Potentially hazardous food	N/A	5	5
2. Proper holding temperature- Potentially hazardous food	IN	5	5
3. Proper cooling and reheating- Potentially hazardous food	N/A	5	5
4. Personnel with infections restricted	IN	5	5
5. Proper hygiene: hands clean, nails, properly washed, glove use, handsink access	IN	5	5
6. Cross contamination prevented/ Food protected	IN	5	5
7. Wash, Rinse, Sanitize: clean, concentration	IN	5	5
8. Food from an approved source & sound condition	IN	5	5
Totals		40	40

Critical Violations

Item	Answer	Points Current	Points to Total
9. Water source safe, Hot & Cold under pressure, Back siphonage, Sewage	IN	5	5
10. Handling foods minimized	IN	4	4
11. Insects/Rodents/Animals restricted	IN	4	4
12. Toxic substances properly identified, stored, used	IN	4	4
Totals		17	17

Violations

Item	Answer	Points Current	Points to Total
13. Food protection, Thawing	IN	2	2
14. Personal hygiene, Outer clothing clean	IN	2	2
15. Food contact surfaces: clean, free of abrasives, detergents	IN	2	2
16. Food contact surfaces: designed, constructed, maintained, installed, located	OUT	0	2
Comments ice machine door poor repair Ch 4 B.1			
Is this a repeat?	yes		
17. Handsink: good repair, clean, soap/paper towels	IN	2	2
18. Warewash: constructed, maintained, installed, clean	IN	2	2
19. Towel sanitization: proper concentration, clean, labeled	IN	2	2
20. Thermometers: provided, used, accurate, proper test kits	IN	2	2

21. Mobile unit; return to base station	IN	2	2
22. Non-food-contact surfaces of equipment and utensils clean	IN	1	1
23. Non-food-contact surfaces: designed, constructed, maintained, installed	IN	1	1
24. Proper storage: utensils (stored/in use), equipment, single service, linens	IN	1	1
25. Labeled food properly	IN	1	1
26. Floors and floor coverings: drained, constructed, good repair, clean	IN	1	1
27. Walls/ ceilings and attached equip.: constructed, good repair, clean	IN	1	1
28. Personal items, Authorized persons, Separate living quarters	IN	1	1
29. Ventilation adequate	IN	1	1
30. Lighting provided as required, fixtures shielded	IN	1	1
31. Plumbing installed, maintained	IN	1	1
32. Toilet: selfclosing, repairs, supplied, waste receptacles	IN	1	1
33. Garbage/refuse: containers clean, adequate, covered	IN	1	1
34. Can wash/ Mop sink; Waste water disposal	IN	1	1
35. Cleaning equipment stored orderly, maintained	IN	1	1
36. Premises maintained, unnecessary articles	IN	1	1
Totals		31	33

DAR Information

Item	Answer	Points Current	Points to Total
Activity Time Units:	0		
Travel Time Units:	0		
Mileage:	0		
Totals			

Auditor Signature: Ronnie Herndon

Account Signature:

JRH

SEE OHC 1) 22
2.26 TX



Retail Food Establishment Inspection Report

Facility Information

Permit Number: 34-211-00508
 Facility Name: PIGGLY WIGGLY #65 MARKET
 Address: 235 HIGHWAY 15/401 BYPASS
 City/State/Zip: BENNETTSVILLE, SC 295120000 MARLBORO
 Contact Name: Patricia Bethea

Audit Information

Audit Name: Retail Food Establishment Inspection Report V4
 Audit Type: 15_Follow-Up Inspection
 Start Date: 18 Feb 2014 01:00 PM
 End Date: 18 Feb 2014 01:30 PM
 Inspector: Ronnie Herndon

Overall Score
96%

Audit Level Notes:

will do follow up on 2/25/2014

Inspection Information

Item	Answer	Points Current	Points to Total
Grade Posted	A	10	10
Is a follow up required	Yes		
Follow up date	2/25/2014		
DHEC phone & fax #	Florence - (843)661-4825 Fax- (843)661-4858		
Totals		10	10

Critical Risk Factors

Item	Answer	Points Current	Points to Total
1. Properly Cooked- Potentially hazardous food	N/A	5	5
2. Proper holding temperature- Potentially hazardous food	IN	5	5
3. Proper cooling and reheating- Potentially hazardous food	N/A	5	5
4. Personnel with infections restricted	IN	5	5
5. Proper hygiene: hands clean, nails, properly washed, glove use, handsink access	IN	5	5
6. Cross contamination prevented/ Food protected	IN	5	5
7. Wash, Rinse, Sanitize: clean, concentration	IN	5	5
8. Food from an approved source & sound condition	IN	5	5
Totals		40	40

Critical Violations

Item	Answer	Points Current	Points to Total
9. Water source safe, Hot & Cold under pressure, Back siphonage, Sewage	IN	5	5
10. Handling foods minimized	IN	4	4
11. Insects/Rodents/Animals restricted	IN	4	4
12. Toxic substances properly identified, stored, used	IN	4	4
Totals		17	17

Violations

Item	Answer	Points Current	Points to Total
13. Food protection, Thawing	IN	2	2
14. Personal hygiene, Outer clothing clean	IN	2	2
15. Food contact surfaces: clean, free of abrasives, detergents	OUT	0	2
Comments			
• inside of ice machine dirty /white chute area. (stock room)C h 6 A .1.c			
Is this a repeat?	yes		

16. Food contact surfaces: designed, constructed, maintained, installed, located
Comments

• Ice machine door poor repair C h 4 .B.1

Is this a repeat?

17. Handsink: good repair, clean, soap/paper towels

18. Warewash: constructed, maintained, installed, clean

19. Towel sanitization; proper concentration, clean, labeled

20. Thermometers: provided, used, accurate, proper test kits

21. Mobile unit: return to base station

22. Non-food-contact surfaces of equipment and utensils clean

23. Non-food-contact surfaces: designed, constructed, maintained, installed

24. Proper storage: utensils (stored/in use), equipment, single service, linens

25. Labeled food properly

26. Floors and floor coverings: drained, constructed, good repair, clean

27. Walls/ceilings and attached equip.: constructed, good repair, clean

28. Personal items, Authorized persons, Separate living quarters

29. Ventilation adequate

30. Lighting provided as required, fixtures shielded

31. Plumbing installed, maintained

32. Toilet: selfclosing, repairs, supplied, waste receptacles

33. Garbage/refuse: containers clean, adequate, covered

34. Can wash/ Mop sink; Waste water disposal

35. Cleaning equipment stored orderly, maintained

36. Premises maintained, unnecessary articles

Totals

OUT

0

2

no

IN

IN

IN

IN

IN

IN

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29

33

DAR Information

Item

Answer

Points
Current

Points to Total

Activity Time Units:

2

Travel Time Units:

0

Mileage:

0

Totals

Auditor Signature: Ronnie Herndon

Account Signature:

JRH

SEE ID/HCL 1722
2-18-14



Retail Food Establishment Inspection Report

Facility Information
 Permit Number: 34-211-00508
 Facility Name: PIGGLY WIGGLY #65 MARKET
 Address: 235 HIGHWAY 15/401 BYPASS
 City/State/Zip: BENNETTSVILLE, SC 295120000 MARLBORO
 Contact Name: Patricia Bethea

Audit Information
 Audit Name: Retail Food Establishment Inspection Report V4
 Audit Type: 10_Routine Inspection
 Start Date: 06 Feb 2014 10:30 AM
 End Date: 06 Feb 2014 11:30 AM
 Inspector: Ronnie Herndon

Overall Score
92%

Audit Level Notes:

WILL DO FOLLOW UP ON 2/13/2014

Inspection Information

Item	Answer	Points Current	Points to Total
Grade Posted	A	10	10
Is a follow up required	Yes		
Follow up date	2/13/2014		
DHEC phone & fax #	Florence - (843)661-4825 Fax- (843)661-4858		
Totals		10	10

Critical Risk Factors

Item	Answer	Points Current	Points to Total
1. Properly Cooked- Potentially hazardous food	N/A	5	5
2. Proper holding temperature- Potentially hazardous food	IN	5	5
3. Proper cooling and reheating- Potentially hazardous food	N/A	5	5
4. Personnel with infections restricted	IN	5	5
5. Proper hygiene: hands clean, nails, properly washed, glove use, handsink access	IN	5	5
6. Cross contamination prevented/ Food protected	IN	5	5
7. Wash, Rinse, Sanitize: clean, concentration	IN	5	5
8. Food from an approved source & sound condition	IN	5	5
Totals		40	40

Critical Violations

Item	Answer	Points Current	Points to Total
9. Water source safe, Hot & Cold under pressure, Back siphonage, Sewage	IN	5	5
10. Handling foods minimized	IN	4	4
11. Insects/Rodents/Animals restricted	IN	4	4
12. Toxic substances properly identified, stored, used	IN	4	4
Totals		17	17

Violations

Item	Answer	Points Current	Points to Total
13. Food protection, Thawing	IN	2	2
14. Personal hygiene, Outer clothing clean	IN	2	2
15. Food contact surfaces: clean, free of abrasives, detergents	OUT	0	2
Comments			
• Inside of ice machine dirty, while chute area (stock room) C h 5 A . 1.c			
Is this a repeat?	no		

16. Food contact surfaces: designed, constructed, maintained, installed, located	OUT	0	2
Comments			
• replace white broken or cracked meat trays C h 4 B .1 (meat mkt)			
Is this a repeat?	no		
17. Handsink: good repair, clean, soap/paper towels	IN	2	2
18. Warewash: constructed, maintained, installed, clean	IN	2	2
19. Towel sanitization: proper concentration, clean, labeled	IN	2	2
20. Thermometers: provided, used, accurate, proper test kits	IN	2	2
21. Mobile unit: return to base station	IN	2	2
22. Non-food-contact surfaces of equipment and utensils clean	OUT	0	1
Comments			
• prep tables dirty, meat particles, C h 5 A .1.e (meat mkt)			
Is this a repeat?	no		
23. Non-food-contact surfaces: designed, constructed, maintained, installed	IN	1	1
24. Proper storage: utensils (stored/in use), equipment, single service, linens	OUT	0	1
Comments			
• boxes of paper towels stored on floor, C h 5 B.4			
Is this a repeat?	no	0	0
25. Labeled food properly	IN	1	1
26. Floors and floor coverings: drained, constructed, good repair, clean	IN	1	1
27. Walls/ceilings and attached equip.: constructed, good repair, clean	OUT	0	1
Comments			
• ceiling fan guards dirty, excessive dirt & dust, C h 7 C .4 (meat mkt)			
Is this a repeat?	no		
28. Personal items, Authorized persons, Separate living quarters	IN	1	1
29. Ventilation adequate	IN	1	1
30. Lighting provided as required, fixtures shielded	OUT	0	1
Comments			
• replace missing light shields on ceiling lights (walk in cooler) meat mkt C h 7 C .4			
Is this a repeat?	no		
31. Plumbing installed, maintained	IN	1	1
32. Toilet: selfclosing, repairs, supplied, waste receptacles	IN	1	1
33. Garbage/refuse: containers clean, adequate, covered	IN	1	1
34. Can wash/ Mop sink; Waste water disposal	IN	1	1
35. Cleaning equipment stored orderly, maintained	IN	1	1
36. Premises maintained, unnecessary articles	IN	1	1
Totals		25	33

DAR Information

Item	Answer	Points Current	Points to Total
Activity Time Units:	4		
Travel Time Units:	4		
Mileage:	38		
Totals			

Auditor Signature: Ronnie Herndon

Account Signature:

JRH	SIS. AHEC 1712 2-6-14



Retail Food Establishment Inspection Report

Facility Information
 Permit Number: 34-211-00508
 Facility Name: PIGGLY WIGGLY #65 MARKET
 Address: 235 HIGHWAY 15/401 BYPASS
 City/State/Zip: BENNETTSVILLE, SC 295120000 MARLBORO
 Contact Name: Patricia Bethea

Audit Information
 Audit Name: Retail Food Establishment Inspection Report V4
 Audit Type: 15_Follow-Up Inspection
 Start Date: 09 Apr 2013 03:07 PM
 End Date: 09 Apr 2013 03:07 PM
 Inspector: Ronnie Hemdon

Overall Score
100%

Inspection Information

Item	Answer	Points Current	Points to Total
Grade Posted	A	10	10
Is a follow up required	No		
DHEC phone & fax #	Florence - (843)661-4825 Fax- (843)661-4858		
Totals		10	10

Critical Risk Factors

Item	Answer	Points Current	Points to Total
1. Properly Cooked- Potentially hazardous food	N/A	5	5
2. Proper holding temperature- Potentially hazardous food	IN	5	5
3. Proper cooling and reheating- Potentially hazardous food	N/A	5	5
4. Personnel with infections restricted	IN	5	5
5. Proper hygiene: hands clean, nails, properly washed, glove use, handsink access	IN	5	5
6. Cross contamination prevented/ Food protected	IN	5	5
7. Wash, Rinse, Sanitize: clean, concentration	IN	5	5
8. Food from an approved source & sound condition	IN	5	5
Totals		40	40

Critical Violations

Item	Answer	Points Current	Points to Total
9. Water source safe, Hot & Cold under pressure, Back siphonage, Sewage	IN	5	5
10. Handling foods minimized	IN	4	4
11. Insects/Rodents/Animals restricted	IN	4	4
12. Toxic substances properly identified, stored, used	IN	4	4
Totals		17	17

Violations

Item	Answer	Points Current	Points to Total
13. Food protection, Thawing	IN	2	2
14. Personal hygiene, Outer clothing clean	IN	2	2
15. Food contact surfaces: clean, free of abrasives, detergents	IN	2	2
16. Food contact surfaces: designed, constructed, maintained, installed, located	IN	2	2
17. Handsink: good repair, clean, soap/paper towels	IN	2	2
18. Warewash: constructed, maintained, installed, clean	IN	2	2
19. Towel sanitization: proper concentration, clean, labeled	IN	2	2
20. Thermometers: provided, used, accurate, proper test kits	IN	2	2
21. Mobile unit: return to base station	IN	2	2
22. Non-food-contact surfaces of equipment and utensils clean	IN	1	1
23. Non-food-contact surfaces: designed, constructed, maintained, installed	IN	1	1

24. Proper storage: utensils (stored/in use), equipment, single service, linens	IN	1	1
25. Labeled food properly	IN	1	1
26. Floors and floor coverings: drained, constructed, good repair, clean	IN	1	1
27. Walls/ceilings and attached equip.: constructed, good repair, clean	IN	1	1
28. Personal items, Authorized persons, Separate living quarters	IN	1	1
29. Ventilation adequate	IN	1	1
30. Lighting provided as required, fixtures shielded	IN	1	1
31. Plumbing installed, maintained	IN	1	1
32. Toilet: selfclosing, repairs, supplied, waste receptacles	IN	1	1
33. Garbage/refuse: containers clean, adequate, covered	IN	1	1
34. Can wash/ Mop sink; Waste water disposal	IN	1	1
35. Cleaning equipment stored orderly, maintained	IN	1	1
36. Premises maintained, unnecessary articles	IN	1	1
Totals		33	33

DAR Information

Item	Answer	Points Current	Points to Total
Activity Time Units:	0		
Travel Time Units:	0		
Mileage:	0		
Totals			

Auditor Signature: Ronnie Herndon

Account Signature:

DRH

*SEE PHED 1222
4-9-13*



Retail Food Establishment Inspection Report

Facility Information
 Permit Number: 34-211-00508
 Facility Name: PIGGLY WIGGLY #65 MARKET
 Address: 235 HIGHWAY 15/401 BYPASS
 City/State/Zip: BENNETTSVILLE, SC 295120000 MARLBORO
 Contact Name: Patricia Bethea

Audit Information
 Audit Name: Retail Food Establishment Inspection Report V4
 Audit Type: 10_Routine Inspection
 Start Date: 02 Apr 2013 03:52 PM
 End Date: 02 Apr 2013 03:52 PM
 Inspector: Ronnie Herndon

Overall Score
93%

Audit Level Notes:

will do follow up on 4-9-13

Inspection Information

Item	Answer	Points Current	Points to Total
Grade Posted	A	10	10
Is a follow up required	Yes		
Follow up date	4/9/2013		
DHEC phone & fax #	Florence - (843)661-4825 Fax- (843)661-4858		
Totals		10	10

Critical Risk Factors

Item	Answer	Points Current	Points to Total
1. Properly Cooked- Potentially hazardous food	N/A	5	5
2. Proper holding temperature- Potentially hazardous food	IN	5	5
3. Proper cooling and reheating- Potentially hazardous food	N/A	5	5
4. Personnel with infections restricted	IN	5	5
5. Proper hygiene: hands clean, nails, properly washed, glove use, handsink access	IN	5	5
6. Cross contamination prevented/ Food protected	IN	5	5
7. Wash, Rinse, Sanitize: clean, concentration	IN	5	5
8. Food from an approved source & sound condition	IN	5	5
Totals		40	40

Critical Violations

Item	Answer	Points Current	Points to Total
9. Water source safe, Hot & Cold under pressure, Back siphonage, Sewage	IN	5	5
10. Handling foods minimized	IN	4	4
11. Insects/Rodents/Animals restricted	IN	4	4
12. Toxic substances properly identified, stored, used	IN	4	4
Totals		17	17

Violations

Item	Answer	Points Current	Points to Total
13. Food protection, Thawing	OUT	0	2
Comments			
cases of frosted flakes stored on floor (store area)C h 2 C ..1 b			
Is this a repeat?	no		
14. Personal hygiene, Outer clothing clean	IN	2	2

15. Food contact surfaces: clean, free of abrasives, detergents	OUT	0	2
Comments			
• Inside of ice maker dirty (chute area) (stock room) C h 5 A 1.c-d			
Is this a repeat?	no		
16. Food contact surfaces: designed, constructed, maintained, installed, located	IN	2	2
17. Handsink: good repair, clean, soap/paper towels	IN	2	2
18. Warewash: constructed, maintained, installed, clean	IN	2	2
19. Towel sanitization: proper concentration, clean, labeled	IN	2	2
20. Thermometers: provided, used, accurate, proper test kits	IN	2	2
21. Mobile unit: return to base station	IN	2	2
22. Non-food-contact surfaces of equipment and utensils clean	IN	1	1
23. Non-food-contact surfaces: designed, constructed, maintained, installed	IN	1	1
24. Proper storage: utensils (stored/in use), equipment, single service, linens	OUT	0	1
Comments			
• toilet tissue and paper towels stored on floor (store area) C h 5 B .4			
Is this a repeat?	no	0	0
25. Labeled food properly	IN	1	1
26. Floors and floor coverings: drained, constructed, good repair, clean	IN	1	1
27. Walls/ ceilings and attached equip.: constructed, good repair, clean	OUT	0	1
Comments			
• ceiling cooling unit fan guards dirty (meat mkt) C h 7 C .4 replace missing ceiling tiles (store area) C h 7 C .1.b			
Is this a repeat?	no		
28. Personal items, Authorized persons, Separate living quarters	IN	1	1
29. Ventilation adequate	IN	1	1
30. Lighting provided as required, fixtures shielded	IN	1	1
31. Plumbing installed, maintained	IN	1	1
32. Toilet: selfclosing, repairs, supplied, waste receptacles	OUT	0	1
Comments			
• toilet dirty ,holes in wall (ladies rest room) C h 7 C .4			
Is this a repeat?	no		
33. Garbage/refuse: containers clean, adequate, covered	IN	1	1
34. Can wash/ Mop sink; Waste water disposal	IN	1	1
35. Cleaning equipment stored orderly, maintained	IN	1	1
36. Premises maintained, unnecessary articles	IN	1	1
Totals		26	33

DAR Information

Item	Answer	Points Current	Points to Total
Activity Time Units:	0		
Travel Time Units:	0		
Mileage:	0		
Totals			

Auditor Signature: Ronnie Herndon

Account Signature:

JRH

SIE DHET 1222
4-2-13



Retail Food Establishment Inspection Report

Facility Information		Audit Information	
Permit Number:	34-211-00508	Audit Name:	Retail Food Establishment Inspection Report V4
Facility Name:	PIGGLY WIGGLY #65 MARKET	Audit Type:	15_Follow-Up Inspection
Address:	235 HIGHWAY 15/401 BYPASS	Start Date:	27 Nov 2012 04:23 PM
City/State/Zip:	BENNETTSVILLE, SC 295120000 MARLBORO	End Date:	27 Nov 2012 04:23 PM
Contact Name:	Patricia Bethea	Inspector:	Ronnie Hemdon

Overall Score
99%

Audit Level Notes:

all violations from 11/20/12 were corrected except # 32 holes in ladies rest room wall

Inspection Information

Item	Answer	Points Current	Points to Total
Grade Posted	A	10	10
Is a follow up required	No		
DHEC phone & fax #	Fairfield - (803)896-0620 Fax (803)896-0617		
Totals		10	10

Critical Risk Factors

Item	Answer	Points Current	Points to Total
1. Properly Cooked- Potentially hazardous food	N/A	5	5
2. Proper holding temperature- Potentially hazardous food	IN	5	5
3. Proper cooling and reheating- Potentially hazardous food	N/A	5	5
4. Personnel with infections restricted	IN	5	5
5. Proper hygiene: hands clean, nails, properly washed, glove use, handsink access	IN	5	5
6. Cross contamination prevented/ Food protected	IN	5	5
7. Wash, Rinse, Sanitize: clean, concentration	IN	5	5
8. Food from an approved source & sound condition	IN	5	5
Totals		40	40

Critical Violations

Item	Answer	Points Current	Points to Total
9. Water source safe, Hot & Cold under pressure, Back siphonage, Sewage	IN	5	5
10. Handling foods minimized	IN	4	4
11. Insects/Rodents/Animals restricted	IN	4	4
12. Toxic substances properly identified, stored, used	IN	4	4
Totals		17	17

Violations

Item	Answer	Points Current	Points to Total
13. Food protection, Thawing	IN	2	2
14. Personal hygiene, Outer clothing clean	IN	2	2
15. Food contact surfaces: clean, free of abrasives, detergents	IN	2	2
16. Food contact surfaces: designed, constructed, maintained, installed, located	IN	2	2
17. Handsink: good repair, clean, soap/paper towels	IN	2	2
18. Warewash: constructed, maintained, installed, clean	IN	2	2
19. Towel sanitization: proper concentration, clean, labeled	IN	2	2

20. Thermometers: provided, used, accurate, proper test kits	IN	2	2
21. Mobile unit; return to base station	IN	2	2
22. Non-food-contact surfaces of equipment and utensils clean	IN	1	1
23. Non-food-contact surfaces: designed, constructed, maintained, installed	IN	1	1
24. Proper storage: utensils (stored/in use), equipment, single service, linens	IN	1	1
25. Labeled food properly	IN	1	1
26. Floors and floor coverings: drained, constructed, good repair, clean	IN	1	1
27. Walls/ ceilings and attached equip.: constructed, good repair, clean	IN	1	1
28. Personal items, Authorized persons, Separate living quarters	IN	1	1
29. Ventilation adequate	IN	1	1
30. Lighting provided as required, fixtures shielded	IN	1	1
31. Plumbing installed, maintained	IN	1	1
32. Toilet: selfclosing, repairs, supplied, waste receptacles	OUT	0	1
Comments			
• ladies rest room --holes in wall C h 7 . C . 4			
Is this a repeat?	no		
33. Garbage/refuse: containers clean, adequate, covered	IN	1	1
34. Can wash/ Mop sink; Waste water disposal	IN	1	1
35. Cleaning equipment stored orderly, maintained	IN	1	1
36. Premises maintained, unnecessary articles	IN	1	1
Totals		32	33

DAR Information

Item	Answer	Points Current	Points to Total
Activity Time Units:	0		
Travel Time Units:	0		
Mileage:	0		
Totals			

Auditor Signature: Ronnie Herndon

Account Signature:

JRH

SEE DHES 1722
11-27-12



Retail Food Establishment Inspection Report

Facility Information
 Permit Number: 34-211-00508
 Facility Name: PIGGLY WIGGLY #65 MARKET
 Address: 235 HIGHWAY 15/401 BYPASS
 City/State/Zip: BENNETTSVILLE, SC 295120000 MARLBORO
 Contact Name: Patricia Bethea

Audit Information
 Audit Name: Retail Food Establishment Inspection Report V4
 Audit Type: 10_Routine Inspection
 Start Date: 20 Nov 2012 03:20 PM
 End Date: 20 Nov 2012 03:20 PM
 Inspector: Ronnie Herndon

Overall Score
 95%

Audit Level Notes:

will do follow up on 11-27 -12

Inspection Information

Item	Answer	Points Current	Points to Total
Grade Posted	A	10	10
Is a follow up required	Yes		
Follow up date	11/27/2012		
DHEC phone & fax #	Florence - (843)661-4825 Fax- (843)661-4858		
Totals		10	10

Critical Risk Factors

Item	Answer	Points Current	Points to Total
1. Properly Cooked- Potentially hazardous food	N/O	5	5
2. Proper holding temperature- Potentially hazardous food	IN	5	5
3. Proper cooling and reheating- Potentially hazardous food	N/A	5	5
4. Personnel with infections restricted	IN	5	5
5. Proper hygiene: hands clean, nails, properly washed, glove use, handsink access	IN	5	5
6. Cross contamination prevented/ Food protected	IN	5	5
7. Wash, Rinse, Sanitize: clean, concentration	IN	5	5
8. Food from an approved source & sound condition	IN	5	5
Totals		40	40

Critical Violations

Item	Answer	Points Current	Points to Total
9. Water source safe, Hot & Cold under pressure, Back siphonage, Sewage	IN	5	5
10. Handling foods minimized	IN	4	4
11. Insects/Rodents/Animals restricted	IN	4	4
12. Toxic substances properly identified, stored, used	IN	4	4
Totals		17	17

Violations

Item	Answer	Points Current	Points to Total
13. Food protection, Thawing	OUT	0	2
Comments			
• cases of lucky charms cereal stored on floor (store area) C h 2 C .1 .b			
• Food not stored 6-inches off the floor.			
Is this a repeat?	no		
14. Personal hygiene, Outer clothing clean	IN	2	2

15. Food contact surfaces: clean, free of abrasives, detergents	IN	2	2
16. Food contact surfaces: designed, constructed, maintained, installed, located	IN	2	2
17. Handsink: good repair, clean, soap/paper towels	IN	2	2
18. Warewash: constructed, maintained, installed, clean	IN	2	2
19. Towel sanitization: proper concentration, clean, labeled	IN	2	2
20. Thermometers: provided, used, accurate, proper test kits	IN	2	2
21. Mobile unit: return to base station	IN	2	2
22. Non-food-contact surfaces of equipment and utensils clean	IN	1	1
23. Non-food-contact surfaces: designed, constructed, maintained, installed	IN	1	1
24. Proper storage: utensils (stored/in use), equipment, single service, linens	OUT	0	1
Comments			
• toilet tissue and paper towels stored on floor (store area) Ch 5 . B . 4			
• Single service items improperly stored.			
Is this a repeat?	no	0	0
25. Labeled food properly	IN	1	1
26. Floors and floor coverings: drained, constructed, good repair, clean	IN	1	1
27. Walls/ ceilings and attached equip.: constructed, good repair, clean	OUT	0	1
Comments			
• return wall vent dirty (hall next to rest rooms) Ch 7 . C . 4—fan guards on ceiling cooling unit dirty (meat mkt) Ch 7 C . 4			
Is this a repeat?	no		
28. Personal items, Authorized persons, Separate living quarters	IN	1	1
29. Ventilation adequate	IN	1	1
30. Lighting provided as required, fixtures shielded	IN	1	1
31. Plumbing installed, maintained	IN	1	1
32. Toilet: selfclosing, repairs, supplied, waste receptacles	OUT	0	1
Comments			
• toilet dirty, holes in wall and cabinets dirty (ladies rest room) Ch 7 . C . 4			
Is this a repeat?	no		
33. Garbage/refuse: containers clean, adequate, covered	IN	1	1
34. Can wash/ Mop sink; Waste water disposal	IN	1	1
35. Cleaning equipment stored orderly, maintained	IN	1	1
36. Premises maintained, unnecessary articles	IN	1	1
Totals		28	33

DAR Information

Item	Answer	Points Current	Points to Total
Activity Time Units:	0		
Travel Time Units:	0		
Mileage:	0		
Totals			

Auditor Signature: Ronnie Herndon

Account Signature:

JRH

SEE DEC 17 22
11-20-12



Retail Food Establishment Inspection Report

Facility Information		Audit Information	
Permit Number:	34-211-00508	Audit Name:	Retail Food Establishment Inspection Report V4
Facility Name:	PIGGLY WIGGLY #65 MARKET	Audit Type:	15_Follow-Up Inspection
Address:	235 HIGHWAY 15401 BYPASS	Start Date:	31 Jul 2012 03:11 PM
City/State/Zip:	BENNETTSVILLE, SC 295120000 MARLBORO	End Date:	31 Jul 2012 03:11 PM
Contact Name:	Patricia Bethea	Inspector:	Ronnie Herndon

Overall Score
99%

Inspection Information

Item	Answer	Points Current	Points to Total
Grade Posted	A	10	10
Is a follow up required	No		
DHEC phone & fax #	Florence - (843)661-4825 Fax- (843)661-4858		
Totals		10	10

Critical Risk Factors

Item	Answer	Points Current	Points to Total
1. Properly Cooked- Potentially hazardous food	IN	5	5
2. Proper holding temperature- Potentially hazardous food	IN	5	5
3. Proper cooling and reheating- Potentially hazardous food	N/A	5	5
4. Personnel with infections restricted	IN	5	5
5. Proper hygiene: hands clean, nails, properly washed, glove use, handsink access	IN	5	5
6. Cross contamination prevented/ Food protected	IN	5	5
7. Wash, Rinse, Sanitize: clean, concentration	IN	5	5
8. Food from an approved source & sound condition	IN	5	5
Totals		40	40

Critical Violations

Item	Answer	Points Current	Points to Total
9. Water source safe, Hot & Cold under pressure, Back siphonage, Sewage	IN	5	5
10. Handling foods minimized	IN	4	4
11. Insects/Rodents/Animals restricted	IN	4	4
12. Toxic substances properly identified, stored, used	IN	4	4
Totals		17	17

Violations

Item	Answer	Points Current	Points to Total
13. Food protection, Thawing	IN	2	2
14. Personal hygiene, Outer clothing clean	IN	2	2
15. Food contact surfaces: clean, free of abrasives, detergents	IN	2	2
16. Food contact surfaces: designed, constructed, maintained, installed, located	IN	2	2
17. Handsink: good repair, clean, soap/paper towels	IN	2	2
18. Warewash: constructed, maintained, installed, clean	IN	2	2
19. Towel sanitization: proper concentration, clean, labeled	IN	2	2
20. Thermometers: provided, used, accurate, proper test kits	IN	2	2
21. Mobile unit: return to base station	IN	2	2
22. Non-food-contact surfaces of equipment and utensils clean	IN	1	1
23. Non-food-contact surfaces: designed, constructed, maintained, installed	IN	1	1

24. Proper storage: utensils (stored/in use), equipment, single service, linens
 25. Labeled food properly
 26. Floors and floor coverings: drained, constructed, good repair, clean
 27. Walls/ ceilings and attached equip.: constructed, good repair, clean
 Comments

IN	1	1
IN	1	1
IN	1	1
OUT	0	1

• CEILING COOLING UNIT LEAKING @ MEAT MKT

Is this a repeat?

yes

28. Personal items, Authorized persons, Separate living quarters
 29. Ventilation adequate
 30. Lighting provided as required, fixtures shielded
 31. Plumbing installed, maintained
 32. Toilet: selfclosing, repairs, supplied, waste receptacles
 33. Garbage/refuse: containers clean, adequate, covered
 34. Can wash/ Mop sink; Waste water disposal
 35. Cleaning equipment stored orderly, maintained
 36. Premises maintained, unnecessary articles

IN	1	1
IN	1	1
IN	1	1
IN	1	1
IN	1	1
IN	1	1
IN	1	1
IN	1	1
IN	1	1
Totals	32	33

DAR Information

Item

Answer

Points
Current Points to Total

Activity Time Units:

0

Travel Time Units:

0

Mileage:

0

Totals

Auditor Signature: Ronnie Herndon

Account Signature:

SRH

Sgt. D. H. 1722
7-31-12



Retail Food Establishment Inspection Report

Facility Information	Audit Information
Permit Number: 34-211-00508	Audit Name: Retail Food Establishment Inspection Report V4
Facility Name: PIGGLY WIGGLY #65 MARKET	Audit Type: 10_Routine Inspection
Address: 235 HIGHWAY 15401 BYPASS	Start Date: 24 Jul 2012 01:03 PM
City/State/Zip: BENNETTSVILLE, SC 295120000 MARLBORO	End Date: 24 Jul 2012 01:03 PM
Contact Name: Patricia Bethea	Inspector: Ronnie Hemdon

Overall Score
95%

Audit Level Notes:

WILL DO FOLLOW UP ON 7-31-12

Inspection Information

Item	Answer	Points Current	Points to Total
Grade Posted	A	10	10
Is a follow up required	Yes		
Follow up date	7/31/2012		
DHEC phone & fax #	Florence - (843)661-4825 Fax- (843)661-4858		
Totals		10	10

Critical Risk Factors

Item	Answer	Points Current	Points to Total
1. Properly Cooked- Potentially hazardous food	N/A	5	5
2. Proper holding temperature- Potentially hazardous food	IN	5	5
3. Proper cooling and reheating- Potentially hazardous food	N/A	5	5
4. Personnel with infections restricted	IN	5	5
5. Proper hygiene: hands clean, nails, properly washed, glove use, handsink access	IN	5	5
6. Cross contamination prevented/ Food protected	IN	5	5
7. Wash, Rinse, Sanitize: clean, concentration	IN	5	5
8. Food from an approved source & sound condition	IN	5	5
Totals		40	40

Critical Violations

Item	Answer	Points Current	Points to Total
9. Water source safe, Hot & Cold under pressure, Back siphonage, Sewage	IN	5	5
10. Handling foods minimized	IN	4	4
11. Insects/Rodents/Animals restricted	IN	4	4
12. Toxic substances properly identified, stored, used	IN	4	4
Totals		17	17

Violations

Item	Answer	Points Current	Points to Total
13. Food protection, Thawing	IN	2	2
14. Personal hygiene, Outer clothing clean	IN	2	2
15. Food contact surfaces: clean, free of abrasives, detergents	IN	2	2
16. Food contact surfaces: designed, constructed, maintained, installed, located	OUT	0	2

Comments
REPLACE BROKEN WHITE MEAT TRAYS (MEAT MKT)

Is this a repeat?	no		
17. Handsink: good repair, clean, soap/paper towels	IN	2	2
18. Warewash: constructed, maintained, installed, clean	IN	2	2
19. Towel sanitization: proper concentration, clean, labeled	IN	2	2
20. Thermometers: provided, used, accurate, proper test kits	IN	2	2
21. Mobile unit: return to base station	IN	2	2
22. Non-food-contact surfaces of equipment and utensils clean	OUT	0	1

Comments

• OUTSIDE OF WRAPPING MACHINES DIRTY

Is this a repeat?	no		
23. Non-food-contact surfaces: designed, constructed, maintained, installed	IN	1	1
24. Proper storage: utensils (stored/in use), equipment, single service, linens	IN	1	1
25. Labeled food properly	IN	1	1
26. Floors and floor coverings: drained, constructed, good repair, clean	OUT	0	1

Comments

• FLOOR DIRTY (MEAT MKT)

Is this a repeat?	no		
27. Walls/ceilings and attached equip.: constructed, good repair, clean	OUT	0	1

Comments

• REPLACE MISSING CEILING TILES--STORE AREA --FAN GUARDS ON CEILING COOLING UNIT DIRTY AND LEAKING (MEATMKT)

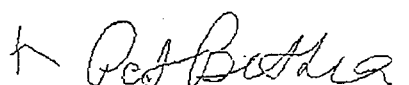
Is this a repeat?	no		
28. Personal items, Authorized persons, Separate living quarters	IN	1	1
29. Ventilation adequate	IN	1	1
30. Lighting provided as required, fixtures shielded	IN	1	1
31. Plumbing installed, maintained	IN	1	1
32. Toilet: selfclosing, repairs, supplied, waste receptacles	IN	1	1
33. Garbage/refuse: containers clean, adequate, covered	IN	1	1
34. Can wash/ Mop sink; Waste water disposal	IN	1	1
35. Cleaning equipment stored orderly, maintained	IN	1	1
36. Premises maintained, unnecessary articles	IN	1	1
Totals		28	33

DAR Information

Item	Answer	Points Current	Points to Total
Activity Time Units:	0		
Travel Time Units:	0		
Mileage:	0		
Totals			

Auditor Signature: Ronnie Herndon

Account Signature:



Retail Food Establishment Inspection Report

Facility Information		Audit Information	
Permit Number:	34-211-00508	Audit Name:	Retail Food Establishment Inspection Report V4
Facility Name:	PIGGLY WIGGLY #65 MARKET	Audit Type:	15_Follow-Up Inspection
Address:	235 HIGHWAY 15/401 BYPASS	Start Date:	10 Apr 2012 09:44 AM
City/State/Zip:	BENNETTSVILLE, SC 295120000 MARLBORO	End Date:	10 Apr 2012 10:36 AM
Contact Name:	Patricia Bethea	Inspector:	Ronnie Herndon

Overall Score
100%

Inspection Information

Item	Answer	Points Current	Points to Total
Grade Posted	A	10	10
Is a follow up required	No		
DHEC phone & fax #	Florence - (843)661-4825 Fax- (843)661-4858		
Totals		10	10

Critical Risk Factors

Item	Answer	Points Current	Points to Total
1. Properly Cooked- Potentially hazardous food	N/A	5	5
2. Proper holding temperature- Potentially hazardous food	IN	5	5
3. Proper cooling and reheating- Potentially hazardous food	N/A	5	5
4. Personnel with infections restricted	IN	5	5
5. Proper hygiene: hands clean, nails, properly washed, glove use, handsink access	IN	5	5
6. Cross contamination prevented/ Food protected	IN	5	5
7. Wash, Rinse, Sanitize: clean, concentration	IN	5	5
8. Food from an approved source & sound condition	IN	5	5
Totals		40	40

Critical Violations

Item	Answer	Points Current	Points to Total
9. Water source safe, Hot & Cold under pressure, Back siphonage, Sewage	IN	5	5
10. Handling foods minimized	IN	4	4
11. Insects/Rodents/Animals restricted	IN	4	4
12. Toxic substances properly identified, stored, used	IN	4	4
Totals		17	17

Violations

Item	Answer	Points Current	Points to Total
13. Food protection, Thawing	IN	2	2
14. Personal hygiene, Outer clothing clean	IN	2	2
15. Food contact surfaces: clean, free of abrasives, detergents	IN	2	2
16. Food contact surfaces: designed, constructed, maintained, installed, located	IN	2	2
17. Handsink: good repair, clean, soap/paper towels	IN	2	2
18. Warewash: constructed, maintained, installed, clean	IN	2	2
19. Towel sanitization: proper concentration, clean, labeled	IN	2	2
20. Thermometers: provided, used, accurate, proper test kits	IN	2	2
21. Mobile unit: return to base station	IN	2	2
22. Non-food-contact surfaces of equipment and utensils clean	IN	1	1
23. Non-food-contact surfaces: designed, constructed, maintained, installed	IN	1	1

24. Proper storage: utensils (stored/in use), equipment, single service, linens	IN	1	1
25. Labeled food properly	IN	1	1
26. Floors and floor coverings: drained, constructed, good repair, clean	IN	1	1
27. Walls/ ceilings and attached equip.: constructed, good repair, clean	IN	1	1
28. Personal items, Authorized persons, Separate living quarters	IN	1	1
29. Ventilation adequate	IN	1	1
30. Lighting provided as required, fixtures shielded	IN	1	1
31. Plumbing installed, maintained	IN	1	1
32. Toilet: selfclosing, repairs, supplied, waste receptacles	IN	1	1
33. Garbage/refuse: containers clean, adequate, covered	IN	1	1
34. Can wash/ Mop sink; Waste water disposal	IN	1	1
35. Cleaning equipment stored orderly, maintained	IN	1	1
36. Premises maintained, unnecessary articles	IN	1	1
Totals		33	33

DAR Information

Item	Answer	Points Current	Points to Total
Activity Time Units:	0		
Travel Time Units:	0		
Mileage:	0		
Totals			

Auditor Signature: Ronnie Herndon

Account Signature:

SRH

Patricia Bethke



Retail Food Establishment Inspection Report

Facility Information

Permit Number: 34-211-00508
 Facility Name: PIGGLY WIGGLY #66 MARKET
 Address: 235 HIGHWAY 15/401 BYPASS
 City/State/Zip: BENNETTSVILLE, SC 295120000 MARLBORO
 Contact Name: Patricia Bethea

Audit Information

Audit Name: Retail Food Establishment Inspection Report V4
 Audit Type: 10_Routine Inspection
 Start Date: 03 Apr 2012 09:36 AM
 End Date: 03 Apr 2012 09:36 AM
 Inspector: Ronnie Herndon

Overall Score
94%

Audit Level Notes:

WILL DO FOLLOW UP ON 4-10-12

Inspection Information

Item	Answer	Points Current	Points to Total
Grade Posted	A	10	10
Is a follow up required	Yes		
Follow up date	4/10/2012		
DHEC phone & fax #	Florence - (843)661-4825 Fax- (843)661-4858		
Totals		10	10

Critical Risk Factors

Item	Answer	Points Current	Points to Total
1. Properly Cooked- Potentially hazardous food	N/A	5	5
2. Proper holding temperature- Potentially hazardous food	IN	5	5
3. Proper cooling and reheating- Potentially hazardous food	N/A	5	5
4. Personnel with infections restricted	IN	5	5
5. Proper hygiene: hands clean, nails, properly washed, glove use, handsink access	IN	5	5
6. Cross contamination prevented/ Food protected	IN	5	5
7. Wash, Rinse, Sanitize: clean, concentration	IN	5	5
8. Food from an approved source & sound condition	IN	5	5
Totals		40	40

Critical Violations

Item	Answer	Points Current	Points to Total
9. Water source safe, Hot & Cold under pressure, Back siphonage, Sewage	IN	5	5
10. Handling foods minimized	IN	4	4
11. Insects/Rodents/Animals restricted	IN	4	4
12. Toxic substances properly identified, stored, used	IN	4	4
Totals		17	17

Violations

Item	Answer	Points Current	Points to Total
13. Food protection, Thawing	OUT	0	2
Comments			
• BOXES OF FROSTED FLAKES STORED ON FLOOR			
Is this a repeat?	no		
14. Personal hygiene, Outer clothing clean	IN	2	2
15. Food contact surfaces: clean, free of abrasives, detergents	IN	2	2

16. Food contact surfaces: designed, constructed, maintained, installed, located

IN

2

2

17. Handsink: good repair, clean, soap/paper towels

IN

2

2

18. Warewash: constructed, maintained, installed, clean

IN

2

2

19. Towel sanitization: proper concentration, clean, labeled

IN

2

2

20. Thermometers: provided, used, accurate, proper test kits

IN

2

2

21. Mobile unit: return to base station

IN

2

2

22. Non-food-contact surfaces of equipment and utensils clean

OUT

0

1

Comments

• MEAT MKT

• Non-food contact surfaces such as shelves need to be clean.

REMOVE PRICE STICKERS FROM PREP TABLES

Is this a repeat?

no

23. Non-food-contact surfaces: designed, constructed, maintained, installed

IN

1

1

24. Proper storage: utensils (stored/in use), equipment, single service, linens

OUT

0

1

Comments

• SINGLE SERVICE ITEMS STORED ON FLOOR (STORE AREA—TOILET TISSUE AND PAPER TOWELS)

Is this a repeat?

no

0

0

25. Labeled food properly

IN

1

1

26. Floors and floor coverings: drained, constructed, good repair, clean

OUT

0

1

Comments

• FLOOR DIRTY (MEAT MKT)

Is this a repeat?

no

27. Walls/ ceilings and attached equip.: constructed, good repair, clean

OUT

0

1

Comments

• FAN GUARDS ON CEILING COOLING UNIT DIRTY—(MEAT MKT)

Is this a repeat?

no

28. Personal items, Authorized persons, Separate living quarters

IN

1

1

29. Ventilation adequate

IN

1

1

30. Lighting provided as required, fixtures shielded

IN

1

1

31. Plumbing installed, maintained

IN

1

1

32. Toilet: selfclosing, repairs, supplied, waste receptacles

IN

1

1

33. Garbage/refuse: containers clean, adequate, covered

IN

1

1

34. Can wash/ Mop sink; Waste water disposal

IN

1

1

35. Cleaning equipment stored orderly, maintained

IN

1

1

36. Premises maintained, unnecessary articles

IN

1

1

Totals

27

33

DAR Information

Item

Answer

Points
Current

Points to
Total

Activity Time Units:

0

Travel Time Units:

0

Mileage:

0

Totals

Auditor Signature: Ronnie Herndon

Account Signature:

SRH

X Maryc Peto



Retail Food Establishment Inspection Report

Facility Information		Audit Information	
Permit Number:	34-211-00508	Audit Name:	Retail Food Establishment Inspection Report V4
Facility Name:	PIGGLY WIGGLY #65 MARKET	Audit Type:	15_Follow-Up Inspection
Address:	235 HIGHWAY 15/401 BYPASS	Start Date:	10 Jan 2012 01:26 PM
City/State/Zip:	BENNETTSVILLE, SC 295120000 MARLBORO	End Date:	10 Jan 2012 02:11 PM
Contact Name:	Patricia Bethea	Inspector:	Ronnie Herndon

Overall Score
100%

Inspection Information

Item	Answer	Points Current	Points to Total
Grade Posted	A	10	10
Is a follow up required	No		
DHEC phone & fax #	Florence - (843)661-4825 Fax- (843)661-4858		
Totals		10	10

Critical Risk Factors

Item	Answer	Points Current	Points to Total
1. Properly Cooked- Potentially hazardous food	N/A	5	5
2. Proper holding temperature- Potentially hazardous food	IN	5	5
3. Proper cooling and reheating- Potentially hazardous food	N/A	5	5
4. Personnel with infections restricted	IN	5	5
5. Proper hygiene: hands clean, nails, properly washed, glove use, handsink access	IN	5	5
6. Cross contamination prevented/ Food protected	IN	5	5
7. Wash, Rinse, Sanitize: clean, concentration	IN	5	5
8. Food from an approved source & sound condition	IN	5	5
Totals		40	40

Critical Violations

Item	Answer	Points Current	Points to Total
9. Water source safe, Hot & Cold under pressure, Back siphonage, Sewage	IN	5	5
10. Handling foods minimized	IN	4	4
11. Insects/Rodents/Animals restricted	IN	4	4
12. Toxic substances properly identified, stored, used	IN	4	4
Totals		17	17

Violations

Item	Answer	Points Current	Points to Total
13. Food protection, Thawing	IN	2	2
14. Personal hygiene, Outer clothing clean	IN	2	2
15. Food contact surfaces: clean, free of abrasives, detergents	IN	2	2
16. Food contact surfaces: designed, constructed, maintained, installed, located	IN	2	2
17. Handsink: good repair, clean, soap/paper towels	IN	2	2
18. Warewash: constructed, maintained, installed, clean	IN	2	2
19. Towel sanitization: proper concentration, clean, labeled	IN	2	2
20. Thermometers: provided, used, accurate, proper test kits	IN	2	2
21. Mobile unit: return to base station	IN	2	2
22. Non-food-contact surfaces of equipment and utensils clean	IN	1	1
23. Non-food-contact surfaces: designed, constructed, maintained, installed	IN	1	1

24. Proper storage: utensils (stored/in use), equipment, single service, linens	IN	1	1
25. Labeled food properly	IN	1	1
26. Floors and floor coverings: drained, constructed, good repair, clean	IN	1	1
27. Walls/ ceilings and attached equip.: constructed, good repair, clean	IN	1	1
28. Personal items, Authorized persons, Separate living quarters	IN	1	1
29. Ventilation adequate	IN	1	1
30. Lighting provided as required, fixtures shielded	IN	1	1
31. Plumbing installed, maintained	IN	1	1
32. Toilet: selfclosing, repairs, supplied, waste receptacles	IN	1	1
33. Garbage/refuse: containers clean, adequate, covered	IN	1	1
34. Can wash/ Mop sink; Waste water disposal	IN	1	1
35. Cleaning equipment stored orderly, maintained	IN	1	1
36. Premises maintained, unnecessary articles	IN	1	1
Totals		33	33

DAR Information

Item	Answer	Points Current	Points to Total
Activity Time Units:	0		
Travel Time Units:	0		
Mileage:	0		
Totals			

Auditor Signature: Ronnie Herndon

Account Signature:

SRH

J Patricia Bethea



Retail Food Establishment Inspection Report

Facility Information		Audit Information	
Permit Number:	34-211-00508	Audit Name:	Retail Food Establishment Inspection Report V4
Facility Name:	PIGGLY WIGGLY #65 MARKET	Audit Type:	10_Routine Inspection
Address:	235 HIGHWAY 15/401 BYPASS	Start Date:	03 Jan 2012 01:14 PM
City/State/Zip:	BENNETTSVILLE, SC 295120000 MARLBORO	End Date:	03 Jan 2012 01:14 PM
Contact Name:	Patricia Bethea	Inspector:	Ronnie Herndon

Overall Score
94%

Audit Level Notes:

WILL DO FOLLOW UP ON 1-10-2012

Inspection Information

Item	Answer	Points Current	Points to Total
Grade Posted	A	10	10
Is a follow up required	Yes		
Follow up date	1/10/2012		
DHEC phone & fax #	Florence - (843)661-4825 Fax- (843)661-4858		
Totals		10	10

Critical Risk Factors

Item	Answer	Points Current	Points to Total
1. Properly Cooked- Potentially hazardous food	N/A	5	5
2. Proper holding temperature- Potentially hazardous food	IN	5	5
3. Proper cooling and reheating- Potentially hazardous food	N/A	5	5
4. Personnel with infections restricted	IN	5	5
5. Proper hygiene: hands clean, nails, properly washed, glove use, handsink access	IN	5	5
6. Cross contamination prevented/ Food protected	IN	5	5
7. Wash, Rinse, Sanitize: clean, concentration	IN	5	5
8. Food from an approved source & sound condition	IN	5	5
Totals		40	40

Critical Violations

Item	Answer	Points Current	Points to Total
9. Water source safe, Hot & Cold under pressure, Back siphonage, Sewage	IN	5	5
10. Handling foods minimized	IN	4	4
11. Insects/Rodents/Animals restricted	IN	4	4
12. Toxic substances properly identified, stored, used	IN	4	4
Totals		17	17

Violations

Item	Answer	Points Current	Points to Total
13. Food protection, Thawing	IN	2	2
14. Personal hygiene, Outer clothing clean	IN	2	2
15. Food contact surfaces: clean, free of abrasives, detergents	IN	2	2
16. Food contact surfaces: designed, constructed, maintained, installed, located	IN	2	2
17. Handsink: good repair, clean, soap/paper towels	IN	2	2

18. Warewash: constructed, maintained, installed, clean	IN	2	2
19. Towel sanitization: proper concentration, clean, labeled	IN	2	2
20. Thermometers: provided, used, accurate, proper test kits	IN	2	2
21. Mobile unit: return to base station	IN	2	2
22. Non-food-contact surfaces of equipment and utensils clean	OUT	0	1
Comments			
• REMOVE ALL PRICE STICKERS STUCK ON TABLES AND SCALES			
• Non-food contact surfaces such as shelves need to be clean.			
Is this a repeat?	yes		
23. Non-food-contact surfaces: designed, constructed, maintained, installed	OUT	0	1
Comments			
• NEED PAD ON WRAPPING MACHINE			
Is this a repeat?	no		
24. Proper storage: utensils (stored/in use), equipment, single service, linens	OUT	0	1
Comments			
• SINGLE SERVICE ITEMS STORED ON FLOOR --(STORE) ---SINGLE SERVICE MEAT TRAYS STORED ON FLOOR (MEAT MKT)			
Is this a repeat?	yes		
25. Labeled food properly	IN	1	1
26. Floors and floor coverings: drained, constructed, good repair, clean	OUT	0	1
Comments			
• FLOOR DIRTY (MEAT MKT)			
Is this a repeat?	no		
27. Walls/ ceilings and attached equip.: constructed, good repair, clean	OUT	0	1
Comments			
• RETURN AIR COND VENT DIRTY (NEXT TO REST ROOMS)---AIR COND COOLING UNIT FAN GUARDS DIRTY (MEAT MKT)			
Is this a repeat?	no		
28. Personal items, Authorized persons, Separate living quarters	IN	1	1
29. Ventilation adequate	IN	1	1
30. Lighting provided as required, fixtures shielded	OUT	0	1
Comments			
• REPLACE BURNT OUT LIGHT TUBES (BATH ROOM HALL)--REPLACE WEAK LIGHT TUBES IN MEAT MKT			
Is this a repeat?	no		
31. Plumbing installed, maintained	IN	1	1
32. Toilet: selfclosing, repairs, supplied, waste receptacles	IN	1	1
33. Garbage/refuse: containers clean, adequate, covered	IN	1	1
34. Can wash/ Mop sink: Waste water disposal	IN	1	1
35. Cleaning equipment stored orderly, maintained	IN	1	1
36. Premises maintained, unnecessary articles	IN	1	1
Totals		27	33

DAR Information

Item	Answer	Points Current	Points to Total
Activity Time Units:	0		
Travel Time Units:	0		
Mileage:	0		
Totals			

Auditor Signature: Ronnie Herndon

Account Signature:

SRH

X Patricia Bether



Retail Food Establishment Inspection Report

Facility Information	Audit Information
Permit Number: 34-211-00508	Audit Name: Retail Food Establishment Inspection Report V4
Facility Name: PIGGLY WIGGLY #65 MARKET	Audit Type: 10_Routine Inspection
Address: 235 HIGHWAY 15/401 BYPASS	Start Date: 26 Sep 2011 02:49 PM
City/State/Zip: BENNETTSVILLE, SC 295120000 MARLBORO	End Date: 26 Sep 2011 02:56 PM
Contact Name: Patricia Bethea	Inspector: RONNIE HERNDON

Overall Score
97%

Inspection Information

Item	Answer	Points Current	Points to Total
Grade Posted	A	10	10
Is a follow up required	No		
DHEC phone & fax #	Florence - (843)661-4825 Fax- (843)661-4858		
Totals		10	10

Critical Risk Factors

Item	Answer	Points Current	Points to Total
1. Properly Cooked- Potentially hazardous food	N/A	5	5
2. Proper holding temperature- Potentially hazardous food	IN	5	5
3. Proper cooling and reheating- Potentially hazardous food	N/A	5	5
4. Personnel with infections restricted	IN	5	5
5. Proper hygiene: hands clean, nails, properly washed, glove use, handsink access	IN	5	5
6. Cross contamination prevented/ Food protected	IN	5	5
7. Wash, Rinse, Sanitize: clean, concentration	IN	5	5
8. Food from an approved source & sound condition	IN	5	5
Totals		40	40

Critical Violations

Item	Answer	Points Current	Points to Total
9. Water source safe, Hot & Cold under pressure, Back siphonage, Sewage	IN	5	5
10. Handling foods minimized	IN	4	4
11. Insects/Rodents/Animals restricted	IN	4	4
12. Toxic substances properly identified, stored, used	IN	4	4
Totals		17	17

Violations

Item	Answer	Points Current	Points to Total
13. Food protection, Thawing	IN	2	2
14. Personal hygiene, Outer clothing clean	IN	2	2
15. Food contact surfaces: clean, free of abrasives, detergents	IN	2	2
16. Food contact surfaces: designed, constructed, maintained, installed, located	IN	2	2
17. Handsink: good repair, clean, soap/paper towels	IN	2	2
18. Warewash: constructed, maintained, installed, clean	IN	2	2
19. Towel sanitization: proper concentration, clean, labeled	IN	2	2
20. Thermometers: provided, used, accurate, proper test kits	IN	2	2
21. Mobile unit: return to base station	IN	2	2
22. Non-food-contact surfaces of equipment and utensils clean	OUT	0	1
Comments			

• REMOVE PRICE STICKERS FROM SCALES

Is this a repeat?

23. Non-food-contact surfaces: designed, constructed, maintained, installed

24. Proper storage: utensils (stored/in use), equipment, single service, linens

Comments

• PAPER TOWELS AND TOILET TISSUE STORED ON FLOOR (STORE)

Is this a repeat?

25. Labeled food properly

26. Floors and floor coverings: drained, constructed, good repair, clean

27. Walls/ceilings and attached equip.: constructed, good repair, clean

Comments

• AIR COND FAN GUARDS DIRTY (MEAT MKT)

Is this a repeat?

28. Personal items, Authorized persons, Separate living quarters

29. Ventilation adequate

30. Lighting provided as required, fixtures shielded

31. Plumbing installed, maintained

32. Toilet: selfclosing, repairs, supplied, waste receptacles

33. Garbage/refuse: containers clean, adequate, covered

34. Can wash/ Mop sink; Waste water disposal

35. Cleaning equipment stored orderly, maintained

36. Premises maintained, unnecessary articles

Totals

no

IN

OUT

no

IN

IN

OUT

no

IN

IN

IN

IN

IN

IN

IN

IN

IN

1

0

0

1

1

0

1

1

1

1

1

1

1

1

1

1

30

33

DAR Information

Item

Answer

Points
Current

Points to Total

Activity Time Units:

0

Travel Time Units:

0

Mileage:

0

Totals

Auditor Signature: RONNIE HERNDON

Account Signature:

SRH

*SAH B+J PETER 1722
DATED 9-26-11*



Retail Food Establishment Inspection Report

Facility Information		Audit Information	
Permit Number:	34-211-00508	Audit Name:	Retail Food Establishment Inspection Report V4
Facility Name:	PIGGLY WIGGLY #65 MARKET	Audit Type:	15_Follow-Up Inspection
Address:	235 HIGHWAY 15/401 BYPASS	Start Date:	25 May 2011 09:28 AM
City/State/Zip:	BENNETTSVILLE, SC 295120000 MARLBORO	End Date:	25 May 2011 10:58 AM
Contact Name:	Patricia Bethea	Inspector:	RONNIE HERNDON

Overall Score
99%

Inspection Information

Item	Answer	Points Current	Points to Total
Grade Posted	A	10	10
Is a follow up required	No		
DHEC phone & fax #	Florence - (843)661-4825 Fax- (843)561-4858		
Totals		10	10

Critical Risk Factors

Item	Answer	Points Current	Points to Total
1. Properly Cooked- Potentially hazardous food	N/O	5	5
2. Proper holding temperature- Potentially hazardous food	IN	5	5
3. Proper cooling and reheating- Potentially hazardous food	N/O	5	5
4. Personnel with infections restricted	IN	5	5
5. Proper hygiene: hands clean, nails, properly washed, glove use, handsink access	IN	5	5
6. Cross contamination prevented/ Food protected	IN	5	5
7. Wash, Rinse, Sanitize: clean, concentration	IN	5	5
8. Food from an approved source & sound condition	IN	5	5
Totals		40	40

Critical Violations

Item	Answer	Points Current	Points to Total
9. Water source safe, Hot & Cold under pressure, Back siphonage, Sewage	IN	5	5
10. Handling foods minimized	IN	4	4
11. Insects/Rodents/Animals restricted	IN	4	4
12. Toxic substances properly identified, stored, used	IN	4	4
Totals		17	17

Violations

Item	Answer	Points Current	Points to Total
13. Food protection, Thawing	IN	2	2
14. Personal hygiene, Outer clothing clean	IN	2	2
15. Food contact surfaces: clean, free of abrasives, detergents	IN	2	2
16. Food contact surfaces: designed, constructed, maintained, installed, located	IN	2	2
17. Handsink: good repair, clean, soap/paper towels	IN	2	2
18. Warewash: constructed, maintained, installed, clean	IN	2	2
19. Towel sanitization: proper concentration, clean, labeled	IN	2	2
20. Thermometers: provided, used, accurate, proper test kits	IN	2	2
21. Mobile unit: return to base station	IN	2	2
22. Non-food-contact surfaces of equipment and utensils clean	IN	1	1
23. Non-food-contact surfaces: designed, constructed, maintained, installed	IN	1	1

24. Proper storage: utensils (stored/in use), equipment, single service, linens
 25. Labeled food properly
 26. Floors and floor coverings: drained, constructed, good repair, clean
 27. Walls/ ceilings and attached equip.: constructed, good repair, clean
 28. Personal items, Authorized persons, Separate living quarters
 29. Ventilation adequate
 30. Lighting provided as required, fixtures shielded
 31. Plumbing installed, maintained
 32. Toilet: selfclosing, repairs, supplied, waste receptacles
 33. Garbage/refuse: containers clean, adequate, covered
 34. Can wash/ Mop sink; Waste water disposal
 35. Cleaning equipment stored orderly, maintained
 36. Premises maintained, unnecessary articles

IN	1	1
IN	1	1
IN	1	1
IN	1	1
IN	1	1
IN	1	1
IN	1	1
IN	1	1
IN	1	1
IN	1	1
IN	1	1
OUT	0	1

Comments
 FRONT OF STORE IN POOR REPAIR (CEILING TILE)

Is this a repeat?

yes

Totals

32 33

DAR Information

Item

Answer

Points
Current

Points to Total

Activity Time Units:

0

Travel Time Units:

0

Mileage:

0

Totals

Auditor Signature: RONNIE HERNDON

Account Signature:

SRH

+ Mary C. Gresh



Retail Food Establishment Inspection Report

Facility Information		Audit Information	
Permit Number:	34-211-00508	Audit Name:	Retail Food Establishment Inspection Report V4
Facility Name:	PIGGLY WIGGLY #65 MARKET	Audit Type:	10_Routine Inspection
Address:	235 HIGHWAY 15/401 BYPASS	Start Date:	18 May 2011 12:59 PM
City/State/Zip:	BENNETTSVILLE, SC 295120000 MARLBORO	End Date:	18 May 2011 03:19 PM
Contact Name:	Patricia Bethea	Inspector:	RONNIE HERNDON

Overall Score
94%

Audit Level Notes:

WILL DO FOLLOW UP ON 5-25-2011

Inspection Information

Item	Answer	Points Current	Points to Total
Grade Posted	A	10	10
Is a follow up required	Yes		
Follow up date	5/25/2011		
DHEC phone & fax #	Florence - (843)661-4825 Fax- (843)661-4858		
Totals		10	10

Critical Risk Factors

Item	Answer	Points Current	Points to Total
1. Properly Cooked- Potentially hazardous food	N/O	5	5
2. Proper holding temperature- Potentially hazardous food	IN	5	5
3. Proper cooling and reheating- Potentially hazardous food	N/O	5	5
4. Personnel with infections restricted	IN	5	5
5. Proper hygiene: hands clean, nails, properly washed, glove use, handsink access	IN	5	5
6. Cross contamination prevented/ Food protected	IN	5	5
7. Wash, Rinse, Sanitize: clean, concentration	IN	5	5
8. Food from an approved source & sound condition	IN	5	5
Totals		40	40

Critical Violations

Item	Answer	Points Current	Points to Total
9. Water source safe, Hot & Cold under pressure, Back siphonage, Sewage	IN	5	5
10. Handling foods minimized	IN	4	4
11. Insects/Rodents/Animals restricted	IN	4	4
12. Toxic substances properly identified, stored, used	IN	4	4
Totals		17	17

Violations

Item	Answer	Points Current	Points to Total
13. Food protection, Thawing	IN	2	2
14. Personal hygiene, Outer clothing clean	IN	2	2
15. Food contact surfaces: clean, free of abrasives, detergents	OUT	0	2
Comments			
INSIDE OF ICE MAKER DIRTY (WHITE CHUTE) STOCK ROOM			
Is this a repeat?	no		

16. Food contact surfaces: designed, constructed, maintained, installed, located
17. Handsink: good repair, clean, soap/paper towels
18. Warewash: constructed, maintained, installed, clean
19. Towel sanitization: proper concentration, clean, labeled
20. Thermometers: provided, used, accurate, proper test kits
21. Mobile unit: return to base station
22. Non-food-contact surfaces of equipment and utensils, clean
23. Non-food-contact surfaces: designed, constructed, maintained, installed
24. Proper storage: utensils (stored/in use), equipment, single service, linens
25. Labeled food properly
26. Floors and floor coverings: drained, constructed, good repair, clean
27. Walls/ ceilings and attached equip.: constructed, good repair, clean

IN	2	2
IN	2	2
IN	2	2
IN	2	2
IN	2	2
IN	2	2
IN	1	1
IN	1	1
IN	1	1
IN	1	1
IN	1	1
OUT	0	1

Comments
 • RETURN AIRCOND VENT DIRTY (HALL AREA NEXT TO REST ROOMS)—FAN GUARDS DIRTY (CEILING AIR COND UNIT MEAT MARKET)—AND FAN GUARDS ON AIRCOND UNITS DIET (PRODUCE PREP AREA)

Is this a repeat?

no		
IN	1	1
IN	1	1
IN	1	1
IN	1	1
OUT	0	1

28. Personal items, Authorized persons, Separate living quarters
29. Ventilation adequate
30. Lighting provided as required, fixtures shielded
31. Plumbing installed, maintained
32. Toilet: selfclosing, repairs, supplied, waste receptacles

Comments

• RESEAL URINAL TO WALL

Is this a repeat?

no		
IN	1	1
OUT	0	1

33. Garbage/refuse: containers clean, adequate, covered
34. Can wash/ Mop sink; Waste water disposal

Comments

• CAN WASH AREA DIRTY (GIG BUTTS AND TRASH)

Is this a repeat?

no		
IN	1	1
OUT	0	1

35. Cleaning equipment stored orderly, maintained
36. Premises maintained, unnecessary articles

Comments

• FRONT OF STORE IN POOR REPAIR (CEILING TILE)

Is this a repeat?

yes		
	27	33

Totals

DAR Information

Item

Answer

Points Current Points to Total

Activity Time Units:

0

Travel Time Units:

0

Mileage:

0

Totals

Auditor Signature: RONNIE HERNDON

Account Signature:

JKH

X Mary C. [Signature]



Retail Food Establishment Inspection Report

Facility Information		Audit Information	
Permit Number:	34-211-00508	Audit Name:	Retail Food Establishment Inspection Report V4
Facility Name:	PIGGLY WIGGLY #65 MARKET	Audit Type:	15_Follow-Up Inspection
Address:	235 HIGHWAY 15/401 BYPASS	Start Date:	16 Feb 2011 01:35 PM
City/State/Zip:	BENNETTSVILLE, SC 295120000 MARLBORO	End Date:	16 Feb 2011 02:02 PM
Contact Name:	Patricia Bethea	Inspector:	RONNIE HERNDON

Overall Score
97%

Inspection Information

Item	Answer	Points Current	Points to Total
Grade Posted	A	10	10
Is a follow up required	No		
DHEC phone & fax #	Florence - (843)661-4825 Fax- (843)661-4858		
Totals		10	10

Critical Risk Factors

Item	Answer	Points Current	Points to Total
1. Properly Cooked- Potentially hazardous food	IN	5	5
2. Proper holding temperature- Potentially hazardous food	IN	5	5
3. Proper cooling and reheating- Potentially hazardous food	N/A	5	5
4. Personnel with infections restricted	IN	5	5
5. Proper hygiene: hands clean, nails, properly washed, glove use, handsink access	IN	5	5
6. Cross contamination prevented/ Food protected	IN	5	5
7. Wash, Rinse, Sanitize: clean, concentration	IN	5	5
8. Food from an approved source & sound condition	IN	5	5
Totals		40	40

Critical Violations

Item	Answer	Points Current	Points to Total
9. Water source safe, Hot & Cold under pressure, Back siphonage, Sewage	IN	5	5
10. Handling foods minimized	IN	4	4
11. Insects/Rodents/Animals restricted	IN	4	4
12. Toxic substances properly identified, stored, used	IN	4	4
Totals		17	17

Violations

Item	Answer	Points Current	Points to Total
13. Food protection, Thawing	IN	2	2
14. Personal hygiene, Outer clothing clean	IN	2	2
15. Food contact surfaces: clean, free of abrasives, detergents	IN	2	2
16. Food contact surfaces: designed, constructed, maintained, installed, located	IN	2	2
17. Handsink: good repair, clean, soap/paper towels	IN	2	2
18. Warewash: constructed, maintained, installed, clean	IN	2	2
19. Towel sanitization: proper concentration, clean, labeled	IN	2	2
20. Thermometers: provided, used, accurate, proper test kits	IN	2	2
21. Mobile unit: return to base station	IN	2	2
22. Non-food-contact surfaces of equipment and utensils clean	IN	1	1

23. Non-food-contact surfaces: designed, constructed, maintained, installed
Comments

• WRAPPING PAD POOR REPAIR (MEAT MKT WRAPPING MACHINE)

Is this a repeat?

24. Proper storage: utensils (stored/in use), equipment, single service, linens

25. Labeled food properly

26. Floors and floor coverings: drained, constructed, good repair, clean

27. Walls/ ceilings and attached equip.: constructed, good repair, clean

28. Personal items. Authorized persons, Separate living quarters

29. Ventilation adequate

30. Lighting provided as required, fixtures shielded

31. Plumbing installed, maintained

32. Toilet: selfclosing, repairs, supplied, waste receptacles
Comments

• MENS REST ROOM (CEILING POOR REPAIR)

Is this a repeat?

33. Garbage/refuse: containers clean, adequate, covered

34. Can wash/ Mop sink; Waste water disposal

35. Cleaning equipment stored orderly, maintained

36. Premises maintained, unnecessary articles

Comments

• FRONT AREA OF STORE POOR REPAIR (TILE)

Is this a repeat?

Totals

OUT

0

1

no

IN

IN

IN

IN

IN

IN

IN

IN

IN

OUT

1

1

1

1

1

1

1

1

1

0

1

1

1

1

1

1

1

1

1

1

1

1

1

1

0

1

1

1

1

1

30

33

DAR Information

Item

Answer

Points
Current

Points to Total

Activity Time Units:

0

Travel Time Units:

0

Mileage:

0

Totals

Auditor Signature: RONNIE HERNDON

Account Signature:

JKH

* Mary C. Hall



Retail Food Establishment Inspection Report

Facility Information
 Permit Number: 34-211-00508
 Facility Name: PJGGLY WIGGLY #65 MARKET
 Address: 235 HIGHWAY 15/401 BYPASS
 City/State/Zip: BENNETTSVILLE, SC 295120000 MARLBORO
 Contact Name: Patricia Bethea

Audit Information
 Audit Name: Retail Food Establishment Inspection Report V4
 Audit Type: 10_Routine Inspection
 Start Date: 10 Feb 2011 01:12 PM
 End Date: 10 Feb 2011 02:19 PM
 Inspector: RONNIE HERNDON

Overall Score
 96%

Audit Level Notes:

WILL DO FOLLOW UP ON 2-16-11

Inspection Information

Item	Answer	Points Current	Points to Total
Grade Posted	A	10	10
Is a follow up required	Yes		
Follow up date	2/16/2011		
DHEC phone & fax #	Florence - (843)661-4825 Fax- (843)661-4858		
Totals		10	10

Critical Risk Factors

Item	Answer	Points Current	Points to Total
1. Properly Cooked- Potentially hazardous food	IN	5	5
2. Proper holding temperature- Potentially hazardous food	IN	5	5
3. Proper cooling and reheating- Potentially hazardous food	N/A	5	5
4. Personnel with infections restricted	IN	5	5
5. Proper hygiene: hands clean, nails, properly washed, glove use, handsink access	IN	5	5
6. Cross contamination prevented/ Food protected	IN	5	5
7. Wash, Rinse, Sanitize: clean, concentration	IN	5	5
8. Food from an approved source & sound condition	IN	5	5
Totals		40	40

Critical Violations

Item	Answer	Points Current	Points to Total
9. Water source safe, Hot & Cold under pressure, Back siphonage, Sewage	IN	5	5
10. Handling foods minimized	IN	4	4
11. Insects/Rodents/Animals restricted	IN	4	4
12. Toxic substances properly identified, stored, used	IN	4	4
Totals		17	17

Violations

Item	Answer	Points Current	Points to Total
13. Food protection, Thawing	IN	2	2
14. Personal hygiene, Outer clothing clean	IN	2	2
15. Food contact surfaces: clean, free of abrasives, detergents	IN	2	2
16. Food contact surfaces: designed, constructed, maintained, installed, located	IN	2	2
17. Handsink: good repair, clean, soap/paper towels	IN	2	2

18. Warewash; constructed, maintained, installed, clean	IN	2	2
19. Towel sanitization: proper concentration, clean, labeled	IN	2	2
20. Thermometers: provided, used, accurate, proper test kits	IN	2	2
21. Mobile unit: return to base station	IN	2	2
22. Non-food-contact surfaces of equipment and utensils clean	IN	1	1
23. Non-food-contact surfaces: designed, constructed, maintained, installed	OUT	0	1
Comments • WRAPPING MACHINE PAD POOR REPAIR (MEAT MKT)			
Is this a repeat?	no		
24. Proper storage: utensils (stored/in use), equipment, single service, linens	IN	1	1
25. Labeled food properly	IN	1	1
26. Floors and floor coverings: drained, constructed, good repair, clean	IN	1	1
27. Walls/ ceilings and attached equip.: constructed, good repair, clean	OUT	0	1
Comments • CEILING AIRCOND UNIT (FAN GUARDS DIRTY) MEAT MKT---AIRCOND CONDENSURATE PIPE LEAKING (MEAT MKT) • PRODUCE PREP AREA FANGUARDS DIRTY ON CEILING AIR COND UNITS---REPLACE MISSING CEILING TILES (STORE AREA)			
Is this a repeat?	no		
28. Personal items, Authorized persons, Separate living quarters	IN	1	1
29. Ventilation adequate	IN	1	1
30. Lighting provided as required, fixtures shielded	IN	1	1
31. Plumbing installed, maintained	IN	1	1
32. Toilet: selfclosing, repairs, supplied, waste receptacles	OUT	0	1
Comments • MENS REST ROOM (CEILING POOR REPAIR)			
Is this a repeat?	no		
33. Garbage/refuse: containers clean, adequate, covered	IN	1	1
34. Can wash/ Mop sink: Waste water disposal	IN	1	1
35. Cleaning equipment stored orderly, maintained	IN	1	1
36. Premises maintained, unnecessary articles	OUT	0	1
Comments • FRONT AREA OF STORE POOR REPAIR (TILE)			
Is this a repeat?	no		
Totals		29	33

DAR Information

Item	Answer	Points Current	Points to Total
Activity Time Units:	0		
Travel Time Units:	0		
Mileage:	0		
Totals			

Auditor Signature: RONNIE HERNDON

Account Signature:

JRH

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Retail Food Establishment Inspection Report

Facility Information		Audit Information	
Permit Number:	34-211-00508	Audit Name:	Retail Food Establishment Inspection Report V4
Facility Name:	PIGGLY WIGGLY #55 MARKET	Audit Type:	20_Complaint Not Verified Investigation
Address:	235 HIGHWAY 15/401 BYPASS	Start Date:	19 Jan 2011 02:05 PM
City/State/Zip:	BENNETTSVILLE, SC 295120000 MARLBORO	End Date:	19 Jan 2011 02:25 PM
Contact Name:	Patricia Bethea	Inspector:	RONNIE HERNDON

Overall Score
97%

Audit Level Notes:

NO EVIDENCE OF ROTTEN OR CONTAMINATED MEAT IN MEAT MARKET ON THIS DATE --NO EVIDENCE OF ODOR ON THIS DATE

Inspection Information

Item	Answer	Points Current	Points to Total
Grade Posted	A	10	10
Is a follow up required	No		
DHEC phone & fax #	Florence - (843)661-4825 Fax- (843)661-4858		
Totals		10	10

Critical Risk Factors

Item	Answer	Points Current	Points to Total
1. Properly Cooked- Potentially hazardous food	IN	5	5
2. Proper holding temperature- Potentially hazardous food	IN	5	5
3. Proper cooling and reheating- Potentially hazardous food	IN	5	5
4. Personnel with infections restricted	IN	5	5
5. Proper hygiene: hands clean, nails, properly washed, glove use, handsink access	IN	5	5
6. Cross contamination prevented/ Food protected	IN	5	5
7. Wash, Rinse, Sanitize: clean, concentration	IN	5	5
8. Food from an approved source & sound condition	IN	5	5
Totals		40	40

Critical Violations

Item	Answer	Points Current	Points to Total
9. Water source safe. Hot & Cold under pressure, Back siphonage, Sewage	IN	5	5
10. Handling foods minimized	IN	4	4
11. Insects/Rodents/Animals restricted	IN	4	4
12. Toxic substances properly identified, stored, used	IN	4	4
Totals		17	17

Violations

Item	Answer	Points Current	Points to Total
13. Food protection, Thawing	IN	2	2
14. Personal hygiene, Outer clothing clean	IN	2	2
15. Food contact surfaces: clean, free of abrasives, detergents	IN	2	2
16. Food contact surfaces: designed, constructed, maintained, installed, located	IN	2	2
17. Handsink: good repair, clean, soap/paper towels	IN	2	2
18. Warewash: constructed, maintained, installed, clean	IN	2	2
19. Towel sanitization: proper concentration, clean, labeled	IN	2	2

20. Thermometers: provided, used, accurate, proper test kits	IN	2	2
21. Mobile unit: return to base station	IN	2	2
22. Non-food-contact surfaces of equipment and utensils clean	IN	1	1
23. Non-food-contact surfaces: designed, constructed, maintained, installed	OUT	0	1
Comments			
• WRAPPING PAD ON WRAPPING MACHINE POOR REPAIR (MEAT MKT)			
Is this a repeat?	no		
24. Proper storage: utensils (stored/in use), equipment, single service, linens	IN	1	1
25. Labeled food properly	IN	1	1
26. Floors and floor coverings: drained, constructed, good repair, clean	IN	1	1
27. Walls/ ceilings and attached equip.: constructed, good repair, clean	OUT	0	1
Comments			
• CEILING COOLING UNIT LEAKING ON FLOOR (MEAT MKT)			
Is this a repeat?	no		
28. Personal items, Authorized persons, Separate living quarters	IN	1	1
29. Ventilation adequate	IN	1	1
30. Lighting provided as required, fixtures shielded	IN	1	1
31. Plumbing installed, maintained	IN	1	1
32. Toilet: selfclosing, repairs, supplied, waste receptacles	IN	1	1
33. Garbage/refuse: containers clean, adequate, covered	IN	1	1
34. Can wash/ Mop sink; Waste water disposal	IN	1	1
35. Cleaning equipment stored orderly, maintained	IN	1	1
36. Premises maintained, unnecessary articles	OUT	0	1
Comments			
• CEILING TILE POOR REPAIR (OUTSIDE FRONT OF STORE)			
Is this a repeat?	no		
Totals		30	33

DAR Information

Item	Answer	Points Current	Points to Total
Activity Time Units:	0		
Travel Time Units:	0		
Mileage:	0		
Totals			

Auditor Signature: RONNIE HERNDON

Account Signature:

JRH

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Retail Food Establishment Inspection Report

Facility Information		Audit Information	
Permit Number:	34-211-00508	Audit Name:	Retail Food Establishment Inspection Report V4
Facility Name:	PIGGLY WIGGLY #65 MARKET	Audit Type:	15_Follow-Up Inspection
Address:	235 HIGHWAY 15/401 BYPASS	Start Date:	16 Nov 2010 09:46 AM
City/State/Zip:	BENNETTSVILLE, SC 295120000 MARLBORO	End Date:	16 Nov 2010 11:09 AM
Contact Name:	Patricia Bathea	Inspector:	RONNIE HERNDON

Overall Score
100%

Inspection Information

Item	Answer	Points Current	Points to Total
Grade Posted	A	10	10
Is a follow up required	No		
DHEC phone & fax #	Florence - (843)661-4825 Fax- (843)661-4858		
Totals		10	10

Critical Risk Factors

Item	Answer	Points Current	Points to Total
1. Properly Cooked- Potentially hazardous food	IN	5	5
2. Proper holding temperature- Potentially hazardous food	IN	5	5
3. Proper cooling and reheating- Potentially hazardous food	IN	5	5
4. Personnel with infections restricted	IN	5	5
5. Proper hygiene: hands clean, nails, properly washed, glove use, handsink access	IN	5	5
6. Cross contamination prevented/ Food protected	IN	5	5
7. Wash, Rinse, Sanitize: clean, concentration	IN	5	5
8. Food from an approved source & sound condition	IN	5	5
Totals		40	40

Critical Violations

Item	Answer	Points Current	Points to Total
9. Water source safe, Hot & Cold under pressure, Back siphonage, Sewage	IN	5	5
10. Handling foods minimized	IN	4	4
11. Insects/Rodents/Animals restricted	IN	4	4
12. Toxic substances properly identified, stored, used	IN	4	4
Totals		17	17

Violations

Item	Answer	Points Current	Points to Total
13. Food protection, Thawing	IN	2	2
14. Personal hygiene, Outer clothing clean	IN	2	2
15. Food contact surfaces: clean, free of abrasives, detergents	IN	2	2
16. Food contact surfaces: designed, constructed, maintained, installed, located	IN	2	2
17. Handsink: good repair, clean, soap/paper towels	IN	2	2
18. Warewash: constructed, maintained, installed, clean	IN	2	2
19. Towel sanitization: proper concentration, clean, labeled	IN	2	2
20. Thermometers: provided, used, accurate, proper test kits	IN	2	2
21. Mobile unit: return to base station	IN	2	2
22. Non-food-contact surfaces of equipment and utensils clean	IN	1	1
23. Non-food-contact surfaces: designed, constructed, maintained, installed	IN	1	1

24. Proper storage: utensils (stored/in use), equipment, single service, linens	IN	1	1
25. Labeled food properly	IN	1	1
26. Floors and floor coverings: drained, constructed, good repair, clean	IN	1	1
27. Walls/ ceilings and attached equip.: constructed, good repair, clean	IN	1	1
28. Personal items, Authorized persons, Separate living quarters	IN	1	1
29. Ventilation adequate	IN	1	1
30. Lighting provided as required, fixtures shielded	IN	1	1
31. Plumbing installed, maintained	IN	1	1
32. Toilet: selfclosing, repairs, supplied, waste receptacles	IN	1	1
33. Garbage/refuse: containers clean, adequate, covered	IN	1	1
34. Can wash/ Mop sink; Waste water disposal	IN	1	1
35. Cleaning equipment stored orderly, maintained	IN	1	1
36. Premises maintained, unnecessary articles	IN	1	1
Totals		33	33

DAR Information

Item	Answer	Points Current	Points to Total
Activity Time Units:	0		
Travel Time Units:	0		
Mileage:	0		
Totals			

Auditor Signature: RONNIE HERNDON

Account Signature:

SRH

** Pat Butcher*



Retail Food Establishment Inspection Report

Facility Information		Audit Information	
Permit Number:	34-211-00508	Audit Name:	Retail Food Establishment Inspection Report V4
Facility Name:	PIGGY WIGGLY #65 MARKET	Audit Type:	10_Routine Inspection
Address:	235 HIGHWAY 15/401 BYPASS	Start Date:	08 Nov 2010 01:43 PM
City/State/Zip:	BENNETTSVILLE, SC 295120000 MARLBORO	End Date:	08 Nov 2010 03:00 PM
Contact Name:	Patricia Bethea	Inspector:	RONNIE HERNDON

Overall Score
97%

Audit Level Notes:

WILL DO FOLLOW UP ON 11-18 10

Inspection Information

Item	Answer	Points Current	Points to Total
Grade Posted	A	10	10
Is a follow up required	Yes		
Follow up date	11/15/2010		
DHEC phone & fax #	Florence - (843)661-4825 Fax- (843)661-4858		
Totals		10	10

Critical Risk Factors

Item	Answer	Points Current	Points to Total
1. Properly Cooked- Potentially hazardous food	IN	5	5
2. Proper holding temperature- Potentially hazardous food	IN	5	5
3. Proper cooling and reheating- Potentially hazardous food	IN	5	5
4. Personnel with infections restricted	IN	5	5
5. Proper hygiene: hands clean, nails, properly washed, glove use, handsink access	IN	5	5
6. Cross contamination prevented/ Food protected	IN	5	5
7. Wash, Rinse, Sanitize: clean, concentration	IN	5	5
8. Food from an approved source & sound condition	IN	5	5
Totals		40	40

Critical Violations

Item	Answer	Points Current	Points to Total
9. Water source safe, Hot & Cold under pressure, Back siphonage, Sewage	IN	5	5
10. Handling foods minimized	IN	4	4
11. Insects/Rodents/Animals restricted	IN	4	4
12. Toxic substances properly identified, stored, used	IN	4	4
Totals		17	17

Violations

Item	Answer	Points Current	Points to Total
13. Food protection, Thawing	IN	2	2
14. Personal hygiene, Outer clothing clean	IN	2	2
15. Food contact surfaces: clean, free of abrasives, detergents	IN	2	2
16. Food contact surfaces: designed, constructed, maintained, installed, located	IN	2	2
17. Handsink: good repair, clean, soap/paper towels	IN	2	2

18. Warewash: constructed, maintained, installed, clean
 19. Towel sanitization: proper concentration, clean, labeled
 20. Thermometers: provided, used, accurate, proper test kits
 21. Mobile unit: return to base station
 22. Non-food-contact surfaces of equipment and utensils clean
 23. Non-food-contact surfaces: designed, constructed, maintained, installed
 24. Proper storage: utensils (stored/in use), equipment, single service, linens

IN	2	2
IN	2	2
IN	2	2
IN	2	2
IN	1	1
IN	1	1
OUT	0	1

Comments
 • SINGLE SERVICE MEAT TRAYS STORED ON FLOOR

Is this a repeat?

no	0	0

25. Labeled food properly

IN	1	1

26. Floors and floor coverings: drained, constructed, good repair, clean
 Comments

OUT	0	1

• FLOOR DIRTY (TRASH & BOXES) MEAT MKT

Is this a repeat?

no	0	1

27. Walls/ ceilings and attached equip.: constructed, good repair, clean
 Comments

OUT	0	1

• AIRCOND RETURN VENT DIRTY (HALL NEXT TO REST ROOMS —COOLING UNIT FAN GUARDS DIRTY (MEAT MKT)

Is this a repeat?

no	1	1

28. Personal items, Authorized persons, Separate living quarters

IN	1	1

29. Ventilation adequate

IN	1	1

30. Lighting provided as required, fixtures shielded

IN	1	1

31. Plumbing installed, maintained

IN	1	1

32. Toilet: selfclosing, repairs, supplied, waste receptacles

IN	1	1

33. Garbage/refuse: containers clean, adequate, covered

IN	1	1

34. Can wash/ Mop sink; Waste water disposal

IN	1	1

35. Cleaning equipment stored orderly, maintained

IN	1	1

36. Premises maintained, unnecessary articles

IN	1	1

Totals

30	33

DAR Information

Item

Answer

Points
Current

Points to
Total

Activity Time Units:

0

Travel Time Units:

0

Mileage:

0

Totals

Auditor Signature: RONNIE HERNDON

Account Signature:

JRH

K Pat Bethen



Retail Food Establishment Inspection Report

Facility Information		Audit Information	
Permit Number:	34-211-00508	Audit Name:	Retail Food Establishment Inspection Report V4
Facility Name:	PIGGLY WIGGLY #65 MARKET	Audit Type:	15_Follow-Up Inspection
Address:	235 HIGHWAY 15/401 BYPASS	Start Date:	18 Aug 2010 09:25 AM
City/State/Zip:	BENNETTSVILLE, SC 295120000 MARLBORO	End Date:	18 Aug 2010 10:14 AM
Contact Name:	Patricia Bethea	Inspector:	RONNIE HERNDON

Overall Score
100%

Inspection Information

Item	Answer	Points Current	Points to Total
Grade Posted	A	10	10
Is a follow up required	No		
DHEC phone & fax #	Florence - (843)561-4825 Fax- (843)561-4858		
Totals		10	10

Critical Risk Factors

Item	Answer	Points Current	Points to Total
1. Properly Cooked- Potentially hazardous food	N/A	5	5
2. Proper holding temperature- Potentially hazardous food	IN	5	5
3. Proper cooling and reheating- Potentially hazardous food	N/A	5	5
4. Personnel with infections restricted	IN	5	5
5. Proper hygiene: hands clean, nails, properly washed, glove use, handsink access	IN	5	5
6. Cross contamination prevented/ Food protected	IN	5	5
7. Wash, Rinse, Sanitize: clean, concentration	IN	5	5
8. Food from an approved source & sound condition	IN	5	5
Totals		40	40

Critical Violations

Item	Answer	Points Current	Points to Total
9. Water source safe, Hot & Cold under pressure, Back siphonage, Sewage	IN	5	5
10. Handling foods minimized	IN	4	4
11. Insects/Rodents/Animals restricted	IN	4	4
12. Toxic substances properly identified, stored, used	IN	4	4
Totals		17	17

Violations

Item	Answer	Points Current	Points to Total
13. Food protection, Thawing	IN	2	2
14. Personal hygiene, Outer clothing clean	IN	2	2
15. Food contact surfaces: clean, free of abrasives, detergents	IN	2	2
16. Food contact surfaces: designed, constructed, maintained, installed, located	IN	2	2
17. Handsink: good repair, clean, soap/paper towels	IN	2	2
18. Warewash: constructed, maintained, installed, clean	IN	2	2
19. Towel sanitization: proper concentration, clean, labeled	IN	2	2
20. Thermometers: provided, used, accurate, proper test kits	IN	2	2
21. Mobile unit: return to base station	IN	2	2
22. Non-food-contact surfaces of equipment and utensils clean	IN	1	1
23. Non-food-contact surfaces: designed, constructed, maintained, installed	IN	1	1

24. Proper storage: utensils (stored/in use), equipment, single service, linens	IN	1	1
25. Labeled food properly	IN	1	1
26. Floors and floor coverings: drained, constructed, good repair, clean	IN	1	1
27. Walls/ ceilings and attached equip.: constructed, good repair, clean	IN	1	1
28. Personal items, Authorized persons, Separate living quarters	IN	1	1
29. Ventilation adequate	IN	1	1
30. Lighting provided as required, fixtures shielded	IN	1	1
31. Plumbing installed, maintained	IN	1	1
32. Toilet: selfclosing, repairs, supplied, waste receptacles	IN	1	1
33. Garbage/refuse: containers clean, adequate, covered	IN	1	1
34. Can wash/ Mop sink; Waste water disposal	IN	1	1
35. Cleaning equipment stored orderly, maintained	IN	1	1
36. Premises maintained, unnecessary articles	IN	1	1
Totals		33	33

DAR Information

Item	Answer	Points Current	Points to Total
Activity Time Units:	0		
Travel Time Units:	0		
Mileage:	0		
Totals			

Auditor Signature: RONNIE HERNDON

SRH

Account Signature:

K Patman Brothers



Retail Food Establishment Inspection Report

Facility Information		Audit Information	
Permit Number:	34-211-00508	Audit Name:	Retail Food Establishment Inspection Report V4
Facility Name:	PIGGY WIGGLY #65 MARKET	Audit Type:	10_Routine Inspection
Address:	235 HIGHWAY 15/401 BYPASS	Start Date:	12 Aug 2010 01:12 PM
City/State/Zip:	BENNETTSVILLE, SC 295120000 MARLBORO	End Date:	12 Aug 2010 02:13 PM
Contact Name:	Patricia Bathea	Inspector:	RONNIE HERNDON

Overall Score
96%

Audit Level Notes:

WILL DO FOLLOW UP ON 8-18-2010

Inspection Information

Item	Answer	Points Current	Points to Total
Grade Posted	A	10	10
Is a follow up required	Yes		
Follow up date	8/18/2010		
DHEC phone & fax #	Florence - (843)661-4825 Fax- (843)661-4858		
Totals		10	10

Critical Risk Factors

Item	Answer	Points Current	Points to Total
1. Properly Cooked- Potentially hazardous food	N/A	5	5
2. Proper holding temperature- Potentially hazardous food	IN	5	5
3. Proper cooling and reheating- Potentially hazardous food	N/A	5	5
4. Personnel with infections restricted	IN	5	5
5. Proper hygiene: hands clean, nails, properly washed, glove use, handsink access	IN	5	5
6. Cross contamination prevented/ Food protected.	IN	5	5
7. Wash, Rinse, Sanitize: clean, concentration	IN	5	5
8. Food from an approved source & sound condition	IN	5	5
Totals		40	40

Critical Violations

Item	Answer	Points Current	Points to Total
9. Water source safe, Hot & Cold under pressure, Back siphonage, Sewage	IN	5	5
10. Handling foods minimized	IN	4	4
11. Insects/Rodents/Animals restricted	IN	4	4
12. Toxic substances properly identified, stored, used	IN	4	4
Totals		17	17

Violations

Item	Answer	Points Current	Points to Total
13. Food protection, Thawing	IN	2	2
14. Personal hygiene, Outer clothing clean	IN	2	2
15. Food contact surfaces: clean, free of abrasives, detergents	IN	2	2
16. Food contact surfaces: designed, constructed, maintained, installed, located	IN	2	2
17. Handsink: good repair, clean, soap/paper towels	IN	2	2
18. Warewash: constructed, maintained, installed, clean	IN	2	2

19. Towel sanitization: proper concentration, clean, labeled	IN	2	2
20. Thermometers: provided, used, accurate, proper test kits	IN	2	2
21. Mobile unit: return to base station	IN	2	2
22. Non-food-contact surfaces of equipment and utensils clean	IN	1	1
23. Non-food-contact surfaces: designed, constructed, maintained, installed	IN	1	1
24. Proper storage: utensils (stored/in use); equipment, single service, linens	IN	1	1
25. Labeled food properly	IN	1	1
26. Floors and floor coverings: drained, constructed, good repair, clean	OUT	0	1
Comments			
• FLOOR DIRTY @ MEAT MARKET ENTRANCE			
Is this a repeat?	no		
27. Walls/ ceilings and attached equip.: constructed, good repair, clean	OUT	0	1
Comments			
• RETURN WALL VENT DIRTY @ BATH ROOM HALL AREA			
Is this a repeat?	no		
28. Personal items, Authorized persons, Separate living quarters	IN	1	1
29. Ventilation adequate	IN	1	1
30. Lighting provided as required, fixtures shielded	IN	1	1
31. Plumbing installed, maintained	IN	1	1
32. Toilet: selfclosing, repairs, supplied, waste receptacles	OUT	0	1
Comments			
• REPLACE BURNT OUT LIGHT TUBES (LADIES ROOM)			
Is this a repeat?	no		
33. Garbage/refuse: containers clean, adequate, covered	OUT	0	1
Comments			
• CARDBOARD BOX NOT APPROVED FOR TRASH CAN			
Is this a repeat?	no		
34. Can wash/ Mop sink; Waste water disposal	IN	1	1
35. Cleaning equipment stored orderly, maintained	IN	1	1
36. Premises maintained, unnecessary articles	IN	1	1
Totals		29	33

DAR Information

Item	Answer	Points Current	Points to Total
Activity Time Units:	0		
Travel Time Units:	0		
Mileage:	0		
Totals			

Auditor Signature: RONNIE HERNDON

Account Signature:

SRH

Leather C Pmatt



Retail Food Establishment Inspection Report

Facility Information

Permit Number: 34-211-00508
 Facility Name: PIGGLY WIGGLY #65 MARKET
 Address: 235 HIGHWAY 15/401 BYPASS
 City/State/Zip: BENNETTSVILLE, SC 295120000 MARLBORO
 Contact Name: Patricia Bethea

Audit Information

Audit Name: Retail Food Establishment Inspection Report V4
 Audit Type: 15_Follow-Up Inspection
 Start Date: 25 May 2010 01:47 PM
 End Date: 25 May 2010 02:22 PM
 Inspector: RONNIE HERNDON

Overall Score
99%

Inspection Information

Item	Answer	Points Current	Points to Total
Grade Posted	A	10	10
Is a follow up required	No		
DHEC phone & fax #	Florence - (843)661-4825 Fax- (843)661-4858		
Totals		10	10

Critical Risk Factors

Item	Answer	Points Current	Points to Total
1. Property Cooked- Potentially hazardous food	N/A	5	5
2. Proper holding temperature- Potentially hazardous food	IN	5	5
3. Proper cooling and reheating- Potentially hazardous food	N/A	5	5
4. Personnel with infections restricted	IN	5	5
5. Proper hygiene: hands clean, nails, properly washed, glove use, handsink access	IN	5	5
6. Cross contamination prevented/ Food protected	IN	5	5
7. Wash, Rinse, Sanitize: clean, concentration	IN	5	5
8. Food from an approved source & sound condition	IN	5	5
Totals		40	40

Critical Violations

Item	Answer	Points Current	Points to Total
9. Water source safe, Hot & Cold under pressure, Back siphonage, Sewage	IN	5	5
10. Handling foods minimized	IN	4	4
11. Insects/Rodents/Animals restricted	IN	4	4
12. Toxic substances properly identified, stored, used	IN	4	4
Totals		17	17

Violations

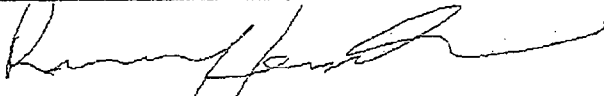
Item	Answer	Points Current	Points to Total
13. Food protection, Thawing	IN	2	2
14. Personal hygiene, Outer clothing clean	IN	2	2
15. Food contact surfaces: clean, free of abrasives, detergents	IN	2	2
16. Food contact surfaces: designed, constructed, maintained, installed, located	IN	2	2
17. Handsink: good repair, clean, soap/paper towels	IN	2	2
18. Warewash: constructed, maintained, installed, clean	IN	2	2
19. Towel sanitization: proper concentration, clean, labeled	IN	2	2
20. Thermometers: provided, used, accurate, proper test kits	IN	2	2
21. Mobile unit: return to base station	IN	2	2
22. Non-food-contact surfaces of equipment and utensils clean	IN	1	1
23. Non-food-contact surfaces: designed, constructed, maintained, installed	IN	1	1

24. Proper storage: utensils (stored/in use), equipment, single service, linens	IN	1	1
25. Labeled food properly	IN	1	1
26. Floors and floor coverings: drained, constructed, good repair, clean	IN	1	1
27. Walls/ ceilings and attached equip.: constructed, good repair, clean	OUT	0	1
Comments			
REPAIR CONDENSURATE PIPE LEAK (MEAT MARKET)			
Is this a repeat?	no		
28. Personal items, Authorized persons, Separate living quarters	IN	1	1
29. Ventilation adequate	IN	1	1
30. Lighting provided as required, fixtures shielded	IN	1	1
31. Plumbing installed, maintained	IN	1	1
32. Toilet: selfclosing, repairs, supplied, waste receptacles	IN	1	1
33. Garbage/refuse: containers clean, adequate, covered	IN	1	1
34. Can wash/ Mop sink; Waste water disposal	IN	1	1
35. Cleaning equipment stored orderly, maintained	IN	1	1
36. Premises maintained, unnecessary articles	IN	1	1
Totals		32	33

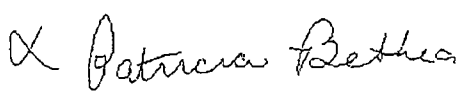
DAR Information

Item	Answer	Points Current	Points to Total
Activity Time Units:	0		
Travel Time Units:	0		
Mileage:	0		
Totals			

Auditor Signature: RONNIE HERNDON



Account Signature:





Retail Food Establishment Inspection Report

Facility Information
 Permit Number: 34-211-00508
 Facility Name: PIGGLY WIGGLY #65 MARKET
 Address: 235 HIGHWAY 15/401 BYPASS
 City/State/Zip: BENNETTSVILLE, SC 295120000 MARLBORO
 Contact Name: Patricia Bethea

Audit Information
 Audit Name: Retail Food Establishment Inspection Report V4
 Audit Type: 10_Routine Inspection
 Start Date: 18 May 2011 12:59 PM
 End Date: 18 May 2011 03:19 PM
 Inspector: RONNIE HERNDON

Overall Score
94%

Audit Level Notes:

WILL DO FOLLOW UP ON 5-25-2011

Inspection Information

Item	Answer	Points Current	Points to Total
Grade Posted	A	10	10
Is a follow up required	Yes		
Follow up date	5/25/2011		
DHEC phone & fax #	Florence - (843)661-4825 Fax- (843)661-4858		
Totals		10	10

Critical Risk Factors

Item	Answer	Points Current	Points to Total
1. Properly Cooked- Potentially hazardous food	N/O	5	5
2. Proper holding temperature- Potentially hazardous food	IN	5	5
3. Proper cooling and reheating- Potentially hazardous food	N/O	5	5
4. Personnel with infections restricted	IN	5	5
5. Proper hygiene: hands clean, nails, properly washed, glove use, handsink access	IN	5	5
6. Cross contamination prevented/ Food protected	IN	5	5
7. Wash, Rinse, Sanitize: clean, concentration	IN	5	5
8. Food from an approved source & sound condition	IN	5	5
Totals		40	40

Critical Violations

Item	Answer	Points Current	Points to Total
9. Water source safe, Hot & Cold under pressure, Back siphonage, Sewage	IN	5	5
10. Handling foods minimized	IN	4	4
11. Insects/Rodents/Animals restricted	IN	4	4
12. Toxic substances properly identified, stored, used	IN	4	4
Totals		17	17

Violations

Item	Answer	Points Current	Points to Total
13. Food protection, Thawing	IN	2	2
14. Personal hygiene, Outer clothing clean	IN	2	2
15. Food contact surfaces: clean, free of abrasives, detergents	OUT	0	2
Comments			
• INSIDE OF ICE MAKER DIRTY (WHITE CHUTE) STOCK ROOM			
Is this a repeat?	no		

16. Food contact surfaces: designed, constructed, maintained, installed, located

IN 2 2

17. Handsink: good repair, clean, soap/paper towels

IN 2 2

18. Warewash: constructed, maintained, installed, clean

IN 2 2

19. Towel sanitization: proper concentration, clean, labeled

IN 2 2

20. Thermometers: provided, used, accurate, proper test kits

IN 2 2

21. Mobile unit: return to base station

IN 2 2

22. Non-food-contact surfaces of equipment and utensils clean

IN 1 1

23. Non-food-contact surfaces: designed, constructed, maintained, installed

IN 1 1

24. Proper storage: utensils (stored/in use), equipment, single service, linens

IN 1 1

25. Labeled food properly

IN 1 1

26. Floors and floor coverings: drained, constructed, good repair, clean

IN 1 1

27. Walls/ ceilings and attached equip.: constructed, good repair, clean

OUT 0 1

Comments

- RETURN AIRCOND VENT DIRTY (HALL AREA NEXT TO REST ROOMS)—FAN GUARDS DIRTY (CEILING AIR COND UNIT MEAT MARKET)—AND FAN GUARDS ON AIRCOND UNITS DIET (PRODUCE PREP AREA)

Is this a repeat?

no

28. Personal items, Authorized persons, Separate living quarters

IN 1 1

29. Ventilation adequate

IN 1 1

30. Lighting provided as required, fixtures shielded

IN 1 1

31. Plumbing installed, maintained

IN 1 1

32. Toilet: selfclosing, repairs, supplied, waste receptacles

OUT 0 1

Comments

- RESEAL URINAL TO WALL

Is this a repeat?

no

33. Garbage/refuse: containers clean, adequate, covered

IN 1 1

34. Can wash/ Mop sink; Waste water disposal

OUT 0 1

Comments

- CAN WASH AREA DIRTY (CIG BUTTS AND TRASH)

Is this a repeat?

no

35. Cleaning equipment stored orderly, maintained

IN 1 1

36. Premises maintained, unnecessary articles

OUT 0 1

Comments

- FRONT OF STORE IN POOR REPAIR (CEILING TILE)

Is this a repeat?

yes

Totals

27 33

DAR Information

Item

Answer

Points Current Points to Total

Activity Time Units:

0

Travel Time Units:

0

Mileage:

0

Totals

Auditor Signature: RONNIE HERNDON

Account Signature:

JKH

X Mary C. [Signature]



Retail Food Establishment Inspection Report

Facility Information		Audit Information	
Permit Number:	34-211-00508	Audit Name:	Retail Food Establishment Inspection Report V4
Facility Name:	PIGGLY WIGGLY #65 MARKET	Audit Type:	15_Follow-Up Inspection
Address:	235 HIGHWAY 15/401 BYPASS	Start Date:	18 Feb 2010 11:04 AM
City/State/Zip:	BENNETTSVILLE, SC 295120000 MARLBORO	End Date:	18 Feb 2010 11:27 AM
Contact Name:	Patricia Bethea	Inspector:	RONNIE HERNDON

Overall Score
100%

Inspection Information

Item	Answer	Points Current	Points to Total
Grade Posted	A	10	10
Is a follow up required	No		
DHEC phone & fax #	Florence - (843)661-4825 Fax- (843)661-4858		
Totals		10	10

Critical Risk Factors

Item	Answer	Points Current	Points to Total
1. Properly Cooked- Potentially hazardous food	N/A	5	5
2. Proper holding temperature- Potentially hazardous food	IN	5	5
3. Proper cooling and reheating- Potentially hazardous food	N/A	5	5
4. Personnel with infections restricted	IN	5	5
5. Proper hygiene: hands clean, nails, properly washed, glove use, handsink access	IN	5	5
6. Cross contamination prevented/ Food protected	IN	5	5
7. Wash, Rinse, Sanitize: clean, concentration	IN	5	5
8. Food from an approved source & sound condition	IN	5	5
Totals		40	40

Critical Violations

Item	Answer	Points Current	Points to Total
9. Water source safe, Hot & Cold under pressure, Back siphonage, Sewage	IN	5	5
10. Handling foods minimized	IN	4	4
11. Insects/Rodents/Animals restricted	IN	4	4
12. Toxic substances properly identified, stored, used	IN	4	4
Totals		17	17

Violations

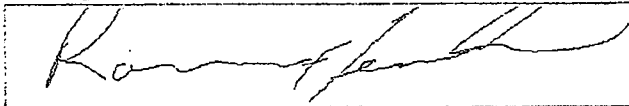
Item	Answer	Points Current	Points to Total
13. Food protection, Thawing	IN	2	2
14. Personal hygiene, Outer clothing clean	IN	2	2
15. Food contact surfaces: clean, free of abrasives, detergents	IN	2	2
16. Food contact surfaces: designed, constructed, maintained, installed, located	IN	2	2
17. Handsink: good repair, clean, soap/paper towels	IN	2	2
18. Warewash: constructed, maintained, installed, clean	IN	2	2
19. Towel sanitization: proper concentration, clean, labeled	IN	2	2
20. Thermometers: provided, used, accurate, proper test kits	IN	2	2
21. Mobile unit: return to base station	IN	2	2
22. Non-food-contact surfaces of equipment and utensils clean	IN	1	1
23. Non-food-contact surfaces: designed, constructed, maintained, installed	IN	1	1

24. Proper storage: utensils (stored/in use), equipment, single service, linens	IN	1	1
25. Labeled food properly	IN	1	1
26. Floors and floor coverings: drained, constructed, good repair, clean	IN	1	1
27. Walls/ ceilings and attached equip.: constructed, good repair, clean	IN	1	1
28. Personal items. Authorized persons, Separate living quarters	IN	1	1
29. Ventilation adequate	IN	1	1
30. Lighting provided as required, fixtures shielded	IN	1	1
31. Plumbing installed, maintained	IN	1	1
32. Toilet: selfclosing, repairs, supplied, waste receptacles	IN	1	1
33. Garbage/refuse; containers clean, adequate, covered	IN	1	1
34. Can wash/ Mop sink; Waste water disposal	IN	1	1
35. Cleaning equipment stored orderly, maintained	IN	1	1
36. Premises maintained, unnecessary articles	IN	1	1
Totals		33	33

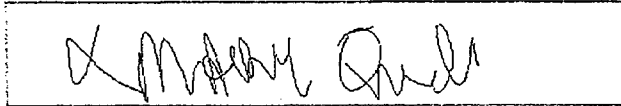
DAR Information

Item	Answer	Points Current	Points to Total
Activity Time Units:	0		
Travel Time Units:	0		
Mileage:	0		
Totals			

Auditor Signature: RONNIE HERNDON



Account Signature:





Retail Food Establishment Inspection Report

Facility Information		Audit Information	
Permit Number:	34-211-00508	Audit Name:	Retail Food Establishment Inspection Report V4
Facility Name:	PIGGLY WIGGLY #65 MARKET	Audit Type:	10_Routine Inspection
Address:	235 HIGHWAY 15/401 BYPASS	Start Date:	11 Feb 2010 02:31 PM
City/State/Zip:	BENNETTSVILLE, SC 295120000 MARLBORO	End Date:	11 Feb 2010 03:04 PM
Contact Name:	Patricia Bethea	Inspector:	RONNIE HERNDON

Overall Score
93%

Audit Level Notes:

WILL DO FOLLOW UP ON 2-18-2010

Inspection Information

Item	Answer	Points Current	Points to Total
Grade Posted	A	10	10
Is a follow up required	Yes		
Follow up date	2/18/2010		
DHEC phone & fax #	Florence - (843)661-4825 Fax- (843)861-4858		
Totals		10	10

Critical Risk Factors

Item	Answer	Points Current	Points to Total
1. Properly Cooked- Potentially hazardous food	N/A	5	5
2. Proper holding temperature- Potentially hazardous food	IN	5	5
3. Proper cooling and reheating- Potentially hazardous food	N/A	5	5
4. Personnel with infections restricted	IN	5	5
5. Proper hygiene: hands clean, nails, properly washed, glove use, handsink access	IN	5	5
6. Cross contamination prevented/ Food protected	IN	5	5
7. Wash, Rinse, Sanitize: clean, concentration	IN	5	5
8. Food from an approved source & sound condition	IN	5	5
Totals		40	40

Critical Violations

Item	Answer	Points Current	Points to Total
9. Water source safe, Hot & Cold under pressure, Back siphonage, Sewage	IN	5	5
10. Handling foods minimized	IN	4	4
11. Insects/Rodents/Animals restricted	IN	4	4
12. Toxic substances properly identified, stored, used	IN	4	4
Totals		17	17

Violations

Item	Answer	Points Current	Points to Total
13. Food protection, Thawing	OUT	0	2
Comments			
• BRIM'S CHEESE PUFFS STORED ON FLOOR			
• Food not stored 6-inches off the floor.			
Is this a repeat?	no		
14. Personal hygiene, Outer clothing clean	IN	2	2

15. Food contact surfaces: clean, free of abrasives, detergents	IN	2	2
16. Food contact surfaces: designed, constructed, maintained, installed, located	IN	2	2
17. Handsink: good repair, clean, soap/paper towels	IN	2	2
18. Warewash: constructed, maintained, installed, clean	IN	2	2
19. Towel sanitization: proper concentration, clean, labeled	IN	2	2
20. Thermometers: provided, used, accurate, proper test kits	IN	2	2
21. Mobile unit: return to base station	IN	2	2
22. Non-food-contact surfaces of equipment and utensils clean	OUT	0	1
Comments			
• REMOVE PRICE STICKERS ON MEAT SCALES			
Is this a repeat?	no		
23. Non-food-contact surfaces: designed, constructed, maintained, installed	OUT	0	1
Comments			
• BAGS OF SUGAR STORED ON PEPSI CRATES			
• Pallets, milk crates, or drink crates are used for shelving or storage containers.			
Is this a repeat?	no		
24. Proper storage: utensils (stored/in use), equipment, single service, linens	OUT	0	1
Comments			
• SINGLE SERVICE ITEMS STORED ON FLOOR (STORE AREA)			
Is this a repeat?	no	0	0
25. Labeled food properly	IN	1	1
26. Floors and floor coverings: drained, constructed, good repair, clean	IN	1	1
27. Walls/ ceilings and attached equip.: constructed, good repair, clean	OUT	0	1
Comments			
• REPLACE BROKEN CEILING TILE (PRODUCE PREP AREA)			
Is this a repeat?	no		
28. Personal items, Authorized persons, Separate living quarters	IN	1	1
29. Ventilation adequate	IN	1	1
30. Lighting provided as required, fixtures shielded	IN	1	1
31. Plumbing installed, maintained	IN	1	1
32. Toilet: selfclosing, repairs, supplied, waste receptacles	OUT	0	1
Comments			
• REPLACE FLICKERING LIGHT TUBES (MENS REST ROOM)			
• Covered waste receptacles not provided in the ladies toilet room, unisex toilet rooms or men's toilet rooms with baby changing facilities.			
Is this a repeat?	no		
33. Garbage/refuse: containers clean, adequate, covered	IN	1	1
34. Can wash/ Mop sink; Waste water disposal	IN	1	1
35. Cleaning equipment stored orderly, maintained	IN	1	1
36. Premises maintained, unnecessary articles	IN	1	1
Totals		26	33

DAR Information

Item	Answer	Points Current	Points to Total
Activity Time Units:	0		
Travel Time Units:	0		
Mileage:	0		
Totals			

Auditor Signature: RONNIE HERNDON

Account Signature:

Ronnie Herndon

Mary C. Hobbs

C

C

C

From: Patricia Yeary <Patricia.Yeary@llr.sc.gov>
Date: June 13, 2016 at 9:58:20 AM EDT
To: "kmiller@dmclaw.com" <kmiller@dmclaw.com>
Cc: Karl Maddox <karl.maddox@llr.sc.gov>
Subject: Freedom of Information Act Request

Dear Ms. Miller:

Your Freedom of Information Act request dated 5/25/2016 was received by SC OSHA on 6/6/2016. A copy is attached.

Re: OSHA documents pertaining to Piggly Wiggly Store #'s 65 and 39

After a search of OSHA files, it has been determined there are no records pertaining to Piggly Wiggly Store #65 in Bennettsville, SC or #39 in Chesterfield, SC.

There are specific guidelines for reporting injuries and fatalities to our OSHA office. The South Carolina Code of Laws, Chapter 71, Article 1, Sub article 3, Section 71-308 states. "A. Within eight hours after the death of any employee from a work-related incident or the in-patient hospitalization of three or more employees as a result of a work-related incident, the employer of any employees affected shall orally report the fatality/ multiple hospitalization by telephone or in person to the Director of the South Carolina Department of Labor, Licensing and Regulation, Columbia, South Carolina 29211."

If you have any questions, please contact Karl Maddox, SC OSHA FOIA Liaison at 803-896-7743/ karl.maddox@llr.sc.gov.

Pat Yeary
Administrative Assistant to Karl Maddox, FOIA Liaison (1:00 PM - 5:00 PM)
South Carolina Department of Labor, Licensing & Regulation
Division of Labor - OSHA
110 Centerview Drive, Columbia, SC 29210
PO Box 11329, Columbia, SC 29211

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
COLUMBIA, SOUTH CAROLINA
WCC FILE NO. 1408826

EMPLOYEE/CLAIMANT: GENNETTE SOWELL
EMPLOYER: PIGGLY WIGGLY
INSURER: OWNERS INSURANCE COMPANY

SOUTH CAROLINA WORKERS' COMPENSATION HEARING

PURSUANT TO NOTICE OF WORKERS' COMPENSATION
HEARING, THE WITHIN HEARING WAS TAKEN ON THE 22ND DAY OF
JUNE, 2016, COMMENCING AT THE HOUR OF 2:27 P.M., IN
COLUMBIA, SOUTH CAROLINA, BEFORE THE HONORABLE MELODY JAMES,
ATTENDED BY COUNSEL AS FOLLOWS:

JAN L. WHITWORTH
VERBATIM REPORTER

 COPY

JAN L. WHITWORTH
COURT REPORTING SERVICES
POST OFFICE BOX 551
ROEBUCK, S.C. 29376
(864) 494-2705

APPEARANCES

PRESTON F. MCDANIEL, ESQUIRE, OF THE FIRM
MCDANIEL LAW FIRM
1315 ELMWOOD AVENUE
COLUMBIA, SOUTH CAROLINA 29201

ATTORNEY FOR THE EMPLOYEE/CLAIMANT,

KENYA C. MILLER, ESQUIRE, OF THE FIRM
DICKIE MCCAMEY & CHILCOTE, P.C.
POST OFFICE BOX 2046
LANCASTER, SOUTH CAROLINA 29721

ATTORNEY FOR THE EMPLOYER/INSURER.

ALSO ATTENDING: MARY CYNTHIA QUICK
GERALD MALLOY

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1 PURSUANT TO NOTICE OF HEARING, THE WITHIN HEARING
2 WAS TAKEN BY THE ABOVE-NAMED COURT REPORTER, A NOTARY
3 PUBLIC FOR THE STATE OF SOUTH CAROLINA, IN COLUMBIA,
4 SOUTH CAROLINA.

5 * * * * * * * * * * * * * * * *

6 BY COMMISSIONER JAMES:

7 TODAY IS JUNE THE 22ND, 2016. WE ARE HERE ON
8 W.C.C. FILE NUMBER 1408826. THIS IS THE MATTER OF
9 GENNETTE SOWELL VERSUS PIGGLY WIGGLY AND OWNERS
10 INSURANCE COMPANY. PRESENT ON BEHALF OF THE
11 CLAIMANT IS MR. PRESTON MCDANIEL AND MR. GERALD
12 MALLOY. PRESENT ON BEHALF OF THE DEFENDANTS IS MS.
13 KENYA MILLER. THE DATE OF THE ALLEGED ACCIDENT IS
14 JANUARY THE 6TH, 2014. THE AVERAGE WEEKLY WAGE AND
15 COMPENSATION RATE HAS BEEN STIPULATED TO FROM THE
16 PRESENT EMPLOYER PIGGLY WIGGLY. THE AVERAGE WEEKLY
17 WAGE IS \$652.86 WITH A CORRESPONDING COMPENSATION
18 RATE OF \$435.26. THE PARTIES HAVE STIPULATED THE
19 CLAIMANT HOLDS SECOND EMPLOYMENT IN A CATERING
20 BUSINESS, AND THAT HER AVERAGE WEEKLY WAGE FROM THAT
21 EMPLOYMENT WOULD BE \$43.27 WITH A CORRESPONDING
22 COMPENSATION RATE OF \$28.84. THEREFORE, THE
23 COMBINED AVERAGE WEEKLY WAGE IS \$696.13 WITH A
24 CORRESPONDING COMPENSATION RATE OF \$464.10. I HAVE
25 NOT ASKED THE PARTIES TO HAND UP THEIR APAs YET

1 DURING THE PRETRIAL, BUT IF Y'ALL WILL GO AHEAD AND
2 HAND THOSE UP TO ME.

3 BY MR. MCDANIEL:

4 COMMISSIONER, CAN WE GO OFF THE RECORD JUST A
5 SECOND?

6 BY COMMISSIONER JAMES:

7 SURE.

8 (OFF THE RECORD)

9 BY COMMISSIONER JAMES:

10 WE ARE BACK ON RECORD. WE HAD A DISCUSSION
11 WITH REGARDS TO A COUPLE OF THINGS. ONE, THE
12 AVERAGE WEEKLY WAGE AND THE COMPENSATION RATE. IT
13 APPEARS AFTER THE RECALCULATION, THAT THE
14 COMPENSATION RATE IS OFF BY A PENNY WITH REGARDS TO
15 THE SECOND INCOME. SO, THE CALCULATION SHOULD BE A
16 COMPENSATION RATE OF \$28.85, AND THE COMBINED RATE
17 THEREFORE WILL BE \$464.11. ALSO, THE PARTIES HAVE
18 SUBMITTED THEIR APAs DURING THE BREAK. THE CLAIMANT
19 HAS SUBMITTED PAGES 1 THROUGH 221. THE DEFENDANTS
20 HAVE SUBMITTED PAGES 219 THROUGH 360. LISTED ON THE
21 BRIEF OF THE DEFENDANTS WERE PAGES 360 THROUGH 394.
22 THOSE HAVE BEEN REMOVED BY CONSENT OF THE PARTIES.
23 ALSO SUBMITTED FOR EVIDENCE IS THE DEPOSITION OF DR.
24 EARLY AND THE DEPOSITION OF DR. MENDEZ.

25 ARE THERE ANY OBJECTIONS TO APAs, JURISDICTION,

1 VENUE, OR ANY OTHER ITEMS ON BEHALF OF THE MOVING
2 PARTY, THE CLAIMANT?

3 BY MR. MCDANIEL:

4 NONE, COMMISSIONER.

5 BY COMMISSIONER JAMES:

6 ON BEHALF OF THE DEFENDANTS?

7 BY MS. MILLER:

8 NONE, YOUR HONOR.

9 BY COMMISSIONER JAMES:

10 OKAY. WITHOUT OBJECTION, THE COMMISSION FILE
11 BECOMES A PART OF THE RECORD WITH THE EXCEPTION OF
12 ANY SELF-SERVING DECLARATIONS AND UNSTIPULATED
13 MEDICAL REPORTS.

14 I WILL STATE THE ISSUES VERY SUCCINCTLY AND
15 GIVE THE PARTIES AN OPPORTUNITY TO FLUSH OUT ANY
16 OTHER ISSUES IF THEY WISH TO ON THE RECORD.

17 THE CLAIMANT PRESENTS TODAY SEEKING
18 COMPENSABILITY FOR AN INJURY THAT SHE HAS PLED AS
19 AN INJURY BY ACCIDENT AND ALSO AS A REPETITIVE
20 INJURY OR OCCUPATIONAL DISEASE. THE CLAIMANT
21 CONTENDS THAT HER OCCUPATIONAL ASTHMA IS RELATED TO
22 HER WORK AND IS WITHIN THE SCOPE AND COURSE AND
23 ARISES OUT OF HER EMPLOYMENT. SHE IS REQUESTING
24 PAST AND FUTURE MEDICALS AND ALSO INDICATES THAT AT
25 THIS POINT IN TIME, AS WELL AS THE TEMPORARY TOTAL

1 THAT MAY BE DUE, THAT SHE IS PERMANENTLY AND TOTALLY
2 DISABLED, AND SHE IS SEEKING DETERMINATION OF
3 PERMANENCY.

4 THE DEFENDANTS HAVE RAISED A GENERAL DENIAL,
5 AND AS PART OF THAT GENERAL DENIAL INDICATES THAT
6 THE CLAIMANT DOES NOT MEET ALL OF THE ELEMENTS
7 WITHIN THE OCCUPATIONAL DISEASE REQUIREMENTS. AS TO
8 THE INJURY BEING PLED AS AN ACCIDENT, THE DEFENDANTS
9 RAISE THE STATUTE OF LIMITATIONS, AND ALSO AS TO THE
10 OCCUPATIONAL DISEASE, THE DEFENDANTS RAISE THE ISSUE
11 OF STATUTE OF LIMITATIONS AND NOTICE.

12 THAT IS MY UNDERSTANDING OF A SKINNY OF THE
13 ISSUES. I'M GOING TO ALLOW EACH OF THE PARTIES. I
14 WILL START WITH THE MOVING PARTY, THE CLAIMANT?

15 **BY MR. MCDANIEL:**

16 THANK YOU, YOUR HONOR. OUR MAIN POSITION IS
17 THAT MS. SOWELL HAS CONTRACTED AN OCCUPATIONAL
18 DISEASE IN THE FORM OF OCCUPATIONAL ASTHMA. IT IS
19 ALSO VERY SIMILAR -- IT ALSO FITS WITHIN THE
20 DIAGNOSIS OF BEING A REPETITIVE TRAUMA INJURY. THE
21 ORIGINAL REFERENCE TO AN INJURY BY ACCIDENT IS
22 SIMPLY IN THE FACT THAT THERE WAS A PERIOD OF
23 TREMENDOUS EXPOSURE THAT RESULTED IN A TRIGGERING OF
24 HER ASTHMA, IN WHICH THEN DUE TO HER CONTINUAL
25 OCCUPATIONAL EXPOSURE THEREAFTER, SHE DEVELOPED THE

1 OCCUPATIONAL ASTHMA AT THAT POINT AND THEN THROUGH
2 THE TIME THAT SHE BECAME DISABLED. AS TO THE ISSUE
3 OF NOTICE, SHE -- UNDER OCCUPATIONAL DISEASE, SHE
4 BECAME -- SHE WAS NOT DEFINITELY DIAGNOSED WITH
5 OCCUPATIONAL ASTHMA UNTIL AFTER SHE ACTUALLY WENT
6 OUT OF WORK ON JANUARY 6TH OF 2014. HOWEVER, TWO
7 EVENTS HAVE TO OCCUR. IN OTHER WORDS, IN ORDER FOR
8 THE STATUTE TO BEGIN TO RUN IN REFERENCE TO AN
9 OCCUPATIONAL DISEASE, ONE, THERE HAS TO BE A
10 DEFINITIVE DIAGNOSIS, AND THE CLAIMANT HAS TO BE
11 TOLD OF THAT DIAGNOSIS, AND TWO, THERE HAS TO BE --
12 SHE HAS TO BECOME DISABLED FROM THE OCCUPATIONAL
13 DISEASE. YOU WILL NOTE THAT SHE WENT OUT OF WORK ON
14 JANUARY 6TH, AND YOU WILL FIND IN THE FILE WHERE WE
15 PLACE THEM ON NOTICE PRIOR TO AND THEY ACTUALLY
16 FILED A FORM 12-A ON MARCH THE 24TH, WELL WITHIN THE
17 90-DAY PERIOD OF NOTICE, WELL WITHIN THE STATUTE OF
18 LIMITATIONS. IN REFERENCE TO THE STATUTE OF
19 LIMITATIONS AGAIN, WE TAKE THE POSITION THAT OF
20 COURSE IT IS AN OCCUPATIONAL DISEASE. SHE WAS NOT
21 DEFINITELY DIAGNOSED WITH AN OCCUPATIONAL DISEASE.
22 SHE WAS DIAGNOSED WITH ASTHMA, BUT SHE WAS NOT
23 DIAGNOSED WITH OCCUPATIONAL ASTHMA, THE DIFFERENCE
24 BEING THE CAUSE OF THE ASTHMA, UNTIL WELL AFTER SHE
25 BECAME DISABLED. IN ADDITION TO THAT, IN REFERENCE

1 TO REPETITIVE TRAUMA, SHE WAS NOT DEFINITELY
2 DIAGNOSED WITH A REPETITIVE TRAUMA INJURY CAUSED BY
3 HER WORK UNTIL AT LEAST NOVEMBER OF 2013, AS THE
4 EVIDENCE WILL SHOW. SHE BECAME DISABLED WITHIN TWO
5 MONTHS. THE EMPLOYER WAS WELL AWARE OF HER PROBLEMS
6 IN REFERENCE TO HER EMPLOYMENT BEGINNING AS EARLY AS
7 IN SOME ELEMENTS AS EARLY AS DECEMBER OF 2011 AND
8 GOING FORWARD IN 2012 AND '13. SO, THE STATUTE OF
9 LIMITATIONS WOULD NOT BEGIN TO RUN ON THE REPETITIVE
10 TRAUMA UNTIL AT THE VERY EARLIEST -- AT THE VERY ,
11 EARLIEST WOULD BE IN JANUARY OF 2014, AT THE VERY
12 EARLIEST OCTOBER -- EXCUSE ME, NOVEMBER OF 2014.
13 AND BY THAT TIME, IF YOU LOOK AT THE HEITZ(PHONETIC)
14 DECISION AND IF YOU LOOK AT THE DECISION IN
15 REFERENCE TO THAT, HER EMPLOYER WAS ALREADY WELL
16 AWARE OF, YOU KNOW, PROBLEMS IN REFERENCE TO, FOR
17 EXAMPLE, CHEMICALS AGGRAVATING HER CONDITION PRIOR
18 TO THAT TIME. SO, WE WOULD SUBMIT THERE IS NO
19 PROBLEM WITH THE STATUTE OF LIMITATIONS IN THE
20 REFERENCE TO EITHER REPETITIVE TRAUMA AND/OR IN
21 REFERENCE TO OCCUPATIONAL DISEASE. HOWEVER, AGAIN,
22 OUR POSITION IS THIS IS -- THIS IS AN OCCUPATIONAL
23 DISEASE CASE, AND WE WOULD RELY SPECIFICALLY ON THE
24 CASE OF *MCGRAW VERSUS MARY BLACK HOSPITAL*, IN WHICH
25 WE BELIEVE IS REALLY IN ALL RESPECTS ON ALL FOURS

1 WITH THIS CASE, AND I'M GOING TO HAND UP A COPY OF
2 THAT CASE TO THE COMMISSION.

3 BY COMMISSIONER JAMES:

4 WHILE YOU'RE HANDING IT UP, IN THE PRETRIAL, I
5 WILL NOTE THAT BOTH PARTIES HAVE HANDED UP CASE LAW
6 AND ALSO THERE IS ONE MEMORANDUM OF LAW BY THE
7 DEFENDANTS OUTLINING THEIR POSITION, WHICH WILL BE
8 REFLECTED IN THE FILE.

9 MR. MCDANIEL, DID YOU HAVE MORE YOU WISH TO
10 ADD, SIR?

11 BY MR. MCDANIEL:

12 WELL, COMMISSIONER, I BELIEVE YOU -- I BELIEVE
13 YOU STATED THAT THE DEFENDANTS TAKE THE POSITION
14 THAT MY CLIENT IS NOT ENTITLED TO AN AWARD FOR TOTAL
15 AND PERMANENT AND DISABILITY. I THINK THAT YOU WENT
16 OVER THAT ISSUE.

17 BY COMMISSIONER JAMES:

18 I BELIEVE THAT I DID NOT STATE IT IN THE
19 SKINNY. WE TALKED ABOUT IT DURING PRETRIAL, BUT THE
20 POSITION OF THE DEFENDANTS MY UNDERSTAND IS THAT SHE
21 IS NOT PERMANENT AND TOTAL.

22 BY MR. MCDANIEL:

23 CORRECT, AND JUST TO ADDRESS THAT VERY BRIEFLY,
24 WE HAVE STATEMENTS FROM ALL OF -- I KEEP REFERRING
25 TO THEM AS THE AUTHORIZED-TREATING PHYSICIANS. ALL

1 OF HER TREATING PHYSICIANS WHO HAVE TREATED HER HAVE
2 STATED THE POSITION THAT SHE IS TOTALLY AND
3 PERMANENTLY DISABLED. WE HAVE AGREED TO PUT IN THE
4 SOCIAL SECURITY DISABILITY RECORDS, AND SHE WAS
5 DECLARED TOTALLY DISABLED BY THE SOCIAL SECURITY
6 ADMINISTRATION. THAT IS NOT BINDING, OF COURSE, ON
7 THIS COMMISSION, BUT I ONLY NOTE IT FOR THE PURPOSE
8 OF THE POSITION THAT SHE IS TOTALLY AND PERMANENTLY
9 DISABLED UNDER THE ACT, AND AS THIS COMMISSION
10 KNOWS, THAT IS A FAR LESS STANDARD THAT IS THE
11 SOCIAL SECURITY ADMINISTRATION STANDARD OF NO
12 AVAILABILITY FOR ANY TYPE OF GAINFUL EMPLOYMENT. IN
13 REFERENCE TO THE STATEMENTS, YOU CAN FIND THOSE, DR.
14 MENDEZ STATED THE OPINION, IT'S ON PAGE 221, THAT
15 SHE -- IN HER OPINION, SHE IS TOTALLY AND
16 PERMANENTLY DISABLED FROM GAINFUL EMPLOYMENT, AND
17 THAT CAN BE FOUND ON PAGE 221, AND SHE ALSO STATED
18 THAT HER CONDITION IS PERMANENT. HER TREATING
19 PULMONOLOGIST WHO HAS TREATED HER AND WHO IS THE ONE
20 WHO ACTUALLY MADE THE INITIAL DIAGNOSIS OF
21 OCCUPATIONAL ASTHMA STATES ON PAGE 104-A THAT IN HIS
22 OPINION, SHE IS TOTALLY DISABLED FROM GAINFUL
23 EMPLOYMENT, AND THAT IS -- YOU CAN FIND THAT ON PAGE
24 104-A, AND THAT HER CONDITION IS PERMANENT AND WILL
25 NOT CHANGE.

1 BY COMMISSIONER JAMES:

2 AND GIVE ME HIS NAME AGAIN, MR. MCDANIEL.

3 BY MR. MCDANIEL:

4 DR. deDIOS, AND THAT IS SPELLED LITTLE d,
5 LITTLE e, CAPITAL D-I-O-S., deDIOS. ALL RIGHT. AND
6 IN ADDITION TO THAT, THE DEPOSITION OF DR. MENDEZ
7 WAS TAKEN, AND SHE REAFFIRMED THAT OPINION. SHE
8 STATED THAT DR. EARLY SAID HE WOULD DEFER TO THE
9 OPINIONS OF THE TREATING PHYSICIANS THAT TREAT HER
10 ALL THE TIME. HE FELT LIKE THAT SHE COULD POSSIBLY
11 DO SOME TYPE OF SEDENTARY WORK, BUT IN THAT REGARD,
12 DR. EARLY SAID THAT -- AND THIS CAN BE FOUND AT PAGE
13 -- AT PAGE 71 IN WHERE HE REFERENCES THAT SHE -- HE
14 COULD -- SHE WANTED A CLARIFICATION AS TO SEDENTARY
15 WORK. HE SAID "IF SHE HAD NO IRRITANT EXPOSURE, AND
16 THEY ALLOWED SEATED WORK, NO LIFTING OF MORE THAN
17 TEN POUNDS, USE HER NEBULIZER AT WORK, POSSIBLY SHE
18 COULD RETURN TO WORK." SO, THAT'S FOUND AT PAGE 71.
19 DR. EARLY WAS SPECIFICALLY ASKED TO OPINE, AND HE IS
20 A TOXICOLOGIST/OCCUPATIONAL DISEASE AND OCCUPATIONAL
21 MEDICINE SPECIALIST, AND HE WAS ASKED SIMPLY TO
22 OPINE AS TO HIS OPINION AS TO WHETHER OR NOT SHE
23 SUFFERED FROM OCCUPATIONAL ASTHMA OR WHAT WAS THE
24 CAUSE OF HER CONDITION. HE REAFFIRMED THAT,
25 COMMISSIONER. WE HAVE OPINIONS FROM DR. deDIOS. WE

1 HAVE OPINIONS FROM DR. HAMMETT, AND WE HAVE OPINIONS
2 FROM DR. GORDON EARLY, ALL OF WHICH OPINE THAT SHE
3 HAS SUFFERED FROM OCCUPATIONAL ASTHMA CAUSED BY HER
4 EXPOSURE IN THE WORK PLACE TO -- I'M GOING TO REFER
5 TO IT AS DR. EARLY DID, THE POTPOURRI OF STUFF THAT
6 WAS IN THOSE DRAINS AND IN ADDITION -- AND THE
7 CLEANERS THAT THEY WERE TRYING TO USE TO CLEAN OUT
8 OR STOP THE SEWAGE FROM BACKING UP. IT WAS
9 LITERALLY BACKING UP INTO THE FLOORS. IT HAD A
10 TREMENDOUS SMELL. DR. EARLY EXPLAINS IN HIS
11 DEPOSITION, "WE HAVE A WHOLE POTPOURRI OF MOLD,
12 FUNGUS, BACTERIA." THIS IS A DELI SITUATION. IT IS
13 A FOOD PRODUCTION JOB, AND SHE WAS THE DELI MANAGER,
14 AND WHAT THEY DID WAS IS THEY TOOK RAW VEGETABLES
15 AND ANIMAL PRODUCTS, AND THEN PREPARED THEM FOR SALE
16 TO THE PUBLIC, AND THEN SO THE WATER, THE SEWAGE
17 WATER AND WASTE WATER CONTAINED THE ENTIRE POTPOURRI
18 OF MOLD, FUNGUS, BACTERIA IN ADDITION TO THE DRANO,
19 THE VARIOUS CHEMICALS THAT ARE LISTED, THE SPIT FIRE
20 AND THE OTHERS; THAT THEY WERE USING TO TRY TO STOP
21 IT FROM BACKING UP TO WHERE THEY WERE HAVING TO
22 DAILY SQUEEGEE OFF THIS WATER INTO THIS ONE OPEN
23 DRAIN DOWN THE WAY. AND SO, WHICH IN OUR OPINION
24 TRIGGERED AND THEN IN THE DOCTORS' OPINIONS MORE
25 IMPORTANTLY TRIGGERED THE ONSET OF HER ASTHMA. AND

1 THEN IT CONTINUED TO GET WORSE. ONCE SHE WAS
2 SENSITIZED, SHE BECAME WORSE. SO, IT'S OUR POSITION
3 SHE IS TOTALLY AND PERMANENTLY DISABLED. THAT IS
4 WHAT WE HAVE ASKED FOR IN OUR PLEADINGS, AND WE ARE
5 TAKING THE POSITION, OF COURSE, THAT SHE SUFFERS
6 FROM THIS OCCUPATIONAL DISEASE ASTHMA, WHICH IS THE
7 DIAGNOSIS OF THE DOCTORS.

8 BY COMMISSIONER JAMES:

9 AND THE DEFENDANTS.

10 BY MS. MILLER:

11 THANK YOU, YOUR HONOR. THE DEFENDANTS HAVE
12 SUBMITTED A MEMORANDUM OF LAW, WHICH SETS FORTH OUR
13 POSITION IN GREAT DETAIL, BUT JUST FOR THE RECORD,
14 THIS CASE HAS BEEN PLED AS AN INJURY BY ACCIDENT AS
15 WELL AS AN OCCUPATIONAL DISEASE. WE WOULD MAINTAIN
16 TO THE EXTENT THAT IT IS AN INJURY BY ACCIDENT
17 PURSUANT TO THE DEPOSITION TESTIMONY, THE PROBLEMS
18 WERE INITIALLY ALLEGED TO HAVE BEGUN IN JUNE OF
19 2011. TO THAT EXTENT, WE MAINTAIN THAT THE
20 CLAIMANT'S CASE WOULD BE BARRED BY THE STATUTE OF
21 LIMITATIONS. SECONDLY, WITH REGARDS TO OCCUPATIONAL
22 DISEASE, THE DEFENDANTS TAKE THE POSITION THAT THE
23 CLAIMANT CANNOT SATISFY HER BURDEN OF PROOF THAT HER
24 ASTHMA WAS EITHER CAUSED OR AGGRAVATED BY THE WORK
25 ENVIRONMENT. MORE SPECIFICALLY, THE DEPOSITION OF

1 DR. EARLY ESTABLISHES THAT THERE ARE SOME NON -- OR
2 SOME STRONG FACTORS OF NON-WORK RELATED ISSUES IN
3 THE CASE THAT POINT TO THE CAUSES -- OR POSSIBLY
4 POINT TO THE CAUSE OF HER ASTHMA. AGAIN, THE APA
5 SECTIONS I'VE CITED IN THE MEMORANDUM OF LAW.
6 SECONDLY, THE DEFENDANTS RAISE THE DEFENSE OF
7 NOTICE. MORE SPECIFICALLY ON MARCH 19TH, 2013, PAGE
8 268 OF THE APAs, IT WAS DETERMINED THAT THE CLAIMANT
9 HAD WORK-RELATED ASTHMA. WHETHER OR NOT THE
10 TERMINOLOGY IS USED, OCCUPATIONAL ASTHMA OR WORK-
11 RELATED ASTHMA, THAT IS SYNONYMOUS. OCCUPATIONAL IS
12 WORK RELATED. AT THAT TIME, IT WAS SUGGESTED THAT
13 THE CLAIMANT REMOVE HERSELF FROM WORK, AT WHICH TIME
14 SHE HAD NOT. IT IS OUR POSITION THAT AT THAT POINT,
15 SHE SHOULD HAVE NOTIFIED HER EMPLOYER OF THIS WORK-
16 RELATED ACCIDENT, BECAUSE THAT WOULD HAVE
17 CONSTITUTED A DEFINITIVE DIAGNOSIS. TO THE EXTENT
18 SHE CONTINUED TO WORK UNTIL JANUARY 2014, IT IS OUR
19 POSITION THAT THE CLAIM SHOULD BE BARRED PURSUANT TO
20 THE NOTICE REQUIREMENTS. AND, LASTLY, YOUR HONOR,
21 WE MAINTAIN THAT SHE WILL NOT BE PERMANENTLY AND
22 TOTALLY DISABLED IF THIS IS FOUND COMPENSABLE
23 PRIMARILY BASED ON THE LACK OF VOCATIONAL EVIDENCE
24 AND ALSO OUR INTERPRETATION OF DR. EARLY'S TESTIMONY
25 IS THAT SHE CAN RETURN TO WORK DOING SEDENTARY WORK

1 WITH LIFTING RESTRICTIONS OF TEN POUNDS AND ALSO
2 CONTINUES TO OPERATE A CATERING BUSINESS, FOR WHICH
3 HER TAX RETURN REFLECTS THAT SHE CURRENTLY RECEIVES
4 MONEY FOR.

5 BY COMMISSIONER JAMES:

6 ALL RIGHT. MS. SOWELL, IF YOU WOULD RAISE YOUR
7 RIGHT HAND FOR ME, PLEASE. MA'AM.

8 * * * * *

9 THE WITNESS WAS DULY SWORN TO TELL THE TRUTH, THE
10 WHOLE TRUTH, AND NOTHING BUT THE TRUTH CONCERNING THE
11 MATTER HEREIN:

12 GENNETTE SOWELL

13 BEING FIRST DULY SWORN, TESTIFIED ON HER OATH AS FOLLOWS:

14 BY COMMISSIONER JAMES:

15 ALL RIGHT. YOUR WITNESS, MR. MCDANIEL.

16 BY MR. MCDANIEL:

17 ALL RIGHT. THANK YOU, YOUR HONOR.

18 DIRECT EXAMINATION BY MR. MCDANIEL:

19 Q. MS. SOWELL, HOW OLD ARE YOU?

20 A. I'M 66.

21 Q. OKAY. WHAT IS YOUR MARITAL STATUS?

22 A. I'M A WIDOW.

23 Q. WIDOW, OKAY.

24 A. YES, SIR.

25 Q. AND HOW MANY CHILDREN DO YOU HAVE?

- 1 A. I HAVE SEVEN, BUT I RAISED NINE.
- 2 Q. RAISED NINE, HAVE SEVEN, AND I BELIEVE THEY ARE ALL
- 3 GROWN?
- 4 A. YES.
- 5 Q. NOT DEPENDENT ON YOU FOR SUPPORT?
- 6 A. NO.
- 7 Q. ALL RIGHT. YOU LIVE ON ELMO MCFARLAND ROAD; IS THAT
- 8 RIGHT?
- 9 A. YES.
- 10 Q. ELMO MCFARLAND?
- 11 A. YES.
- 12 Q. ALL RIGHT. HOW LONG HAVE YOU LIVED THERE?
- 13 A. ALL MY LIFE.
- 14 Q. OKAY. AND THE HOUSE YOU LIVE IN NOW, IT'S ALSO ON
- 15 ELMO ---
- 16 A. YES, IT IS.
- 17 Q. OKAY. AND HOW LONG HAVE YOU LIVED IN THAT HOME?
- 18 A. ABOUT 30 YEARS.
- 19 Q. ABOUT 30 YEARS, OKAY. IT'S A BRICK HOME?
- 20 A. YES.
- 21 Q. AND HAVE YOU -- TO YOUR KNOWLEDGE, HAVE YOU EVER HAD
- 22 ANY PROBLEMS WITH -- WELL, BEFORE I ASK YOU THAT,
- 23 ABOUT HOW OLD IS THE HOUSE; DO YOU KNOW WHEN THAT
- 24 HOUSE WAS BUILT?
- 25 A. I THINK IT WAS 1970, 1975, SOMEWHERE IN THAT AREA.

- 1 Q. OKAY. AND I BELIEVE YOUR FATHER, ELMO -- THE ROAD
2 IS ACTUALLY NAMED FOR YOUR DAD?
- 3 A. YES.
- 4 Q. AND YOU ACTUALLY LIVED IN YOUR DAD'S HOME, AND THEN
5 LATER ON, YOU AND YOUR HUSBAND LIVED IN THIS OTHER -
6 --
- 7 A. YES.
- 8 Q. --- THE HOME WHERE YOU LIVE NOW?
- 9 A. YES.
- 10 Q. ALL RIGHT. NOW, HAVE YOU EVER KNOWN YOUR HOME --
11 AND IT'S A BRICK HOME BUILT IN 1970, 1975, HAVE YOU
12 EVER KNOWN YOUR HOME TO HAVE ANY KIND OF A MOLD
13 PROBLEM?
- 14 A. NO.
- 15 Q. OKAY. DO YOU HAVE ANY PETS?
- 16 A. NO.
- 17 Q. ALL RIGHT. NOW, TELL ME ABOUT YOUR EDUCATIONAL
18 BACKGROUND. WHAT GRADE DID YOU FINISH IN SCHOOL?
- 19 A. I DIDN'T GRADUATE FROM SCHOOL.
- 20 Q. OKAY. WENT THROUGH WHAT GRADE?
- 21 A. I WENT THROUGH THE 11TH GRADE, 10TH -- I WAS IN THE
22 10TH, AND I WAS SUPPOSED TO TAKE 11TH, BUT I DIDN'T
23 EVER GO IN.
- 24 Q. ALL RIGHT. AND THEN WHERE -- I BELIEVE THAT BEFORE
25 YOU WORKED FOR PIGGLY WIGGLY THAT YOU WORKED FOR

1 LIKE 27 YEARS WITH FIELDCREST?

2 A. YES.

3 Q. IN THE MILL?

4 A. YES.

5 Q. DID YOU EVER HAVE ANY PROBLEMS?

6 A. NONE.

7 Q. I BELIEVE YOUR TESTIMONY AT THE PREVIOUS DEPOSITION
8 WAS THAT YOU WERE GIVEN LUNG TESTS ON A REGULAR
9 BASIS?

10 A. YES.

11 Q. YOU ALWAYS PASSED THOSE?

12 A. YES.

13 Q. YOU WERE NEVER ADVISED YOU'VE EVER HAD ANY PROBLEMS?

14 A. NO PROBLEMS.

15 Q. ALL RIGHT. AND PRIOR TO AND AT THE TIME AT WORKING
16 FOR PIGGLY WIGGLY, HAVE YOU EVER HAD ANY TREATMENT
17 FOR ANYTHING RELATED TO YOUR LUNGS, ALLERGY OR
18 ASTHMA?

19 A. NO, NO.

20 Q. ALL RIGHT. NOW, I BELIEVE YOU WENT TO WORK FOR
21 PIGGLY WIGGLY, I BELIEVE, 1999?

22 A. YES, CHESTERFIELD.

23 Q. ALL RIGHT. WHERE DID YOU GO TO WORK, AND THEN WHERE
24 DID YOU GO FROM THERE?

25 A. I STAYED THERE ABOUT A YEAR-AND-A-HALF, AND THEN

1 THEY TRANSFERRED ME OVER TO THE BENNETTSVILLE PIGGLY
2 WIGGLY AS THE DELI MANAGER, AND I WAS A COOK AT
3 CHESTERFIELD PIGGLY WIGGLY.

4 Q. AT CHESTERFIELD, AND THEN WHEN YOU TRANSFERRED OVER
5 TO THE -- BENNETTSVILLE?

6 A. YEAH.

7 Q. AND ---

8 A. AND I WAS DELI MANAGER.

9 Q. AND YOU WERE THE DELI MANAGER?

10 A. UH-HUH.

11 Q. NOW, LET'S TALK ABOUT WHAT YOU DID. WHAT WAS YOUR
12 JOB AS A DELI MANAGER?

13 A. I ALWAYS SAID I DID EVERYTHING, WHATEVER IT TOOK TO
14 RUN THE JOB, BUT I GO IN AND I TURN EVERYTHING ON.
15 I CHECK AND MAKE SURE EVERYTHING IS RIGHT. I CHECK
16 THE DATES AND STUFF, PULL THE DATES THAT WAS OUT OF
17 DATE. GOT THE TRUCK, UNLOAD THE TRUCK, PUT THE
18 TRUCK IN THE FREEZER, PUT THE DRY GOODS WHERE THEY
19 BELONG TO, AND HELP COOK IF I HAD TO AND SERVE THE
20 PEOPLE AT LUNCH TIME OR BREAKFAST TIME.

21 Q. ALL RIGHT. NOW, LET'S TALK ABOUT THAT JUST A
22 SECOND. DID Y'ALL RUN -- DID Y'ALL RUN BREAKFAST?

23 A. BREAKFAST, YES.

24 Q. ON THE HOT LINE?

25 A. YES.

1 Q. DID YOU RUN LUNCH?
2 A. YES.
3 Q. DID YOU RUN DINNER?
4 A. YES.
5 Q. ALL RIGHT. AND ---
6 A. LUNCH AND DINNER WENT STRAIGHT THROUGH.
7 Q. OKAY. AND IN REFERENCE TO -- AND OF COURSE, DID YOU
8 HAVE STEAM TABLES AND THEN ---
9 A. YES.
10 Q. --- HAVE HOT ITEMS ON THE STEAM TABLE?
11 A. YES.
12 Q. AND OF COURSE, THAT WOULD BE ALL STAINLESS STEEL
13 CONTAINERS THAT ---
14 A. YES.
15 BY MS. MILLER:
16 OBJECTION, LEADING.
17 BY MR. MCDANIEL:
18 OKAY.
19 BY COMMISSIONER JAMES:
20 SUSTAINED.
21 DIRECT EXAMINATION RESUMED BY MR. MCDANIEL:
22 Q. TELL ME WHAT THE CONTAINERS WERE MADE OUT OF, MS.
23 SOWELL.
24 A. OH, IT WAS STEEL, STAINLESS STEEL.
25 Q. OKAY. AND TELL ME IN REFERENCE TO -- DID YOU COOK

- 1 AND PREPARE ALL OF THESE ITEMS?
- 2 A. YES, EVERYTHING IS COOKED.
- 3 Q. ALL RIGHT. SO ---
- 4 A. OR PREPARED BACK IN THE DELI.
- 5 Q. ALL RIGHT. SO, ARE WE TALKING ABOUT FROM TAKING
- 6 FROM RAW VEGETABLES AND RAW MEATS ---
- 7 A. UH-HUH.
- 8 Q. --- THROUGH THE COOKING PROCESS, PREPARATION AND THE
- 9 SALE OF THOSE ITEMS?
- 10 A. YEAH, I DIDN'T BELIEVE IN BUYING THE ALREADY COME IN
- 11 AND JUST POP IT IN THE OVEN.
- 12 Q. OKAY.
- 13 A. WE MADE EVERYTHING FROM SCRATCH.
- 14 Q. WHEN YOU REFER TO -- WHAT DID YOU GET OFF OF THE
- 15 TRUCKS? WHAT CAME IN ON THE TRUCKS?
- 16 A. CHICKEN, BEEF, ALL THE DRY GOODS, FLOUR, SUGAR, AND
- 17 THE REST OF THE MEATS, WE GOT FROM THE MEAT
- 18 DEPARTMENT.
- 19 Q. OKAY. AND THEN WHAT KIND OF VEGETABLES WERE ON THE
- 20 VEGETABLE LINE?
- 21 A. WE HAD LIMA BEANS. WE HAD COLLARD GREENS. WE HAD
- 22 CORN. WE HAD ---
- 23 Q. ALL RIGHT. IN REFERENCE.
- 24 A. --- MANY VEGGIES.
- 25 Q. IN REFERENCE TO THE VEGETABLES, SO YOU WOULD HAVE

1 FRESH GREEN BEANS, THAT TYPE OF THING?

2 A. GREEN BEANS WERE IN CANS.

3 Q. CANS, CANNED GREEN BEANS, OKAY. UNCOOKED, AND THEN
4 Y'ALL WOULD PREPARE THOSE?

5 A. YES.

6 Q. WHAT ABOUT THE OTHER VEGETABLES DID YOU HAVE?

7 A. SOME OF THEM CAME FROZEN. SOME OF THEM CAME IN
8 CANS.

9 Q. ALL RIGHT. NOW, IN REFERENCE TO THOSE, ALL RIGHT,
10 SO TAKE ME THROUGH THE PROCESS. OF COURSE, YOU
11 WOULD COOK BREAKFAST, AND THAT WOULD INCLUDE --
12 WOULD THAT INCLUDE BACON, HAM?

13 A. YES.

14 Q. WHAT ELSE?

15 A. IT'S BACON, SAUSAGE. SOMETIMES WE HAD HAM, BUT NOT
16 OFTEN. SOMETIMES WE DID SALMON. WE DID THE GRITS.

17 Q. OKAY. BY THE WAY, IN YOUR PREPARATION, YOU'VE
18 MENTIONED MEAT, YOU MENTIONED BEEF. YOU MENTIONED
19 CHICKEN. DID YOU DO ANY FISH?

20 A. OCCASIONALLY, NOT TOO OFTEN.

21 Q. OKAY, ALL RIGHT. NOW, WHEN YOU WOULD FINISH UP WITH
22 THE BREAKFAST LINE AND YOU HAD SOLD ALL THE PRODUCT,
23 WHAT HAPPENED TO ANY LEFTOVER PRODUCT AND ALSO WHAT
24 DID YOU DO IN REFERENCE TO ALL OF THE EQUIPMENT AT
25 THAT TIME?

1 A. OKAY. WE HAD TO PUT ALL OF THE LEFTOVERS THAT WAS
2 JUST, YOU KNOW, SCRAP AND STUFF IN THE TRASH CAN,
3 AND IF IT WAS LIKE A LIQUID, THEN WE WOULD PUT IT IN
4 A BUCKET OR SOMETHING, AND THEN IF IT WAS SOMETHING
5 SAVABLE, THEN WE WOULD WRAP IT UP AND PUT IT IN THE
6 COOLER.

7 Q. OKAY. IN REFERENCE TO THEN THE ITEMS -- THE TRAYS
8 ON THE HOT LINE, WHAT DID YOU DO WITH THEM?

9 A. WE HAD TO TAKE THEM OUT AND WASH THEM AND PUT FRESH
10 OUT.

11 Q. ALL RIGHT. WHAT DID YOU DO WITH THE OIL?

12 A. THE OIL WENT INTO A CONTAINER IN THE BACK OF THE
13 STORE, BUT LIKE THE CRUMBS OUT OF THE BOTTOM OF THE
14 FRYER, WE ALWAYS HAD TO PUT THEM IN A BUCKET IN
15 THERE.

16 Q. OKAY.

17 A. BUT THEY HAVE A CONTAINER AT THE BACK OF THE STORE
18 TO PUT -- WHEN WE CHANGED THE OIL TO PUT IT IN
19 THERE.

20 Q. HOW MANY TIMES A DAY WOULD YOU SAY THAT -- TELL ME
21 ABOUT THE SINKS, HOW MANY SINKS DID YOU HAVE, THAT
22 TYPE OF THING?

23 A. IT WAS THREE.

24 Q. THREE COMPARTMENT SINK?

25 A. YEAH, AND THEY -- THEY ALL THREE OF THEM LEAKED, YOU

1 KNOW, ONE OR THE OTHER. MOST OF THE TIME IT WAS
2 KIND OF STOPPED UP AND THE FOOD COME DOWN IN IT,
3 BECAUSE WE DIDN'T HAVE A STRAINER DOWN INTO THE
4 SINK.

5 Q. ALL RIGHT. AND THEN OF COURSE, THAT -- HOW MANY
6 DRAINS WERE THERE IN THE -- WHAT AREAS WOULD YOU
7 REFER TO IN THE DELI AREA? I MEAN, DID YOU -- YOU
8 REFERRED TO THE HOT LINE, BUT WHAT DID YOU ---

9 A. IT'S A FRONT END. IT'S CALLED THE FRONT END AND
10 THEN THE KITCHEN. THE FRONT END, IT HAD THREE
11 DRAINS IN THE FRONT END.

12 Q. OKAY.

13 A. AND THE KITCHEN HAD ONE, TWO, THREE, FOUR DRAINS IN
14 THE KITCHEN.

15 Q. OKAY.

16 A. ONE IN FRONT OF THE STOVE, ONE BEHIND THE PREP
17 TABLE, ONE UP UNDER THE SINK AND ONE AT THE WASH
18 WHERE YOU DO THE MOP AND STUFF IN THE CORNER.

19 Q. ALL RIGHT. OKAY. NOW, IN REFERENCE TO THE DRAINS
20 AND THE COOKING AND ALL THAT, WHAT ABOUT THE FRY
21 BASKETS, THAT TYPE OF THING?

22 A. ALL OF THAT WENT TO THE SINK. WE WASHED IT IN THE
23 SINK.

24 Q. OKAY. SO, ALL OF THE STUFF -- ALL OF THE EQUIPMENT
25 OFF THE HOT LINE, ALL THE KNIFES, ALL OF THAT HAD TO

1 BE DONE. DID YOU USE ANY SLICERS AND THAT TYPE OF
2 THING?

3 A. YEAH. THEY HAD TO BE CLEANED WITH SANITIZER AND
4 STUFF LIKE THAT.

5 Q. OKAY. AND THEN WHAT WOULD HAPPEN WITH THE -- OF
6 COURSE, WOULD YOU BE CUTTING RAW MEATS, RAW CHICKEN,
7 THAT TYPE OF THING ON IT?

8 A. LIKE WE CUT HAM, TURKEY, STUFF LIKE THAT.

9 Q. DID Y'ALL FIX DELI SANDWICHES AS WELL?

10 A. YEAH, IF SOMEONE CAME UP AND ORDERED A SANDWICH, WE
11 FIXED IT.

12 Q. DID YOU HAVE -- DID YOU HAVE, FOR A BETTER TERM, A
13 SALAD LINE? I MEAN, A SALAD PLACE WHERE ---

14 A. WE HAD A CASE THAT HAD POTATO SALAD AND PASTA SALAD
15 AND CHICKEN SALAD.

16 Q. DID YOU HAVE -- WHEN YOU WERE USING THE DELI
17 SANDWICHES, DID YOU HAVE SLICED TOMATOES, SLICED
18 ONIONS, ---

19 A. YES.

20 Q. --- BELL PEPPER, THAT TYPE OF THING?

21 A. YEAH.

22 Q. ALL RIGHT. AND ALL OF THOSE ITEMS HAD TO BE WASHED?

23 A. YES.

24 Q. HOW MUCH OF THE TIME OR HOW MANY TIMES A DAY DID
25 Y'ALL WASH EQUIPMENT?

1 A. OH, WE HAD TO WASH IT CONSTANTLY. IT WAS -- IT
2 WASN'T NO CERTAIN TIME, JUST BECAUSE I DIDN'T LIKE
3 FOR THEM TO PILE IT ALL UP AND THEN TRY TO WASH IT
4 ALL AT ONE TIME. IT WOULD TAKE TOO LONG. I TRIED
5 TO GET THEM TO WASH IT AS THEY USED IT. YOU USE IT,
6 WASH IT, GO. THAT KEEPS THINGS CLEAN, SO, YOU DON'T
7 HAVE NO PROBLEM WITH EVERYTHING LYING AROUND. I'M
8 JUST -- I CAN'T TAKE IT WHEN IT'S GOT TOO MUCH STUFF
9 HANGING AROUND.

10 Q. OKAY. AND THEN THIS -- ALL, EVERYTHING WE'RE
11 TALKING ABOUT FROM BOTH THE RAW AND THE COOKED
12 PRODUCTS AND ALL THAT WHEN YOU WASH IT AND ALL THE
13 WASTE WATER AND ALL FROM CLEANING THE EQUIPMENT AND
14 THE SUDSY WATER AND ALL THAT WENT INTO THOSE SINKS?

15 A. THE SAME SINKS, YES.

16 Q. AND THEN WENT DOWN THROUGH THE DRAINAGE SYSTEM?

17 A. UH-HUH.

18 Q. ALL RIGHT. NOW, YOU WERE THE DELI MANAGER FROM
19 APPROXIMATELY 2000 UNTIL ABOUT 2011.

20 A. YES.

21 Q. WHAT HAPPENED IN 2011 THAT WAS DIFFERENT THAN THE
22 WAY IT HAD BEEN IN THE DELI DEPARTMENT THAT YOU HAD
23 WORKED IN -- BY THE WAY, BEFORE I ASK YOU THAT, LET
24 ME ASK YOU THIS: DURING THE TIME THAT YOU WORKED AT
25 PIGGLY WIGGLY FROM 2000 AS DELI MANAGER IN THIS

1 STORE UNTIL 2011, WERE YOU TREATED FOR BRONCHITIS,
2 ASTHMA, ANY TYPE OF UPPER -- ANY TYPE OF RESPIRATORY
3 PROBLEMS ON A CONSISTENT BASIS?

4 A. NO, NO, NONE.

5 Q. OKAY. HOW OFTEN DID YOU GO TO THE DOCTOR, AND WHAT
6 WERE YOU GOING TO THE DOCTOR FOR LET'S SAY BETWEEN
7 2000 AND 2011?

8 A. JUST A SLIGHT ELEVATED BLOOD PRESSURE.

9 Q. OKAY.

10 A. I WENT ABOUT EVERY SIX MONTHS TO GET MY MEDICINE
11 REFILLED AND WOULDN'T FILL IT UNTIL I SEEN THE
12 DOCTOR.

13 Q. HOW WOULD YOU DESCRIBE YOUR HEALTH UP UNTIL 2011?

14 A. I WAS DOING GREAT.

15 Q. OKAY.

16 A. I WAS DOING GREAT.

17 Q. ALL RIGHT. DID YOU MISS MUCH TIME FROM WORK?

18 A. NO.

19 Q. IF I ASK MS. QUICK -- I BELIEVE, WHEN DID SHE BECOME
20 YOUR MANAGER?

21 A. IN 2005, 2006, SOMEWHERE IN THERE.

22 Q. OKAY. AND WHAT TRANSPIRED THEN THAT CHANGED THAT
23 SHE BECAME THE MANAGER?

24 A. PIGGLY WIGGLY SOLD OUT TO RICKY MCLEOD.

25 Q. OKAY.

1 A. AND THERE WAS CHANGE OVER, BECAUSE THEY WAS GOING TO
2 CLOSE THE STORE, AND RICKY MCLEOD BOUGHT IT.

3 Q. OKAY. AND IT KEPT OPEN.

4 A. UH-HUH.

5 Q. AND THEN SO, NOW -- NOW, HOW MUCH TIME WOULD YOU SAY
6 YOU MISSED PRIOR TO 2011?

7 A. WELL, ONE PART OF TIME WHEN MY HUSBAND GOT SICK AND
8 HE DIED, I WAS OUT FOR A LITTLE BIT, BUT OTHER THAN
9 THAT, I WASN'T OUT FOR NOTHING.

10 Q. OKAY. WAS THERE ANY CHANGE IN YOUR HOURS? I KNOW
11 YOU WERE A SALARIED EMPLOYEE, CORRECT?

12 A. UH-HUH.

13 Q. AND WHAT WERE YOUR -- DID YOU -- WERE YOU NORMALLY
14 EXPECTED TO WORK; I MEAN, HOW MANY HOURS A WEEK?

15 A. IT WAS 45.

16 Q. FORTY-FIVE. WHAT -- DID YOU GET PAID ANYTHING IF
17 YOU WORKED MORE THAN 45?

18 A. IT'S WHAT WE CALL CHINESE SCALE. YOU KNOW, AFTER
19 THE 40 HOURS, IT -- YOU DON'T GET THE SAME HOURLY
20 RATE. IT GOES DOWN NOT UP.

21 Q. NOW, BEFORE JUNE OF 2011, WAS THERE ANY DIFFERENCE
22 IN -- AFTER JUNE OF 2011, WAS THERE ANY DIFFERENCE
23 IN THE AMOUNT OF TIME THAT YOU WORKED?

24 A. STATE THAT AGAIN.

25 Q. YEAH, BEFORE JUNE OF 2011, AS TO THE AMOUNT OF TIME

1 THAT YOU WOULD WORK, HOW MUCH TIME WOULD YOU BE
2 WORKING NORMALLY PER WEEK BETWEEN UP UNTIL JUNE OF
3 2011?

4 A. OKAY, I PROBABLY WORKED 45, 50 TO WHATEVER TIME IT
5 TOOK. IF I COULDN'T GET NOBODY TO COVER THE
6 SCHEDULE, THEN I CAME IN AND DID IT, AND IF
7 SOMETHING WENT WRONG IF IT WAS MY DAY OFF, THEY
8 CALLED ME, I CAME BACK OVER THERE AND WORKED.

9 Q. NOW, AFTER THAT, AFTER JUNE 2011, DID YOUR ABILITY
10 TO WORK AND THE NUMBER OF HOURS YOU WERE ABLE TO
11 WORK -- YOU STILL WORKED FULL TIME?

12 A. YES.

13 Q. YOU STILL GOT IN YOUR 40, 45?

14 A. UH-HUH.

15 Q. BUT DID YOU CUT BACK, OR WERE YOU ABLE TO CONTINUE
16 TO WORK ALL THOSE ADDITIONAL HOURS?

17 A. NO, NO.

18 Q. ALL RIGHT. NOW, LET'S TALK ABOUT WHAT HAPPENED. WE
19 DESCRIBED PRETTY MUCH THE NORMAL WORK DAY AND WHAT
20 YOU WERE DOING EVERY DAY. SOMETHING CHANGED IN THE
21 EARLY PART OF 2011. WHAT HAPPENED?

22 A. THE DRAINS STARTED BACKING UP, AND THEY COULD NEVER
23 GET THEM FIXED. MS. QUICK HAD SOMEBODY TO COME IN
24 SEVERAL TIMES TO WORK ON THEM, BUT THEY NEVER DID
25 GET THEM FIXED, AND SHE THOUGHT THAT WE DELI PEOPLE

1 WAS PUTTING WASTE AND STUFF DOWN THE DRAIN CAUSING
2 THE DRAIN TO STAY CLOGGED UP, AND THEY WOULD COME IN
3 AND WORK ON THEM, AND THEN MAYBE TWO DAYS LATER, THE
4 DRAIN WAS MESSED UP AGAIN.

5 Q. OKAY. AND THEN THAT'S UP 'TIL JUNE. WE'RE GOING TO
6 TALK ABOUT JUNE AND THE HOSPITALIZATION IN A MINUTE,
7 BUT TELL ME HOW OFTEN -- HOW MUCH WAS THIS OCCURRING
8 OVER THE LAST THREE OR FOUR MONTHS BEFORE JUNE?

9 A. IT WAS -- THE DRAIN WAS CONSTANTLY STOPPED UP.

10 Q. OKAY.

11 A. IT WAS CONSTANTLY. I MEAN, SHE WOULD GET SOMEBODY
12 TO COME IN AND WORK ON THEM, AND I DON'T KNOW
13 WHETHER THEY WEREN'T DOING THEIR JOB OR WHAT, BUT
14 THE DRAIN WOULD STILL BE ---

15 BY COMMISSIONER JAMES:

16 MR. MCDANIEL. WAIT JUST A MOMENT. I WOULD
17 LIKE TO ASK THEM TO BE QUIET.

18 (OFF THE RECORD)

19 BY COMMISSIONER JAMES:

20 ALL RIGHT, MR. MCDANIEL, GO AHEAD.

21 DIRECT EXAMINATION RESUMED BY MR. MCDANIEL:

22 Q. NOW, MS. SOWELL, I THINK -- WHAT I WANT YOU TO DO
23 RIGHT NOW. I WANT YOU TO TELL THE COMMISSIONER
24 ABOUT, WHEN YOU SAY THEY WERE BACKING UP, I WANT YOU
25 TO TELL US EXACTLY WHAT YOU'RE TALKING ABOUT.

1 DESCRIBE WHAT WAS HAPPENING DURING THAT PERIOD OF
2 TIME.

3 A. WELL, ALL THE FOOD THAT WENT DOWN THE DRAIN WAS
4 COMING BACK UP IN THE FLOOR. ALL THE GREASE WAS
5 COMING BACK UP IN THE FLOOR. IT HAD A VERY NASTY
6 STINK TO IT. THE GREASE WOULD RUN OFF OVER THE
7 FLOOR. AS BIG AS THE DELI WAS, IT WOULD COVER THE
8 WHOLE BACK FLOOR AND EVERYTHING, AND WE HAD TO -- WE
9 HAD ONLY ONE DRAIN THAT WE COULD SWEEP IT IN, WHICH
10 WAS A DRAIN THAT WASN'T SUPPOSED TO BE SWEEPED IN, BUT
11 TO KEEP IT CLEAN AND TO BE ABLE TO SERVE FOOD THERE,
12 WE HAD TO SWEEP IT IN THAT DRAIN TO KEEP THE FLOOR
13 FROM BEING, YOU KNOW, ALL MESSED UP, WHICH IN FACT
14 AT THAT TIME, IF THE HEALTH DEPARTMENT WOULD HAVE
15 CAME IN, HE WOULD HAVE SHUT THEM DOWN. ACTUALLY, WE
16 SHOULD HAVE BEEN SHUT DOWN THROUGH ALL THIS STUFF
17 THAT WAS DOWN THERE, BUT TRYING TO KEEP EVERYBODY
18 WORKING AND KEEP YOUR JOB GOING, WE DID THE BEST
19 THAT WE COULD.

20 Q. ALL RIGHT. AND YOU WOULD CLEAN IT, I MEAN, EVERY
21 DAY?

22 A. YEAH.

23 Q. WHEN YOU WOULD COME IN IN THE MORNING, WHAT WOULD
24 HAPPEN?

25 A. THE WATER WOULD ALREADY BE ON THE FLOOR IN THE

1 MORNING TIME.

2 Q. OKAY.

3 A. BACKED UP, SOME FOOD PARTICLES AND STUFF. WHEN THEY
4 CAME IN THERE AND PUT THAT HOSE DOWN INTO THAT DRAIN
5 THAT WAS IN FRONT OF THE SINK -- I MEAN, THE STOVE,
6 GREASE, EVERYTHING, IT JUST -- AND CAME OUT TO THE
7 WALL WHERE THE CAKE TABLES AND STUFF WAS AT. IT WAS
8 JUST AN AWFUL MESS.

9 Q. DID IT -- DO YOU HAVE A COOLER NEXT TO THE ---

10 A. YEAH, AND IT WENT ALL IN MY COOLER, AND THEY HAVE A
11 DOOR THERE, BUT, YOU KNOW, THE DOOR DIDN'T HAVE A
12 GUARD DOWN UP UNDER THE BOTTOM SO THAT NOTHING
13 WOULDN'T SINK UP UNDER IT. IT WENT ALL IN THERE AND
14 UP UNDER THE RACKS AND STUFF.

15 Q. OKAY. WAS IT -- WAS IT BASICALLY A LAYER OF WATER?

16 A. IT WAS ---

17 Q. WASTE?

18 A. IT WAS A WHOLE LOT OF EVERYTHING. IF IT WAS WATER,
19 WE PROBABLY COULD DEAL WITH IT, BUT IT WAS A LOT OF
20 GOOP, GREASE, FOOD PARTICLES.

21 Q. OKAY. AND SO HOW MUCH OF THE TIME -- AND WHEN YOU
22 SAY YOU CLEANED IT, SWEPT IT IN THIS DRAIN, HOW DID
23 YOU GET IT INTO THE DRAIN; WHAT DID YOU USE? WHAT
24 ALL WERE YOU USING?

25 A. WE HAD TO USE THE BROOM, AND WE HAD THE DUSTPAN.

1 SO, SOME OF US WOULD SCOOP WITH THE DUSTPAN, AND
2 SOMEBODY WOULD SWEEP IT.

3 Q. OKAY. DO YOU ALSO -- DID Y'ALL HAVE A SQUEEGEE?

4 A. WE DIDN'T HAVE ONE BACK THERE AT THE TIME.

5 Q. OKAY. SO, YOU WERE USING MOPS AND BROOMS AND ---

6 A. DUSTPANS, YEAH.

7 Q. --- DUSTPANS, AND TO GET THIS WATER OFF THE FLOOR
8 INTO THAT ONE DRAIN?

9 A. UH-HUH.

10 Q. OKAY. NOW, TELL ME WHAT -- YOU SAID SOMETHING ABOUT
11 THE -- NOW, WAS MS. QUICK AWARE OF THIS PROBLEM?

12 A. I TOLD HER.

13 Q. OKAY. AND THEN HOW MANY TIMES DO YOU REMEMBER
14 SOMEBODY COMING IN TRYING TO FIX IT BEFORE YOU WENT
15 IN THE HOSPITAL IN JUNE?

16 A. PROBABLY ABOUT TWO OR THREE TIMES, SOMEONE CAME IN
17 AND TRIED TO FIX IT.

18 Q. OKAY. BUT UP UNTIL THAT TIME, YOU THOUGHT OR MS.
19 QUICK WAS THINKING IT WAS SOMETHING THAT Y'ALL WERE
20 DOING?

21 A. YES.

22 Q. OKAY. NOW, I SEE ---

23 BY MR. MCDANIEL:

24 THE RECORDS ARE PUT IN, COMMISSIONER, BEGINNING
25 AT -- ACTUALLY, THEY ARE UNDER -- THE HOSPITAL

1 RECORDS ARE ACTUALLY BEGINNING UNDER DR. HAMMETT'S
2 RECORDS, AND THOSE CAN BE FOUND BEGINNING AT PAGE
3 100-AND -- EXCUSE ME, 96 IN REFERENCE TO...

4 DIRECT EXAMINATION RESUMED BY MR. MCDANIEL:

5 Q. WHAT WAS OCCURRING RIGHT BEFORE JUNE 3RD WHEN YOU
6 WENT TO THE EMERGENCY ROOM THE FIRST TIME?

7 A. MY THROAT STARTED GETTING SCRATCHY, AND IT GOT TO
8 WHERE I COULDN'T HARDLY BREATHE, AND I COULDN'T
9 FIGURE OUT WHAT IT WAS COMING FROM AND DIDN'T KNOW
10 WHAT IT WAS COMING FROM. IT GOT TO WHERE I COULDN'T
11 -- I WENT AND GOT SOME MUCINEX AND TRIED TO TAKE IT
12 TO SEE WHETHER IT WOULD CLEAR MY THROAT, BUT IT
13 DIDN'T -- IT STILL ITCHED AND BURNED.

14 Q. AND THEN IT SAYS THAT YOU THEN -- YOU WENT TO THE
15 EMERGENCY ROOM ON JUNE 3RD?

16 A. UH-HUH.

17 Q. THEY THEN SENT YOU HOME. I BELIEVE THEY SAID THEY -
18 --

19 BY MS. MILLER:

20 OBJECTION.

21 BY COMMISSIONER JAMES:

22 SUSTAINED.

23 DIRECT EXAMINATION RESUMED BY MR. MCDANIEL:

24 Q. ACCORDING TO THE MEDICAL RECORDS, THEY WERE TREATING
25 YOU FOR BRONCHITIS?

- 1 A. YEAH.
- 2 Q. IS THAT YOUR UNDERSTANDING?
- 3 A. HE SAID HE THOUGHT I HAD BRONCHITIS.
- 4 Q. ALL RIGHT. NOW, YOU WENT BACK TO WORK?
- 5 A. UH-HUH.
- 6 Q. DID YOUR CONDITION GET ANY BETTER?
- 7 A. NO.
- 8 Q. WHAT HAPPENED AFTER THAT ON JUNE 11TH?
- 9 A. I WAS CLEANING OUT THE COOLER WHERE I LOOKED IN
- 10 THERE, AND ALL THAT STUFF WAS STILL UP UNDER THE
- 11 RACKS AND STUFF, AND I SAID I NEED TO GET THIS
- 12 CLEANED OUT BEFORE I GO HOME AND CLEAN IT OUT, BUT
- 13 IT WOULDN'T COME OUT. SO, WE PUT THE WHAT THEY CALL
- 14 THE DEGREASER FLOOR WAX ON THE THING TO GET IT OUT,
- 15 AND MY THROAT REALLY STARTED BURNING REAL BAD, AND
- 16 SO, ONE OF THE GIRLS -- AND I STARTED COUGHING AND
- 17 ONE OF THE GIRLS TOLD ME THAT "YOU NEED TO COME OUT
- 18 OF THERE. I'LL GET IT. I'LL FINISH IT UP."
- 19 Q. NOW, I BELIEVE THAT UP UNTIL THAT TIME, Y'ALL WERE
- 20 USING A BUNCH OF DIFFERENT PRODUCTS TO ---
- 21 A. YEAH, WE USED WHATEVER THAT THEY HAD BACK THERE FOR
- 22 US TO USE.
- 23 Q. IT SOUNDS LIKE SPIT FIRE?
- 24 A. UH-HUH.
- 25 Q. DID YOU USE SOMETHING LIKE -- WHAT WERE THE NAMES OF

1 THE PRODUCTS? DRANO, YOU USED THAT?

2 A. UH-HUH. WE GOT SOME OFF THE SHELF AND USED IT.

3 Q. OKAY. AND YOU USED MR. MUSCLE?

4 A. UH-HUH.

5 Q. AND SOMETHING CALLED ---

6 BY COMMISSIONER JAMES:

7 WAIT ONE SECOND. MA'AM, THIS LADY IS TAKING

8 DOWN EVERY WORD WE SAY, SO INSTEAD OF YOU SAYING

9 "UH-HUH," MAKE SURE YOU SAY YES OR NO.

10 BY THE WITNESS:

11 OKAY, I'M SORRY.

12 BY COMMISSIONER JAMES:

13 IT MAKES IT HARD ON HER.

14 BY THE WITNESS:

15 OKAY.

16 BY COMMISSIONER JAMES:

17 WE'LL ALL HELP YOU REMEMBER, OKAY?

18 BY THE WITNESS:

19 OKAY, THANK YOU.

20 BY COMMISSIONER JAMES:

21 ALL RIGHT.

22 DIRECT EXAMINATION RESUMED BY MR. MCDANIEL:

23 Q. ALL RIGHT. SO, AND YOU WERE ALSO USING SOMETHING
24 CALLED BLOCK WHITENER?

25 A. YES.

1 Q. OKAY. NOW, SO, ON JUNE 11TH, WHAT HAPPENED TO YOUR
2 CONDITION; WHAT DID YOU DO IN REFERENCE ON JUNE
3 11TH?

4 A. WELL, ACTUALLY AFTER I STARTED HAVING THE ATTACK AND
5 I STARTED COUGHING AND COULDN'T HALF BREATHE, AND I
6 FELT LIKE I WAS SHORT OF BREATH, I GOT OFF AND I
7 WENT HOME AND WENT TO LAY DOWN AND WHEN I WENT TO
8 LAY DOWN, AND IT'S JUST LIKE I COULDN'T BREATHE
9 LAYING DOWN. I GOT UP AND I FELT BETTER, AND THEN I
10 ENDED UP SWELLING IN THE FACE FOR LACK OF AIR, AND
11 THEY TOOK ME TO THE EMERGENCY ROOM IN CHERAW, AND
12 THEY KEPT ME BECAUSE MY BREATHING WAS -- THE OXYGEN
13 LEVEL IN MY AIR WAS LOW.

14 Q. ALL RIGHT. AND THEN HOW LONG WERE YOU IN THE
15 HOSPITAL? ACCORDING TO THE RECORDS, IT SAYS JUNE
16 11TH THROUGH JUNE 14TH?

17 A. YEAH.

18 Q. OKAY. AND WHAT WAS YOUR UNDERSTANDING -- WHAT WERE
19 THEY TREATING YOU FOR AT THAT TIME?

20 A. THEY THOUGHT BRONCHITIS OR PNEUMONIA, OR THEY DIDN'T
21 REALLY KNOW. THEY JUST KNEW I WAS A SICK PERSON
22 THEN.

23 BY MR. MCDANIEL:

24 NOW, COMMISSIONER, THOSE -- YOU CAN FIND THOSE
25 MEDICAL RECORDS BEGINNING AT PAGE 84 OF THE

CLAIMANT'S APA SUBMISSIONS.

DIRECT EXAMINATION RESUMED BY MR. MCDANIEL:

Q. NOW, THAT WAS CHESTERFIELD GENERAL?

A. YES.

Q. AFTER THAT, YOU FOLLOWED UP WITH YOUR FAMILY DOCTOR,
WHICH IS OVER ---

BY MS. MILLER:

OBJECTION, LEADING.

BY COMMISSIONER JAMES:

SUSTAINED.

DIRECT EXAMINATION RESUMED BY MR. MCDANIEL:

Q. OKAY. WHAT DID YOU DO AFTER THAT AS FAR AS FOLLOW
UP; HOW DID YOUR CONDITION DO AFTER THAT?

A. I STAYED -- I KEPT BEING SICK, BECAUSE ACTUALLY I
WENT BACK TO EARLY. THE DOCTOR DIDN'T REALLY WANT
ME TO GO BACK THEN, AND I WENT BACK BECAUSE WE WAS
HAVING PROBLEM WITH MY ASSISTANT. MS. QUICK WANTED
TO FIRE HER, BECAUSE SHE SAID SHE TOOK TIME OFF AND
IT WAS FATHER'S DAY WEEKEND AND LIKE THE CAKES AND
STUFF I RECKON, THAT'S NOT RELATIVE TO THIS, BUT
ANYWAY, I WAS HAVING PROBLEMS WITH THAT, AND I WENT
BACK EARLIER THAN WHAT I WAS SUPPOSED TO GO BACK.

Q. OKAY. AND THEN YOU FOLLOWED UP WITH CAROLINA
PHYSICIANS GROUP; THAT'S YOUR FAMILY DOCTORS?

A. YEAH, UH-HUH.

1 Q. AND I SEE THAT YOU FOLLOWED UP WITH THEM ON JUNE
2 21ST?

3 A. YEAH, THAT'S WHEN THEY TOLD ME THEY HAD THOUGHT THEY
4 HAD FOUND SOME SPOTS ON THE X-RAYS AND STUFF, AND
5 THEY THOUGHT MAYBE I MIGHT HAVE HAD SARCO -- I CAN'T
6 PRONOUNCE IT GOOD, IT'S SARCOIDOSIS,

7 Q. WELL, AND THEN ACCORDING TO THIS, YOU WERE BEING
8 TREATED FOR RESOLVING BRONCHITIS AT THAT TIME?

9 A. YEAH, IT WAS THEN AND ANOTHER TIME, AND THEN THAT'S
10 WHEN THEY THOUGHT THAT.

11 Q. NOW, LET ME ASK YOU ONE OTHER QUESTION ABOUT THE
12 HOSPITALIZATION. WHILE YOU WERE IN THE HOSPITAL,
13 DID MS. QUICK COME SEE YOU?

14 A. YEAH, SHOCKINGLY. I NEVER WOULD HAVE THOUGHT IT,
15 BUT, LORD, HALLELUJAH, THANK YOU, JESUS, SHE CAME TO
16 SEE ME, AND SHE TOLD ME, SHE SAID "WE GOT THE -- THE
17 DRAIN FIXED." IT WASN'T THE DELI FAULT. THE DRAIN
18 THAT WAS COMING FROM THE DELI THAT WAS SUPPOSED TO
19 GO OUT THE BACK WAS GOING UP UNDER THE FREEZER CASE
20 AND BEFORE IT WENT OUT THE FREEZER CASE, IT FROZE,
21 AND THAT'S WHY IT ALL HAD BACKED UP UP HERE. SO,
22 WHATEVER MAN SHE GOT THAT TIME KNEWED WHAT HE WAS
23 DOING.

24 Q. NOW, WHEN YOU GOT BACK TO WORK -- WHEN YOU GOT BACK
25 TO WORK, WAS IT BETTER THAN IT HAD BEEN AS FAR AS

1 THE BACKUP?

2 A. YES, YEAH, IT WAS A WHOLE LOT BETTER.

3 Q. OKAY. NOW, TELL ME ABOUT YOUR CONDITION. WE KNOW
4 YOU WENT ON JUNE 21ST OF 2011. JUST TELL ME BETWEEN
5 JUNE 21ST OF 2011 THROUGH DECEMBER OF 2011, HOW DID
6 YOUR CONDITION GO?

7 A. IT KEPT GETTING WORSE AND WORSE.

8 Q. I SEE YOU WERE ON MEDICATIONS?

9 A. YES.

10 Q. THEN I SEE THEY ADDED INHALERS?

11 A. YES.

12 Q. THEN I SEE THAT AT POINTS YOU WERE GETTING
13 INJECTIONS -- OR THEY WERE GIVING YOU THE NEBULIZER?

14 A. YES.

15 Q. OKAY. SO, IN REFERENCE TO YOUR LEVEL OF CARE, DID
16 IT INCREASE DURING THAT TIME; DID IT JUST GET MORE
17 AND MORE AND MORE?

18 A. AT ONE TIME, THEY GOT LIKE A -- WHEN I WAS TAKING
19 THE Z-PAK STEROID -- I RECKON THEY CALL IT A Z-PAK
20 OR WHATEVER, STEROID, THAT 14-DAY THING, AND I WAS
21 GETTING RELIEF, AND THEN WHEN -- AFTER I WAS THROUGH
22 TAKING THAT, IT WENT RIGHT BACK TO THE SAME THING.

23 Q. OKAY. NOW, CORRECT ME IF I'M WRONG, BUT BASICALLY
24 BETWEEN JUNE AND NOVEMBER, I SEE REFERENCES TO ---

25 BY MS. MILLER:

1 OBJECTION TO LEADING, YOUR HONOR.

2 BY MR. MCDANIEL:

3 OKAY, YOUR HONOR.

4 BY COMMISSIONER JAMES:

5 SUSTAINED.

6 DIRECT EXAMINATION RESUMED BY MR. MCDANIEL:

7 Q. OKAY. WERE YOU GIVEN A DIAGNOSIS OF RHINITIS?

8 A. I DIDN'T KNOW NOTHING ABOUT IT.

9 Q. OKAY. ALL RIGHT. DR. HAMMETT SAW YOU ON -- DOES IT
10 SOUND FAMILIAR IF SHE SAW YOU ON JUNE 21ST, THEN SHE
11 -- AND GAVE YOU A DIAGNOSIS OF RESOLVING BRONCHITIS,
12 THAT SHE THEN SAW YOU ON AUGUST 1ST AND GAVE YOU
13 RECURRENT BRONCHITIS?

14 A. UH-HUH.

15 Q. DOES THAT SOUND FAMILIAR?

16 A. YES.

17 Q. OKAY. THEN SHE SAW YOU ON 8/4, AND SHE WAS ACTUALLY
18 ENTERTAINING PNEUMONIA?

19 A. YES.

20 Q. OKAY.

21 BY MS. MILLER:

22 YOUR HONOR, IF THERE'S GOING TO BE A REFERENCE
23 TO THE DOCTOR'S RECORDS LIKE THIS, CAN WE GET A PAGE
24 NUMBER?

25 BY MR. MCDANIEL:

1 FINE, I WILL BE GLAD TO DO THAT, COUNSELOR.

2 BY MR. MCDANIEL:

3 OKAY, PAGE 79, PNEUMONIA REFERENCE. PAGE 81,
4 RECURRENT BRONCHITIS. OKAY. THEN ON PAGE 77,
5 AUGUST 11TH, RECURRENT BRONCHITIS.

6 DIRECT EXAMINATION RESUMED BY MR. MCDANIEL:

7 Q. DOES THAT SOUND FAMILIAR, THOSE ---

8 A. YES.

9 Q. WHAT SHE WAS TREATING YOU FOR?

10 A. YES.

11 Q. ALL RIGHT. NOW, AND IN REFERENCE TO SEPTEMBER 22ND,
12 2011, TREATMENT FOR COUGH AND CONGESTION.

13 A. UH-HUH.

14 Q. ALL RIGHT, NOW, THEN AGAIN DECEMBER 6TH, 2011,
15 CHRONIC VERSUS ACUTE BRONCHITIS?

16 A. UH-HUH.

17 Q. AND THEN ON -- AND THAT'S ON PAGE 70 AND 70... NOW,
18 IN DECEMBER 2011, YOU WENT TO SEE DR. HAMMETT ---

19 BY MS. MILLER:

20 OBJECTION TO LEADING.

21 BY MR. MCDANIEL:

22 COMMISSIONER, IT IS NOT A LEADING QUESTION IF I
23 ASK HER ---

24 DIRECT EXAMINATION RESUMED BY MR. MCDANIEL:

25 Q. DID YOU GO SEE DR. HAMMETT IN DECEMBER?

1 A. YES.

2 Q. ALL RIGHT. NOW, WHAT DID SHE DO -- WHERE DID SHE
3 SEND YOU?

4 A. STRAIGHT TO THE EMERGENCY ROOM.

5 Q. OKAY. NOW, WHEN YOU GOT TO THE EMERGENCY ROOM, AND
6 THAT WAS AT -- WAS THAT AT CHESTERFIELD?

7 A. CHERAW. WELL, IT WAS CHESTERFIELD GENERAL, BUT IT'S
8 MCLEOD MEDICAL.

9 Q. WHAT DID THEY TREAT YOU -- WHAT DID THEY TREAT YOU
10 FOR?

11 A. WHEN THEY STARTED TREATING ME, THEY WAS TRYING TO
12 GET ME STABILIZED BREATHING AND KEEPING -- GET MY
13 COUGHING DOWN, BUT BEFORE I LEFT THERE, THEY TOLD ME
14 THAT THEY HAD CAME TO THE CONCLUSION THAT I HAD
15 ASTHMA.

16 Q. AND THE EMERGENCY ROOM DOCTOR, THAT WAS ---

17 A. YES.

18 Q. --- THE ONE THAT USED THAT TERM?

19 A. YES.

20 Q. OKAY. NOW, I'M LOOKING AT A REPORT FROM
21 CHESTERFIELD GENERAL HOSPITAL ALSO ON PAGE 171 OF
22 THE CLAIMANT'S APA SUBMISSIONS. IT SAYS "SHE IS
23 ADVISED TO AVOID CHEMICAL EXPOSURES AS THESE WERE
24 THE TRIGGERS FOR HER ASTHMATIC EXACERBATION."

25 A. YES.

1 Q. SO, THE EMERGENCY ROOM DOCTOR IS THE FIRST ONE TO
2 USE THE TERM THAT YOU HAD ASTHMA?

3 A. YES.

4 Q. OKAY. AND THEN AFTER THAT -- AND WHAT WAS YOUR
5 UNDERSTANDING ABOUT THE CHEMICALS?

6 A. THAT I NEEDED TO STAY AWAY FROM THEM.

7 Q. OKAY. DID HE GIVE YOU ANYTHING, OR DID DR. HAMMETT
8 GIVE YOU ANYTHING TO TAKE BACK TO WORK?

9 A. THE HOSPITAL DOCTOR GAVE ME A LETTER.

10 Q. OKAY.

11 A. AND MS. QUICK DID STATE THAT THE CHEMICALS -- I
12 NEEDED TO STAY AWAY FROM THE CHEMICALS.

13 Q. OKAY. NOW, BETWEEN -- OKAY, AND SO, YOU TOOK THAT
14 TO MS. QUICK?

15 A. I DID.

16 Q. ALL RIGHT. BETWEEN DECEMBER OF 2011 AND DECEMBER OF
17 2012, WHAT DID YOU DO; DID YOU TRY TO AVOID THE
18 CHEMICALS?

19 A. I DID.

20 Q. WHAT DID -- WHAT WAS YOUR UNDERSTANDING WHEN HE SAID
21 THAT, THAT YOU WERE SUPPOSED TO STOP WORK OR
22 ANYTHING LIKE THAT?

23 A. NO, NO.

24 Q. OKAY. IT WAS JUST YOU WERE TRYING TO AVOID THE
25 CHEMICALS?

- 1 A. THE CHEMICALS, YEAH.
- 2 Q. THAT HE FELT THAT'S WHAT HAD TRIGGERED IT?
- 3 A. YES.
- 4 Q. OKAY. NOW, AND SO WHAT DID YOU DO TO TRY TO AVOID
- 5 THE CHEMICALS?
- 6 A. WHEN THEY DID ANYTHING IN THE KITCHEN OR WITH THE
- 7 BLEACH OR ANY CHEMICALS, I ALWAYS WALK OUT AND DO
- 8 STUFF ON THE FLOOR.
- 9 Q. DID YOU ASSIGN THOSE CLEANING TASKS ---
- 10 A. YES.
- 11 Q. --- WITH USING THE CHEMICALS TO YOUR EMPLOYEES?
- 12 A. YEAH, WHICH I HAD -- I THINK AT THAT TIME, I HAD
- 13 EITHER 10 OR 11 EMPLOYEES.
- 14 Q. OKAY. AND SO DID YOU DO ANYTHING ELSE BETWEEN '11
- 15 AND '12 -- UNTIL DECEMBER 2012 IN ADDITION TO TRYING
- 16 TO AVOID THEM; DID YOU USE ANYTHING?
- 17 A. YEAH, I GOT A MASK FROM THE HOSPITAL, AND THEY
- 18 SHOWED ME WHEN I WENT OUT -- IF YOU GO OUT IN THE
- 19 AIR WITH THE CHEMICAL, USE A MASK, AND I STARTED
- 20 USING THE MASK, AND THEN AFTER A WHILE THE MASK GOT
- 21 TO WHERE IT DIDN'T WORK, AND LATER ON, DR. DAYRIT
- 22 SAID I NEEDED A HEAVIER MASK, AND I GOT A HEAVIER
- 23 MASK. IT WORKED FOR A WHILE, AND THEN IT DIDN'T
- 24 WORK. IT STARTED SUFFOCATING ME.
- 25 Q. WELL, LET'S TALK -- LET'S TALK ABOUT THAT. DR.

1 HAMMETT SENT YOU TO DR. DAYRIT.

2 A. YES.

3 BY MR. MCDANIEL:

4 COMMISSIONER, THIS IS FOUND AT APA --

5 DEFENDANTS' APA SUBMISSIONS, PAGE 304.

6 DIRECT EXAMINATION RESUMED BY MR. MCDANIEL:

7 Q. AND HE WROTE A LETTER TO DR. DAYRIT IN DECEMBER --
8 IT LOOKS LIKE HE SAW YOU IN DECEMBER OF 2012.

9 A. UH-HUH.

10 Q. SO, NOW, BETWEEN 2011 WHEN YOU WENT TO THE HOSPITAL
11 AND 2012, I SEE REPEATED REFERENCE THAT DR.
12 HAMMETT'S DIAGNOSIS OF ASTHMA. SHE ENTERTAINED --
13 STILL ENTERTAINED CHRONIC BRONCHITIS, RHINITIS,
14 THOSE TYPES OF THINGS.

15 A. UH-HUH.

16 Q. AND I BELIEVE DURING THAT TIME IS WHEN YOU WERE
17 ACTUALLY TESTED FOR SARCOIDOSIS, THEY THOUGHT
18 POSSIBLY IT COULD BE SARCOIDOSIS?

19 A. YEAH.

20 Q. ALL RIGHT.

21 BY MR. MCDANIEL:

22 S-A-R-C-O-I-D-O-S-I-S, MADAM COURT REPROTER.

23 DIRECT EXAMINATION RESUMED BY MR. MCDANIEL:

24 Q. BUT YOU TESTED NEGATIVE FOR SARCOIDOSIS?

25 A. NEGATIVE, YEAH, I DIDN'T HAVE IT.

1 Q. ALL RIGHT. NOW, WHEN YOU WENT TO SEE DR. DAYRIT, HE
2 TOOK A HISTORY FROM YOU?

3 A. YEAH.

4 Q. AND ACCORDING TO HIS RECORDS, HE SAID THAT YOU
5 DENIED HAVING ANY SIGNIFICANT EXPOSURE TO SMOKE
6 AND/OR ANIMALS AT HOME. AT WORK, IT WAS A DIFFERENT
7 STORY. DO YOU REMEMBER TALKING TO HIM ABOUT THAT?

8 A. YES, UH-HUH. YEAH, I DON'T HAVE ANY ANIMALS.

9 BY MR. MCDANIEL:

10 COMMISSIONER, AGAIN, THIS IS PAGE 304.

11 DIRECT EXAMINATION RESUMED BY MR. MCDANIEL:

12 Q. "SHE GETS EXPOSED TO CLEANING CHEMICALS EVEN THOUGH
13 SHE IS USING A MASK."

14 A. UH-HUH.

15 Q. SO, YOU TOLD HIM YOU WERE USING A MASK AT THAT TIME?

16 A. YES, UH-HUH.

17 Q. ALL RIGHT. NOW, ACCORDING TO HIS RECORDS, HE
18 TREATED YOU -- AT THAT TIME, HE SAID THAT "IT
19 APPEARS MS. SOWELL HAS A SENSITIVITY TO SOME
20 CHEMICALS THAT SHE IS EXPOSED TO AT WORK." HE ALSO
21 SAID -- HE PUT IN HIS -- HE HAD A DIFFERENTIAL
22 DIAGNOSIS; IT WAS EITHER ONE OR THE OTHER, HE
23 THOUGHT, EITHER HYPERSENSITIVITY PNEUMONITIS OR
24 OCCUPATIONAL ASTHMA. DID HE EVER DISCUSS WITH YOU -
25 --

1 A. HE DID NOT.

2 Q. --- WHAT HIS OPINION WAS?

3 A. HE DID NOT.

4 BY MS. MILLER:

5 I OBJECT TO ANYTHING THAT THE DOCTOR --
6 STATEMENTS OF THE DOCTOR.

7 BY THE WITNESS:

8 HE DID NOT DISCUSS THAT WITH ME.

9 BY COMMISSIONER JAMES:

10 I'M SORRY. HOLD ON.

11 BY MS. MILLER:

12 I JUST OBJECT TO ANY STATEMENTS OF THE DOCTOR.

13 BY COMMISSIONER JAMES:

14 ALL RIGHT, SUSTAINED.

15 DIRECT EXAMINATION RESUMED BY MR. MCDANIEL:

16 Q. DID HE EVER GIVE YOU A DIAGNOSIS OF WHAT HE THOUGHT
17 YOUR CONDITION WAS?

18 A. HE TOLD ME I HAD ASTHMA.

19 Q. HE TOLD YOU YOU HAD ASTHMA?

20 A. UH-HUH.

21 Q. OKAY, ALL RIGHT. NOW, HERE AGAIN IT SAYS DOWN IN
22 HIS RECORDS, IT SAYS HE TENDED TO FAVOR
23 HYPERSENSITIVITY PNEUMONITIS IN DECEMBER. NOW, I'M
24 NOT TALKING ABOUT LATER ON. YOU ACTUALLY SAW HIM A
25 FEW MORE TIMES?

1 A. UH-HUH.

2 Q. HE CLOSED HIS PRACTICE IN MARCH.

3 A. YEAH.

4 Q. AND WE'RE GOING TO TALK ABOUT THAT -- THOSE RECORDS
5 IN JUST A MINUTE. BUT DID HE TELL YOU ANYTHING LIKE
6 THAT YOU NEEDED TO BE AWAY FROM WORK?

7 A. NO. HE WAS JUST GOING TO TAKE ME OUT FOR A WEEK SO
8 I COULD DO THAT BREATHING TEST TO SEE HOW THE
9 BREATHING, HOW MUCH MY LUNGS WAS FUNCTIONING, AND I
10 NEEDED TO BE OUT A WEEK AND NEEDED TO BE OFF MY
11 PREDNISONE FOR A WEEK SO HE CAN GET AN ACCURATE
12 READING.

13 Q. AN ACCURATE READING, OKAY. AND DID HE -- WHAT DID
14 HE SAY ABOUT THE MASK?

15 BY MS. MILLER:

16 AGAIN, OBJECT TO THE STATEMENTS ---

17 DIRECT EXAMINATION RESUMED BY MR. MCDANIEL:

18 Q. WHAT WAS YOUR UNDERSTANDING ---

19 BY MS. MILLER:

20 --- OF THE DOCTOR, YOUR HONOR.

21 BY MR. MCDANIEL:

22 OKAY.

23 DIRECT EXAMINATION RESUMED BY MR. MCDANIEL:

24 Q. HE REFERS -- HE MAKES A STATEMENT IN HERE THAT "SHE
25 WAS ALSO ADVISED TO GET A RESPIRATORY MASK OR A

1 RESPIRATOR MASK."

2 A. YEAH, AND I GOT THE MASK, AND LIKE I SAY, IT DIDN'T
3 -- IT DIDN'T DO ANY GOOD, AND HE SUGGESTED I GOT
4 THAT ONE THAT LOOKED LIKE A FULL MASK AND STUFF, AND
5 I TOLD MS. QUICK ABOUT IT. SHE SAID, "OH, NO, YOU
6 CAN'T COME IN HERE WITH SOMETHING ON LIKE THAT," SO.
7 THAT WAS OUT OF THE QUESTION.

8 Q. ALL RIGHT. OKAY. NOW, I SEE RECORDS IN HERE THEN
9 WHERE HE CONTINUED TO SEE YOU, AND YOU SAW HIM ---

10 BY MR. MCDANIEL:

11 COMMISSIONER, ON PAGE 308.

12 DIRECT EXAMINATION RESUMED BY MR. MCDANIEL:

13 Q. HE SAID THAT AFTER YOU BEING OUT TO DO THIS TEST,
14 THAT YOU HAD ACTUALLY RETURNED TO WORK AND THAT YOU
15 HAD NOT HAD ANY EXACERBATION OF YOUR RETURN -- AFTER
16 YOU HAD RETURNED TO WORK. DOES THAT SOUND ---

17 A. I DIDN'T ---

18 Q. HOW WAS THAT DOING?

19 A. I DIDN'T HAVE A BAD ONE THAT I HAD TO GO BACK TO THE
20 DOCTOR'S OFFICE, BUT I WAS STILL HAVING PROBLEMS.

21 Q. NOW, AT ANY TIME DURING HIS TREATMENT OF YOU, DID HE
22 TELL YOU THAT YOU NEEDED TO STOP WORKING AT PIGGLY
23 WIGGLY?

24 A. NO.

25 Q. DID HE AT ANY TIME TELL YOU ---

1 BY MS. MILLER:

2 OBJECTION TO STATEMENTS OF THE DOCTOR, YOUR
3 HONOR?

4 DIRECT EXAMINATION RESUMED BY MR. MCDANIEL:

5 Q. DID HE TELL YOU AT ANY TIME ---

6 BY COMMISSIONER JAMES:

7 STOP.

8 BY MR. MCDANIEL:

9 I'M SORRY.

10 BY COMMISSIONER JAMES:

11 I GUESS YOUR OBJECTION IS TO ACTUALLY THE
12 STATEMENT OF THE DOCTOR?

13 BY MS. MILLER:

14 YES, MA'AM.

15 BY COMMISSIONER JAMES:

16 OKAY, ALL RIGHT.

17 BY MR. MCDANIEL:

18 OKAY. MY QUESTION IS NOT WHAT THE DOCTOR TOLD
19 HER. IT IS DID HE AT ANY TIME TELL YOU.

20 DIRECT EXAMINATION RESUMED BY MR. MCDANIEL:

21 Q. AND MY QUESTION TO YOU IS DID HE AT ANY TIME TELL
22 YOU THAT YOU HAD OCCUPATIONAL ASTHMA OR THAT YOU
23 NEEDED TO STOP WORK?

24 A. NO.

25 BY MS. MILLER:

OBJECT.

DIRECT EXAMINATION RESUMED BY MR. MCDANIEL:

Q. OR GIVE YOU A DEFINITIVE DIAGNOSIS THAT THIS WAS
BEING, THAT YOUR CONDITION OF ASTHMA WAS BEING
CAUSED BY YOUR WORK?

A. NO, HE DID NOT.

BY COMMISSIONER JAMES:

ALL RIGHT. I MEAN, THAT'S FINE.

BY MR. MCDANIEL:

RIGHT.

BY COMMISSIONER JAMES:

I UNDERSTAND THE PARAMETERS OF THE LEGAL ISSUE
THAT WE'RE DEALING WITH. I GUESS WHAT WE JUST NEED
TO BE CAREFUL OF IS THAT SHE DOES NOT ADD ADDITIONAL
INFORMATION WITH REGARDS TO WHAT THE DOCTORS SAYS.

BY MR. MCDANIEL:

RIGHT.

BY COMMISSIONER JAMES:

IN OTHER WORDS, ---

BY MS. MILLER:

THE WAY THE QUESTION IS SET UP, IT IS JUST
ASKING HER TO TELL HIM WHAT THE DOCTOR SAID.

BY COMMISSIONER JAMES:

RIGHT.

BY MR. MCDANIEL:

1 NO.

2 BY COMMISSIONER JAMES:

3 SO, I UNDERSTAND THE NOTICE ISSUE, MR.
4 MCDANIEL, BUT I THINK WE JUST NEED TO BE COGNIZANT
5 THAT ---

6 BY MR. MCDANIEL:

7 RIGHT. AND HER -- HER STATEMENT JUST THEN IS A
8 MISSTATEMENT OF THE LAW, AND THE LAW IS IT IS NOT --
9 IF IT NOT -- IF I AM ASKING HER WHAT THE DOCTOR
10 SAID, WHAT DID HE TELL YOU, I'M ASKING HER
11 SPECIFICALLY "DID HE TELL YOU THIS," AND SHE'S
12 TELLING ---

13 BY COMMISSIONER JAMES:

14 AND THAT'S WHAT I UNDERSTAND.

15 BY MR. MCDANIEL:

16 I AGREE.

17 BY COMMISSIONER JAMES:

18 AND WE CAN JUST MOVE ON, BUT I JUST WANT TO BE

19 ---

20 BY MR. MCDANIEL:

21 CORRECT.

22 BY COMMISSIONER JAMES:

23 --- COGNIZANT THAT WE DON'T GET INTO MORE THAN
24 IS REQUIRED THAT SHOULD BE SAID.

25 DIRECT EXAMINATION RESUMED BY MR. MCDANIEL:

1 Q. NOW, I'M GOING TO -- WELL, LET ME NOT -- LET ME JUST
2 TRY TO GO THROUGH THIS. ALL RIGHT. NOW, LET'S GO
3 TO -- DR. DAYRIT LEFT, WAS THAT CORRECT?

4 A. YES, HE DID.

5 Q. ALL RIGHT. AND THEN AFTER THAT, YOU CONTINUED UNDER
6 DR. HAMMETT'S CARE?

7 A. YES.

8 Q. ALL RIGHT. NOW, BEFORE NOVEMBER 11TH, 2014, I WANT
9 TO GO THROUGH THESE. BEGINNING ON ---

10 BY MR. MCDANIEL:

11 COMMISSIONER, BEGINNING ON PAGE...

12 DIRECT EXAMINATION RESUMED BY MR. MCDANIEL:

13 Q. ALL RIGHT, ON MARCH 19TH, 2013, YOU SAW DR. HAMMETT,
14 AND ACCORDING TO HER ASSESSMENT AND PLAN, SHE HAD
15 "ASTHMA EXACERBATION, HYPERTENSION AND ACUTE
16 BRONCHITIS." DOES THAT SOUND LIKE WHAT SHE WAS
17 ADVISING YOU THAT YOU WERE HAVING AND WHAT SHE WAS
18 TREATING YOU FOR?

19 A. YES.

20 BY COMMISSIONER JAMES:

21 AND WHAT PAGE ARE YOU REFERRING TO?

22 BY MR. MCDANIEL:

23 PAGE -- I'M SORRY. PAGE 29.

24 DIRECT EXAMINATION RESUMED BY MR. MCDANIEL:

25 Q. NOW, ON JUNE 27TH, IT SAYS THAT SHE WAS TREATING

1 YOU FOR "ASTHMA SEVERE, RESISTANT AND FOR ACUTE
2 BRONCHITIS." DOES THAT SOUND LIKE WHAT SHE WAS
3 ADVISING THAT SHE WAS TREATING YOU FOR ---

4 A. YES.

5 Q. --- DURING THAT TIME?

6 A. YES.

7 Q. NOW, AGAIN, ---

8 BY MR. MCDANIEL:

9 ON PAGE 9-26 OF 2013, COMMISSIONER.

10 DIRECT EXAMINATION RESUMED BY MR. MCDANIEL:

11 Q. IT SAYS THAT SHE WAS TREATING YOU FOR ACUTE
12 BRONCHITIS AND THAT YOU WERE HAVING ASTHMA,
13 UNSPECIFIED TYPE. DOES THAT SOUND RIGHT THAT SHE
14 WAS TREATING YOU FOR ASTHMA?

15 A. YES.

16 Q. OKAY. THEN ACTUALLY IN NOVEMBER, ---

17 BY MR. MCDANIEL:

18 COMMISSIONER, AT PAGE 14.

19 DIRECT EXAMINATION RESUMED BY MR. MCDANIEL:

20 Q. --- SHE SAYS THAT SHE WAS TREATING YOU FOR ASTHMA AT
21 THAT TIME?

22 A. YES.

23 Q. SO, WAS IT YOUR UNDERSTANDING THAT YOU WERE BEING
24 TREATED FOR ASTHMA THROUGHOUT 2013?

25 A. YES.

1 Q. NOW, WE'VE REFERRED TO THE NOTE FROM DR. DAYRIT
2 EARLIER, AND ---

3 BY MR. MCDANIEL:

4 COMMISSIONER, AGAIN, AT PAGE 304, YOU'LL NOTE
5 THAT THAT FIRST VISIT, AND I WOULD ASK YOU TO TAKE
6 SPECIFIC NOTE THAT THIS WAS A LETTER TO DR. ROCHELLE
7 HAMMETT, M.D. ON DECEMBER OF 2012.

8 DIRECT EXAMINATION RESUMED BY MR. MCDANIEL:

9 Q. NOW, DR. HAMMETT ON MARCH 19TH OF 2013 IN ADDITION
10 TO SAYING THAT SHE WAS TREATING YOU FOR ASTHMA
11 EXACERBATION, HYPERTENSION AND ACUTE BRONCHITIS, SHE
12 ALSO IN THE HISTORY AND PHYSICAL, SHE SAYS THAT "SHE
13 HAS A HISTORY OF CHRONIC ASTHMA EXACERBATION THAT
14 WAS DETERMINED TO BE WORK RELATED AND WAS SUGGESTED
15 THAT SHE REMOVE HERSELF FROM THE JOB, WHICH SHE HAS
16 NOT YET DONE." DID DR. HAMMETT AT ANY TIME TELL YOU
17 TO REMOVE YOURSELF FROM THE JOB?

18 A. NO.

19 Q. OKAY. OTHER THAN THAT REFERENCE TO DR. DAYRIT THAT
20 THOUGHT YOU MIGHT NEED TO BE OUT FOR A COUPLE OF
21 WEEKS, DID ANY DOCTOR ADVISE YOU THAT YOU NEEDED TO
22 QUIT WORK OR BE OUT OF WORK?

23 A. NO.

24 Q. OKAY. NOW, IN REFERENCE TO THAT - NOW, I SEE -
25 WE'VE TALKED ABOUT THE REFERRAL FROM DR. DAYRIT, ---

1 BY MR. MCDANIEL:

2 AND THAT'S D-A-Y-R-I-T, MADAM COURT REPORTER.

3 DIRECT EXAMINATION RESUMED BY MR. MCDANIEL:

4 Q. AGAIN, PAGE 304, THAT HE WAS ENTERTAINING TWO
5 POTENTIAL DIAGNOSES, BUT DID ANY DOCTOR PRIOR TO
6 JANUARY OF 2014 TELL YOU THAT YOU WERE SUFFERING
7 FROM OCCUPATIONAL ASTHMA?

8 A. NO.

9 Q. OKAY. AND NO DOCTOR TOLD YOU THAT YOU NEEDED TO
10 QUIT WORK OR BE OUT OF WORK -- TOLD YOU TO QUIT
11 WORK?

12 A. NO.

13 Q. OKAY. THAT YOU COULD NOT RETURN TO WORK. NOW, TELL
14 ME WHAT HAPPENED DURING 2013 IN REFERENCE TO YOU AND
15 DR. HAMMETT AS TO WHAT WAS CAUSING THESE CONTINUAL
16 AND WORSENING PROBLEMS WITH YOUR ASTHMA?

17 A. AT FIRST, SHE DIDN'T -- SHE DIDN'T REALLY KNOW, AND
18 THEN SHE TOOK ME OUT OF WORK FOR A COUPLE OF DAYS IN
19 THE LAST OF OCTOBER, SOMETIME, IT WAS RIGHT BEFORE
20 NOVEMBER, AND I GOT A LITTLE BETTER. SEE, WHAT WAS
21 HAPPENING WAS IS THE DOCTOR WOULD GIVE ME A NOTE TO
22 BE OUT OF WORK, BUT THINGS WAS GOING ON AT THE
23 STORE. I TOOK THE NOTE TO MS. QUICK AND GAVE IT TO
24 HER AND TOLD HER THE DOCTOR TOLD ME TO BE OUT OF
25 WORK, BUT I STILL CAME IN AND DID WHAT I HAD TO DO

1 AT WORK. AND IN NOVEMBER, SHE TOLD ME THAT THERE
2 WASN'T NOTHING ELSE THEY COULD DO, THAT SHE COULD
3 DO. THAT SHE FELT THAT IT WAS JOB RELATED. I
4 NEEDED -- THAT I NEEDED TO COME OUT, BECAUSE I - I
5 WAS HOSPITAL -- NOT HOSPITALIZED, BUT I WENT TO THE
6 EMERGENCY ROOM, AND I COULDN'T BREATHE, AND WHEN I
7 WENT BACK TO FOLLOW UP WITH HER, SHE TOLD ME THAT I
8 NEEDED TO COME OUT AND GIVE MY LUNGS A BREAK AND SEE
9 IF THAT'S WHAT IT WAS, BUT SHE FELT THAT IT WAS THE
10 JOB THAT WAS CAUSING ME TO BE SICK. I CAME BACK IN,
11 WHICH I TOLD HER "I NEED TO GO THROUGH THE
12 HOLIDAYS," BECAUSE I DIDN'T WANT TO LEAVE THEM
13 HANGING, BECAUSE IT WAS GETTING CLOSE TO
14 THANKSGIVING AND CHRISTMAS. I DIDN'T WANT TO LEAVE
15 THEM HANGING. I WAS "LET ME WORK 'TIL THE FIRST OF
16 THE YEAR, AND THEN I WILL COME OUT." I TOLD MS.
17 QUICK THIS WHEN I CAME BACK IN OCTOBER, THAT THE
18 DOCTOR WANTED TO TAKE ME OUT OF WORK 'CAUSE SHE SAID
19 IT WAS THE JOB, AND THAT AT THE FIRST OF THE YEAR
20 AFTER I GOT THEM THROUGH THE HOLIDAYS THAT I WOULD
21 BE COMING OUT FOR THREE MONTHS AND SEE WAS I WAS
22 GOING TO GET BETTER.

23 Q. OKAY. NOW, LET ME ASK YOU.

24 BY MR. MCDANIEL:

25 COMMISSIONER, I WOULD ASK YOU TO REFER TO PAGE

1 EIGHT, NINE, AND TEN OF THE CLAIMANT'S APA
2 SUBMISSIONS.

3 DIRECT EXAMINATION RESUMED BY MR. MCDANIEL:

4 Q. AND SO, THAT WOULD BE NOVEMBER 21ST, 2013. DOES
5 THAT SOUND ABOUT CORRECT TO YOU?

6 A. YES.

7 Q. ALL RIGHT.

8 A. IT WAS THE WEEK BEFORE THANKSGIVING; I REMEMBER
9 THAT, BECAUSE THANKSGIVING WAS COMING UP.

10 Q. WHAT WAS YOUR UNDERSTANDING THOUGH WHEN DR. HAMMETT
11 SAID THAT SHE WANTED TO TAKE YOU OUT OF WORK; WAS
12 THAT PERMANENTLY OR WHAT WAS IT?

13 A. NO, JUST TO COME OUT TO SEE WAS I GOING TO GET
14 BETTER AND EVERYTHING.

15 Q. HOW -- OKAY, HOW WAS YOUR CONDITION THEN BY THAT
16 TIME AND THEN THROUGH JANUARY 2014?

17 A. IT WAS ROUGH. I GOT TO WHERE I COULDN'T EVEN WALK
18 HARDLY. WHEN I GO TO THE CAR TO GO HOME, I HAD TO
19 SIT THERE FIVE MINUTES AT LEAST TO GET MY BREATH SO
20 I COULD CRANK MY CAR UP, YOU KNOW, TO LEAVE THE
21 STORE. JUST WALKING FROM MY CAR TO THE -- FROM THE
22 STORE TO MY CAR, IT JUST GOT ME OUT OF BREATH, AND
23 WALKING FROM THE BACK ROOM, I WAS JUST GETTING
24 CONSTANTLY SHORT OF BREATH, AND EVERYTHING LOOKED
25 LIKE IT WOULD JUST TRIGGER MY ASTHMA. WHEN THEY

1 WAXED THE FLOOR, IT WOULD BURN MY THROAT. IF THEY
2 CLEANED OUT THE BATHROOM, IT WOULD BURN MY THROAT.
3 IT WAS JUST EVERYTHING WAS GETTING WORSE AND WORSE.

4 Q. NOW, ACCORDING TO HER RECORDS, EVEN IN -- THEN SHE
5 SAW YOU AGAIN ON JANUARY 6TH -- EXCUSE ME, JANUARY
6 9TH OF 2014.

7 A. UH-HUH.

8 Q. BY THAT TIME, YOU HAD SEEN DR. deDIOS?

9 A. YEAH, I WENT TO DR. deDIOS. HE HAD GIVE ME SHOTS
10 AND STUFF BECAUSE I WAS IN BAD SHAPE, AND AT THAT
11 TIME -- BECAUSE I WAS GOING TO WORK THAT WEEK OUT
12 BECAUSE HATTIE HAD CAME BACK, THE ONE THAT WAS
13 TAKING OVER. I WAS GOING TO HELP AND MAKE SURE SHE
14 WAS TRAINED TO TAKE OVER, BUT I HAD GOT SO SICK THAT
15 I COULDN'T COME BACK, AND I ONLY WORKED THAT ONE
16 DAY, AND THAT WAS THAT MONDAY.

17 Q. AND THEN DR. HAMMETT THEN TOOK YOU OUT OF WORK?

18 A. YEAH, SURE DID.

19 Q. ALL RIGHT.

20 BY MR. MCDANIEL:

21 NOW, DR. deDIOS'S RECORDS ARE IN EVIDENCE,
22 COMMISSIONER, AND THEY ARE BEGINNING AT PAGE 103,
23 AND THEN...

24 DIRECT EXAMINATION RESUMED BY MR. MCDANIEL:

25 Q. NOW, YOU HAD A DISCUSSION ACCORDING TO -- HE SAW YOU

1 ON JANUARY THE 6TH OF 2014, AND I JUST WANT TO
2 RECORD IF WE CAN THAT AT THAT TIME, OF COURSE YOU
3 REPORTED YOU HAD LIVED OVER 25 YEARS IN THE SAME
4 HOUSE?

5 A. UH-HUH.

6 Q. THAT YOU HAD NO DOGS, CATS; THAT YOU HAD NO BIRDS,
7 AND AS FAR AS YOU KNOW, THERE WAS NO MOLD IN YOUR
8 HOME?

9 A. YEAH, THERE WASN'T NO MOLD.

10 Q. THAT YOU HAD NEVER SMOKED; THAT YOU WERE EXPOSED TO
11 SMOKE AT WORK; DOES THAT SOUND FAMILIAR?

12 A. YES.

13 Q. OKAY. NOW, DID YOU HAVE A DISCUSSION WITH DR.
14 deDIOS AT THAT TIME ABOUT DR. HAMMETT AND HER
15 OPINIONS?

16 A. I DID. I TOLD HIM, BECAUSE HE WANTED TO SEND ME TO
17 CHARLESTON TO GET MY LUNGS SCRAPED BECAUSE THAT WAS
18 ANOTHER ALTERNATIVE TO TRY TO GET ME BETTER, AND I
19 TOLD HIM THAT DR. HAMMETT AT THAT TIME THOUGHT THAT
20 IT WAS JOB RELATED, THAT IT WAS MY JOB, AND HE
21 DIDN'T KNOW. HE SAID "WELL, WHEN YOU COME OUT, IF
22 YOU GET BETTER, THEN I'M ON BOARD WITH IT."

23 Q. ALL RIGHT. NOW, AFTER TWO WEEKS WHEN YOU WENT BACK
24 TO SEE DR. deDIOS, HOW WAS YOUR CONDITION?

25 A. I WAS A WHOLE LOT BETTER. HE WAS SURPRISED, AND I

1 TOLD HIM "DOES THAT MEAN I CAN GO BACK TO WORK OR DO
2 THAT MEAN I CAN JUST STOP TAKING ALL OF THIS
3 MEDICINE I'M TAKING?" HE SAID, "NO, THIS -- PLEASE
4 DON'T DO THAT." HE SAID, "NO, NO, NO, DON'T DO
5 THAT, BECAUSE THIS IS IRREVERSIBLE. THIS IS
6 SOMETHING THAT YOU WILL HAVE FOR LIFE. YOU JUST
7 HAVE TO MAINTAIN IT, AND WE COULDN'T MAINTAIN IT
8 LIKE WE COULD MAINTAIN IT WHILE YOU WAS WORKING."

9 Q. WAS IT YOUR UNDERSTANDING BASED ON THAT
10 CONVERSATION, WHICH YOU TESTIFIED PREVIOUSLY IN YOUR
11 DEPOSITION, AND THAT IS THAT YOU HAD AN IRREVERSIBLE
12 CONDITION ---

13 A. YES.

14 Q. --- THAT YOU -- WHAT WAS YOUR UNDERSTANDING AT THAT
15 POINT ABOUT YOUR ABILITY TO GO BACK TO WORK?

16 A. I STILL THOUGHT THAT I MIGHT BE ABLE TO GO BACK TO
17 WORK, AND WHEN MS. QUICK TOLD ME THAT I HAD TO HAVE
18 A LETTER FROM THE DOCTOR STATING THAT I WAS 100
19 PERCENT ABLE TO COME BACK TO WORK, THEN I COULDN'T
20 COME BACK TO WORK IF I DIDN'T GET IT, AND NEITHER
21 DOCTOR WAS WILLING TO WRITE THAT LETTER.

22 Q. OKAY. NOW, I'M NOT GOING TO GO THROUGH ---

23 BY MR. MCDANIEL:

24 COMMISSIONER, AT PAGE 163 IS A LIST OF HER
25 MEDICATIONS THEN, AND OF COURSE, IT'S REFERRED TO

1 AND THROUGHOUT DR. deDIOS'S NOTES. I WOULD REFER
2 YOU ALSO TO PAGE 105 OF DR. deDIOS'S NOTES, BUT IN
3 ANY EVENT, AND YOU WILL FIND THE DIAGNOSIS BY DR.
4 deDIOS IN THE RECORDS IN ADDITION TO COMPLETING THE
5 QUESTIONNAIRE THAT HE COMPLETED FOR US, WHICH CAN BE
6 FOUND AT PAGE -- BEGINNING ON PAGE 169-B GOING
7 THROUGH PAGE 169-G.

8 DIRECT EXAMINATION RESUMED BY MR. MCDANIEL:

9 Q. BUT IN OTHER WORDS, TELL THE COMMISSIONER BASICALLY
10 WHAT ALL MEDICATIONS YOU'VE GOT AND YOU'VE BEEN
11 TAKING EVER SINCE FOR A BETTER TERM, JANUARY OF
12 2014.

13 A. I TAKE PREDNISONE. I TAKE SYMBICORT INHALER TWO
14 PUFFS, TWO PUFFS IN THE EVENING. I DO -- I HAVE THE
15 RESCUE INHALER IN CASE SOMETHING HAPPENS AND I HAVE
16 TO HAVE THE RESCUE. I HAVE THE PROAIR. WHEN I GET
17 SHORT OF BREATH, I USE THE PROAIR. I HAVE
18 SINGULAIR. I HAVE NASONEX FOR MY NASALS. I HAVE
19 THE ALBUTEROL MACHINE, AND I USE THAT IN THE MORNING
20 TIME, AND I DO IT AT NIGHT TIME, AND IF I RUN INTO
21 SOMETHING -- IF I GO OUT AND RUN INTO SOMETHING, I
22 HAVE TO DO IT IN BETWEEN TIME IN THE DAY.

23 Q. OKAY. AND YOU ACTUALLY HAVE AN EPIPEN?

24 A. I DO, I HAVE AN EPIPEN BECAUSE I TAKE THE XOLAIR
25 SHOTS, AND I HAVE TO HAVE THE EPIPEN IN CASE I GET A

1 REACTION ON IT, AND I TAKE ALLERGY SHOTS FROM DR.

2 DICE EVERY WEEK. I TAKE SHOTS EVERY WEEK.

3 Q. OKAY. SO, YOU TAKE -- DICE EVERY WEEK, SHOTS EVERY
4 WEEK?

5 A. UH-HUH.

6 Q. AND XOLAIR SHOTS FROM DR. deDIOS ---

7 A. EVERY OTHER WEEK.

8 Q. --- EVERY OTHER WEEK?

9 A. UH-HUH.

10 Q. ALL RIGHT. AND I BELIEVE IT'S ACCORDING TO THE
11 TESTIMONY, BUT THOSE -- THAT XOLAIR HAS TO BE FLOWN
12 IN AND REFRIGERATED?

13 A. YES, YES.

14 Q. OKAY. AND THAT'S WHAT YOU'RE ON RIGHT NOW?

15 A. YES.

16 Q. AND HAVE BEEN ON?

17 A. YES. AND IT CONTROL ME. WHENEVER THEY SWITCH OVER
18 INSURANCE COMPANY EVERY YEAR, I HAVE A PERIOD THAT I
19 MIGHT HAVE TO SKIP A WEEK OR TWO. THEN I'LL START
20 GETTING SICK AGAIN.

21 Q. OKAY. LET'S GO BACK AND TALK A MINUTE, AND I WANT
22 TO TALK ABOUT YOUR -- YOUR CURRENT CONDITION AND HOW
23 YOUR CONDITION IS EVERY DAY AND THAT TYPE OF THING
24 IN A MINUTE, BUT LET'S GO BACK AND TALK ABOUT --
25 WHEN DID YOU START DOING, FOR A BETTER TERM, AS A

1 SIDELINE BUSINESS DOING CATERING?

2 A. LORD, IT'S PROBABLY ABOUT 12 YEARS AGO, AND I DID IT
3 THROUGH THE STORE. I BOUGHT, YOU KNOW, THEIR
4 CHICKEN AND SOMETIMES I BOUGHT EVERYTHING, YOU KNOW,
5 AND BROUGHT IT BACK AND MY DAUGHTERS TOOK IT AND
6 SERVED IT AND EVERYTHING.

7 Q. OKAY.

8 A. AND THAT WORKED AND THEN WE DID A LITTLE BIT MORE, A
9 LITTLE BIT MORE, AND A LITTLE BIT MORE.

10 Q. BETWEEN 2000-AND -- AFTER JUNE OF 2011 THROUGH 2014,
11 DID THAT -- DID THAT CHANGE AS FAR AS LIKE YOUR
12 ABILITY OF HOW MUCH WERE YOU ABLE TO DO?

13 A. BEFORE I LEFT WORK, PROBABLY ABOUT SIX OR SEVEN
14 MONTHS, I HAD TO TURN EVERYTHING OVER TO MY DAUGHTER
15 BECAUSE I COULDN'T DEAL WITH IT ANY LONGER. I WAS
16 TOO SICK. I COULDN'T HELP HER NONE. I COULDN'T --
17 I COULDN'T EVEN BE AROUND -- I GOT TO WHERE I
18 COULDN'T EVEN BE AROUND THE FOOD OR ANYTHING. SO,
19 SHE TOOK OVER AND HAS EVER SINCE.

20 Q. ALL RIGHT. NOW, LET'S -- OFF OF THAT, JUST SORT OF
21 TELL US ABOUT WHAT DO YOU DO ON A DAY-TO-DAY BASIS
22 AND TELL ME ABOUT WHAT YOU DO IN REFERENCE TO THE
23 CATERING BUSINESS NOW?

24 A. LIKE IF MY DAUGHTER NEED ANYTHING, IF IT'S IN THE
25 AREA, IF IT'S IN THE CHESTERFIELD AREA, I GO TO

1 PIGGLY WIGGLY, AND I'LL PICK IT UP AND -- WELL,
2 BASICALLY ME AND HER AND MY SISTER ALL BE TOGETHER
3 MOSTLY ALL THE TIME.

4 Q. IS MS. QUICK STILL THERE AT THE PIGGLY WIGGLY?

5 A. YES, SHE IS.

6 Q. OKAY.

7 A. YEAH, I MEAN, I HAVE NO HARD FEELINGS. I MEAN,
8 THINGS HAPPEN.

9 Q. YEAH.

10 A. AND I GO THERE BASICALLY EVERY WEEK OR SOME -- OR
11 WHENEVER MY DAUGHTER'S GOT A CATERING JOB, AND I
12 TAKE HER THERE, AND I GO TO THE DOCTOR ON TUESDAYS
13 BASICALLY ABOUT ALL DAY, DR. DICE, DR. deDIOS.

14 Q. ALL RIGHT. WHO DOES THE FOOD PREPARATION FOR THE
15 BUSINESS NOW?

16 A. MY DAUGHTER AND MY SISTER. MY DAUGHTER DO THE
17 PREPARATION, AND MY SISTER DO ALL THE CLEANING. SHE
18 DOES ALL MY HOUSEWORK. SHE MOWS MY GRASS. SHE
19 CLEANS UP EVERYTHING.

20 Q. SO, YOUR SISTER IS HERE TODAY?

21 A. YES.

22 Q. SHE DOES ALL OF YOUR HOME -- HOUSEWORK?

23 A. YEAH.

24 Q. WHEN SHE IS DOING THE HOUSEWORK IF SHE IS USING ANY
25 CHEMICALS OR ALSO IF SHE LIKE DOING ANY DUSTING,

1 WHERE ARE YOU?

2 A. I USUALLY GO TO SUBWAY, OR I'LL LEAVE THE HOUSE, OR
3 I'LL GO IN THE BACK YARD AND SIT DOWN IN THE CHAIR
4 OUT THERE.

5 Q. OKAY.

6 A. AND PLAY WITH MY GAME.

7 Q. NOW, IF YOUR DAUGHTER HAS TO DO ANY COOKING, WHERE
8 DOES SHE DO IT?

9 A. IF SHE DO ANY BAKING OR COOKING FOOD, SHE CAN DO IT
10 IN THE HOUSE, BUT IF SHE WANTS TO FRY ANYTHING, SHE
11 HAS TO TAKE IT TO THE BUILDING OUTSIDE.

12 Q. NOW, TELL THE COMMISSIONER ABOUT THAT, YOU KNOW,
13 WHAT YOU'VE GOT.

14 A. IT'S THE GREASE AND THE FRYING, IT JUST BURNS MY
15 LUNGS. THE MINUTE -- I GO IN WAL-MART AND THEY'VE
16 BEEN FRYING CHICKEN, AND THE GREASE, I HAVE TO MAKE
17 MY STAY VERY SHORT. ANY PLACE THAT'S IN THERE
18 FRYING FOOD OR CHICKEN OR FISH OR WHATEVER, IT JUST
19 TAKES MY BREATH. SO, I HAVE TO LEAVE.

20 Q. ALL RIGHT. IS THERE ANY TIME THAT YOU GO TO PIGGLY
21 WIGGLY TO PICK UP ALL THIS STUFF, DO YOU HAVE ANY
22 PROBLEMS THERE?

23 A. WELL, I WENT THERE ON ONE SATURDAY MORNING, AND THEY
24 WERE DUSTING THE FLOOR, AND I JUST LIKE TO HAVE HAD
25 AN ASTHMA ATTACK. I MEAN, I LIKE TO HAD TO GET THE

1 RESCUE SQUAD COME BECAUSE I COULDN'T HARDLY GET MY
2 BREATH. I HAD TO GO RIGHT BACK OUT THE DOOR. MY
3 SISTER GOT EVERYTHING THAT THEY NEEDED THAT MORNING
4 WHILE I WAS AT THE CAR USING MY INHALERS AND STUFF
5 TO GET SITUATED. AND SOMETIMES, I CAN GO BACK TO
6 THE MEAT DEPARTMENT, IT'S FINE IF THERE'S NO SMELL,
7 BUT IF I GO BACK THERE AND IT'S GOT A SMELL LIKE
8 MAYBE THE CHICKEN MIGHT BE GETTING -- WELL, I HAVE
9 TO -- I HAVE TO LEAVE OUT FROM BACK THERE.

10 Q. WHAT -- DO YOU GET AROUND LIKE, YOU KNOW, MOST
11 CHICKEN AND ALL THAT KIND OF STUFF, MEATS AND ALL
12 THAT ARE IN PACKAGES. DO YOU GET AROUND OPEN RAW
13 CHICKEN, MEATS, THAT KIND OF THING?

14 A. NO, MY DAUGHTER DOES ALL OF THAT.

15 Q. OKAY.

16 A. SHE DOES ALL THAT. AND WHEN I BUY IT FROM PIGGLY
17 WIGGLY, I BUY IT IN THE CASE, AND THEY GET IT AND
18 THEY TAKE IT TO MY CAR, AND THEY PUT IT IN THE TRUNK
19 OF MY CAR, AND I DON'T TOUCH IT. MY DAUGHTER --
20 WHEN I GET HOME, MY DAUGHTER COMES OUT AND GET IT IF
21 SHE'S WITH ME OR MY SISTER'S WITH ME, WHICHEVER ONE,
22 THEY GET IT AND THEY TAKE IT AND WORK IT OUT, AND I
23 GO IN MY ROOM AND CLOSE MY DOOR.

24 Q. WHAT HAPPENS -- WHAT HAPPENS IF YOU ARE AROUND
25 SOMEBODY WITH STRONG PERFUME OR IF THEY'RE USING,

- 1 YOU KNOW, SOME KIND OF A CLEANER WHATSOEVER?
- 2 A. IT CAUSES ME TO START COUGHING OR LOSE MY BREATH.
- 3 Q. OKAY. HOW ABOUT YOUR STAMINA; HOW FAR CAN YOU WALK
- 4 AND THAT KIND OF THING NOW? I MEAN, NOT HOW FAR CAN
- 5 YOU WALK, BUT JUST, YOU KNOW, IF YOU HAD TO WALK IN
- 6 A RAPID PACE ACROSS THIS ROOM?
- 7 A. NO.
- 8 Q. OKAY. LAST TIME WE WERE GOING TO TRY THIS CASE, WE
- 9 WERE OVER IN HARTSVILLE CITY HALL, AND THEY HAD ONE
- 10 OF THOSE TIME RELEASE AIR FRESHENERS. WHAT HAPPENED
- 11 TO YOU WHEN IT -- WHEN YOU WENT IN THAT BUILDING?
- 12 A. I COULDN'T STAY IN THERE. IT STARTED BURNING MY
- 13 THROAT AND STARTED MAKING ME COUGH, AND WHEN MY
- 14 THROAT STARTED BURNING, THE MUCOUS STARTED COMING UP
- 15 IN THERE, AND I STARTED COUGHING REAL BAD.
- 16 Q. WHERE DID YOU GO?
- 17 A. ON THE OUTSIDE. I HAD TO STAY OUTSIDE.
- 18 Q. OKAY. AND AFTER THAT, I HAD TO GO OUTSIDE TO GET
- 19 YOU WHENEVER WE WANTED TO INTRODUCE YOU TO THE
- 20 COMMISSIONER; IS THAT RIGHT?
- 21 A. YES.
- 22 Q. OKAY. ALL RIGHT. IS THAT -- DO YOU TAKE OUT THE
- 23 TRASH?
- 24 A. OCCASIONALLY IF MY SISTER OR MY DAUGHTER IS NOT
- 25 THERE, AND I HAVE SOME TRASH, I'LL TAKE IT OUT TO

1 THE DRUM, BUT THEN I CAN'T -- WHEN I LIFT THE LID, I
2 CAN'T -- I CAN'T -- I MEAN, IT JUST SHORTENS MY
3 BREATH.

4 Q. OKAY. WHO DOES MOST OF THE DRIVING, PARTICULARLY IF
5 YOU -- OTHER THAN SHORT DISTANCES LIKE UP TO PIGGLY
6 WIGGLY?

7 A. MY DAUGHTER JANET.

8 Q. WHICH DAUGHTER IS THAT?

9 A. SHE'S MY OLDEST DAUGHTER. SHE WORKS AT SUBWAY.

10 Q. AND THAT'S JANET?

11 A. JANET JAMES.

12 Q. OKAY. NOW, AND WHAT DAUGHTER WORKS WITH YOU IN THE
13 CATERING BUSINESS? WHAT'S THE ONE THAT RUNS IT?

14 A. AMY EDWARDS.

15 Q. OKAY. NOW, WHEN Y'ALL GO OUT AND CATER, ONE LAST
16 QUESTION. WHEN Y'ALL GO OUT AND -- WHEN YOU CATER
17 SOMETHING, DO YOU HAVE ANYTHING TO DO WITH PUTTING
18 OUT THE FOOD AND THAT KIND OF THING?

19 A. NO, NO, NO.

20 Q. ALL RIGHT.

21 A. SOMETIMES I GO OCCASIONALLY, BUT MOST OF THE TIME
22 I'M AT HOME. IF IT'S JUST THOSE THREE -- IT'S A
23 LIKE A FAMILY THING. THE OTHER CHILDREN AND MY
24 SISTERS AND BROTHERS; IT'S A LOT OF US.

25 Q. OKAY. ALL RIGHT. WOULD YOU LOVE TO GO BACK TO

1 WORK?

2 A. I WOULD.

3 Q. OKAY. IS THERE ANYTHING -- KNOWING WHAT ALL HAPPENS
4 TO YOU AND WITH WHAT YOU'VE DESCRIBED EVEN WHEN YOU
5 GET NEAR TRASH, WHEN YOU GET NEAR, YOU KNOW, WITH
6 SOMEBODY THAT'S USING ANY TYPE OF HOUSEHOLD
7 CLEANERS, THAT TYPE OF -- EVEN HOUSEHOLD CLEANERS,
8 THAT KIND OF THING, SETS YOU OFF?

9 A. YES.

10 Q. OKAY. IS THERE ANYTHING OUT THERE THAT YOU KNOW YOU
11 CAN DO?

12 A. NO, NOT WITH THE -- DEALING WITH THE PUBLIC OR
13 ANYTHING, BECAUSE ANYBODY COME IN WITH DIFFERENT
14 SMELLS OR ANYTHING, I WON'T BE ABLE TO SMELL -- YOU
15 KNOW, THAT'S WHAT THE DOCTORS HAD POINTED OUT TO ME.
16 WHEN I -- THAT'S WHAT I WANTED THEM TO DO WAS MAKE
17 ME ABLE ENOUGH TO STAY WORKING, BECAUSE I LOVED MY
18 JOB. I WANTED TO WORK. I DID NOT WANT TO LEAVE MY
19 JOB.

20 Q. OKAY.

21 A. AND I BEGGED THEM A LOT OF TIMES, THERE'S SOMETHING
22 OR ANOTHER YOU'VE GOT TO HAVE THAT CAN MAKE ME
23 BETTER, AND LIKE I SAID, THEY WASN'T TALKING ABOUT
24 ME COMING OUT, BUT I KNEW THAT I WAS SO SICK THAT
25 SOONER OR LATER WITH THE TIME I WAS IN AND OUT

1 RUNNING BACK AND FORTH TO THE DOCTORS AND SOONER OR
2 LATER PIGGLY WIGGLY WAS GOING TO HAVE A PROBLEM WITH
3 IT AND BE READY FOR ME TO GO.

4 Q. ALL RIGHT.

5 A. AND I DIDN'T WANT THAT. I WANTED TO -- I WANTED TO
6 STAY WORKING.

7 Q. KNOWING YOUR CONDITION ON A DAY-TO-DAY BASIS, IS
8 THERE ANY JOB THAT YOU FEEL LIKE THAT YOU KNOW OF
9 WITH YOUR -- YOU HAVE A NINTH GRADE EDUCATION, AND
10 YOU STARTED THE TENTH AND THEN DROPPED OUT. WITH
11 THAT -- IS THERE ANY JOB OUT THERE THAT YOU KNOW
12 THAT YOU COULD DO OR YOU FEEL THAT YOU COULD DO
13 KNOWING YOUR CONDITION, FIVE DAYS A WEEK, EIGHT
14 HOURS A DAY OR IN OTHER WORDS A FULL-TIME JOB?

15 A. NO.

16 Q. OKAY.

17 A. NOT DO A JOB THAT I WANT TO DO.

18 Q. NOW, HAS PIGGLY WIGGLY OR ANYBODY OFFERED YOU A JOB?

19 A. NO, THEY HAVE NOT.

20 Q. OKAY. AS A MATTER OF FACT, I BELIEVE YOU JUST
21 TESTIFIED THAT IN REFERENCE TO MS. QUICK, THAT
22 UNLESS YOU CAN GET THIS TYPE OF RELEASE, YOU
23 COULDN'T COME BACK TO WORK?

24 A. YEAH, THAT'S WHAT SHE TOLD ME.

25 Q. DID YOU HAVE A DISABILITY POLICY THROUGH THE COMPANY

1 THAT YOU BOUGHT?

2 A. I DID.

3 Q. DID YOU GET HELP THROUGH THEM?

4 A. YES.

5 Q. DID THEY KNOW YOU WERE GOING OUT ON DISABILITY?

6 A. I GOT IT FOR A YEAR. I TOOK IT OUT. I HAD THE
7 SHORT TERM -- LONG TERM DISABILITY. IT WENT FOR ONE
8 YEAR THAT I PAID FOR, AND THAT WAS -- IT WAS THE END
9 OF THAT ONE.

10 Q. AND THEN AFTER YOU LOST YOUR HEALTH INSURANCE, YOU
11 GOT ON -- NOW, YOU'VE BEEN DECLARED DISABLED BY THE
12 SOCIAL SECURITY ADMINISTRATION?

13 A. YEAH.

14 Q. ALL RIGHT. NOW, SO, PIGGLY WIGGLY HASN'T OFFERED
15 YOU A JOB?

16 A. NO, THEY HAVEN'T.

17 Q. THEY KNEW AND DID NOT CONTEST THE FACT THAT YOU WERE
18 GOING OUT ON DISABILITY?

19 A. UH-UH. IN FACT, WHEN I TOLD THEM THAT I COULDN'T
20 COME BACK TO WORK, THEY CANCELLED MY INSURANCE THAT
21 SAME DAY.

22 Q. OKAY. AND THEN HAVE THEY PROCURED A JOB FOR YOU?

23 A. NO.

24 Q. HAVE THEY ASSIGNED ANYBODY TO HELP YOU FIND A JOB?

25 A. NO.

1 Q. SO, THEY'VE NEITHER OFFERED YOU A JOB OR PROCURED
2 YOU A JOB ---

3 A. NO.

4 Q. --- THAT THEY SAY IS WITHIN YOUR RESIDUAL CAPACITY -
5 --

6 A. NO.

7 Q. --- THAT YOU CAN DO?

8 A. NO.

9 Q. OKAY, ALL RIGHT.

10 BY MR. MCDANIEL:

11 MS. SOWELL, I DON'T HAVE ANY FURTHER QUESTIONS
12 FOR YOU RIGHT NOW. ANSWER ANY QUESTIONS MS. MILLER
13 HAS AND IF THE COMMISSIONER HAS ANY.

14 BY THE WITNESS:

15 OKAY.

16 BY COMMISSIONER JAMES:

17 BEFORE CROSS, IF Y'ALL WILL GIVE ME ABOUT TWO
18 MINUTES.

19 (OFF THE RECORD)

20 BY COMMISSIONER JAMES:

21 WE ARE BACK ON THE RECORD. MS. MILLER.

22 CROSS EXAMINATION BY MS. MILLER:

23 Q. I WON'T BE LONG TODAY, BUT I DO HAVE A COUPLE OF
24 QUESTIONS FOR YOU THIS AFTERNOON. WHEN YOU TREATED
25 WITH CHESTERFIELD GENERAL HOSPITAL IN 2011 AND 2012,

1 DID YOU IGNORE ANY RECOMMENDATIONS TO AVOID CHEMICAL
2 EXPOSURES?

3 A. I DID.

4 Q. OKAY.

5 BY MS. MILLER:

6 AND THAT'S APA 173 AND 231, YOUR HONOR.

7 CROSS EXAMINATION RESUMED BY MS. MILLER:

8 Q. AND WHEN YOU TREATED WITH DR. DAYRIT IN 2012, DID
9 YOU IGNORE SUGGESTIONS THAT YOU MAY HAVE NEEDED TO
10 CHANGE JOBS?

11 A. HE NEVER TOLD ME THAT.

12 Q. OKAY.

13 BY MS. MILLER:

14 PAGE 304 AND 306.

15 CROSS EXAMINATION RESUMED BY MS. MILLER:

16 Q. MS. SOWELL, WHEN YOU TREATED WITH DR. HAMMETT IN
17 MARCH 2013, DID YOU IGNORE ANY RECOMMENDATIONS TO
18 REMOVE YOURSELF FROM WORK AT THAT TIME?

19 A. DR. HAMMETT DID NOT TELL ME THAT.

20 Q. OKAY.

21 BY MS. MILLER:

22 AND THAT'S PAGE 68, YOUR HONOR.

23 CROSS EXAMINATION RESUMED BY MS. MILLER:

24 Q. AND WHEN YOU TREATED WITH DR. HAMMETT IN NOVEMBER OF
25 2013, DID YOU IGNORE ANY RECOMMENDATION TO GO OUT OF

1 WORK?

2 A. THAT'S WHEN HE SEEN ME AT THE HOLIDAYS, AND I TOLD
3 HIM I WAS GOING TO COME OUT WHEN SHE TOLD ME SHE
4 THOUGHT IT WAS MY JOB, AND I TOLD HER TO GIVE ME
5 THREE MONTHS. WELL, IT WASN'T THREE MONTHS. IT WAS
6 NOVEMBER TO JANUARY, AND I WAS GOING TO COME OUT,
7 AND SHE WANTED TO SEE WAS THAT THE REASON.

8 Q. SO, WHAT IS YOUR UNDERSTANDING AS TO WHEN YOU
9 BELIEVE THERE WAS A WORK-RELATED COMPONENT TO YOUR
10 PROBLEMS; WHAT'S THE FIRST TIME?

11 A. IT'S WHEN BACK IN NOVEMBER WHEN -- RIGHT BEFORE
12 NOVEMBER WHEN SHE TOOK ME OUT OF WORK, AND I DID GET
13 BETTER, AND I STARTED -- WHEN SHE BROUGHT ME BACK ME
14 AND SHE SAID "THERE'S NOTHING ELSE THAT I CAN DO FOR
15 YOU. MY SUGGESTION IS THAT YOU COME OUT AND SEE --
16 SO WE CAN SEE."

17 Q. SO, IS THAT NOVEMBER 2013?

18 A. YES.

19 Q. IT'S MY UNDERSTANDING, THAT'S THE FIRST TIME ---

20 A. YES.

21 Q. --- THAT YOU FELT LIKE THERE WAS ANY WORK COMPONENT
22 TO YOUR PROBLEMS?

23 A. THE FIRST TIME.

24 Q. OKAY. IN JANUARY 2014, THAT'S WHEN YOU WENT OUT ON
25 MEDICAL LEAVE, CORRECT?

1 A. YES.

2 Q. AND DID YOU INFORM YOUR EMPLOYER THAT YOU WANTED TO
3 GO OUT ON WORKERS' COMP, OR WHAT DID YOU TELL THEM
4 AT THAT TIME?

5 A. I WAS GOING OUT FOR THE THREE MONTHS, BECAUSE MY
6 NOTION WAS I WAS GOING TO COME BACK TO WORK.

7 Q. OKAY. SO, IF IN NOVEMBER 2013, IT'S MY
8 UNDERSTANDING THAT AT THAT POINT YOU BELIEVED THAT
9 THERE WAS A WORK-RELATED COMPONENT TO YOUR PROBLEMS?

10 A. UH-HUH.

11 Q. SO, IN JANUARY WHEN YOU WENT OUT, WHY DIDN'T YOU
12 TELL YOUR EMPLOYER AT THAT TIME THAT YOU WANTED TO
13 GO OUT ON WORKERS' COMP?

14 A. ACTUALLY, WORKMAN COMP NEVER CAME ACROSS MY MIND,
15 BECAUSE I WAS TRYING TO DO IT MYSELF, AND I WENT TO
16 -- WENT TO -- I THINK TO THE SOCIAL SECURITY PLACE
17 IN DECEMBER, AND I TOLD THEM WHAT MY PROBLEM WAS,
18 AND SHE SAID "THIS IS A WORKMAN COMP THING. YOU
19 SHOULD -- YOUR JOB SHOULD -- IF THE DOCTOR SAYS SHE
20 THINKS IT'S YOUR JOB DOING IT, THEN YOU SHOULD GO TO
21 THEM." BUT TO BE HONEST, I DIDN'T KNOW WHO TO GO TO
22 AS FAR AS WORKMANS' COMP. I DID NOT KNOW IT WAS MS.
23 QUICK WAS THE ONE THAT'S SUPPOSED TO SIGN ME UP FOR
24 WORKMANS' COMP. I NEVER KNOW -- I NEVER HAVE DEALT
25 WITH ANYBODY IN MY DEPARTMENT, DIRECTING ME DOING

1 WORKMAN COMP. I DID NOT KNOW HOW IT GOT AROUND, AND
2 THAT -- THAT WAS THE BASIC REPORT, AND THEN WHEN I
3 FOUND OUT IT WAS HER, THAT'S WHEN I WENT TO HER AND
4 TOLD HER.

5 Q. AND WHEN DID YOU FIND OUT?

6 A. I THINK IT WAS SOMETIME IN MAYBE MARCH OR APRIL,
7 MAY, SOMETIME IN THERE. I CAN'T -- I DON'T PUT NO
8 PINPOINT ON NO DATE.

9 Q. IS THAT 2014?

10 A. '14, YEAH.

11 Q. AND HOW DID YOU FIND OUT TO GO TO MARY QUICK?

12 A. 'CAUSE I KEPT SEEING SIGNS EVERYWHERE, BECAUSE
13 EVERYBODY WAS SAYING THIS WAS A WORKMAN COMP CASE.
14 I KEPT SEEING SIGNS SAYING WORKMAN COMP THIS, AND I
15 THOUGHT I HAD TO HAVE A LAWYER TO GET WORKMAN COMP,
16 AND THAT'S WHEN I GOT MR. PRESTON MCDANIEL. FOR
17 WORKMAN COMP, I THOUGHT I HAD TO GET A LAWYER. I'M
18 SORRY I'M UNEDUCATED, BUT THAT'S WHAT I THOUGHT, AND
19 THAT'S WHEN HE TOLD ME I HAD TO GO TO MS. QUICK.

20 Q. AND THAT WOULD HAVE BEEN IN MARCH OF 2014?

21 A. UH-HUH.

22 Q. I'M SORRY, IS THAT A YES?

23 A. YEAH -- YES.

24 Q. OKAY, THANK YOU. WHILE YOU WERE EMPLOYED AT PIGGLY
25 WIGGLY, WERE YOU ALSO OPERATING THE CATERING

1 BUSINESS AT THAT TIME, TOO?

2 A. YES, UP UNTIL IT MUST HAVE BEEN IN '13, I HAD TO
3 TURN IT OVER TO MY -- MY DAUGHTER.

4 Q. HOW LONG DID YOU HAVE THE CATERING BUSINESS BEFORE?

5 A. WELL, APPROXIMATELY -- WELL, AT LEAST 12 YEARS -- AT
6 LEAST 12 YEARS.

7 Q. TWELVE YEARS BEFORE COMING TO PIGGLY WIGGLY?

8 A. NO, NO, NO. I STARTED DOING IT AT PIGGLY WIGGLY. I
9 STARTED DOING IT AT PIGGLY WIGGLY WHEN A COUPLE OF
10 PEOPLE WERE ASKING ME TO GET FOOD FOR THEM AND BRING
11 IT TO THEM, AND IT WORKED. I BOUGHT IT FROM PIGGLY
12 WIGGLY AND WHATEVER THEIR PRICES WAS AND TOOK IT AND
13 SERVED IT, AND THEN THEY PAID ME A LITTLE EXTRA, AND
14 THEN THAT'S HOW IT GOT STARTED. ONE THING, SOMEBODY
15 ELSE TOLD SOMEONE, GO GET PIGGLY WIGGLY TO DO IT.
16 THAT'S HOW I GOT STARTED.

17 Q. NOW, AT THE TIME OF YOUR DEPOSITION ON NOVEMBER 7TH,
18 2014, IT'S MY UNDERSTANDING THAT YOU WERE STILL
19 INVOLVED WITH THE FAMILY CATERING BUSINESS; IS THAT
20 CORRECT?

21 A. I DO THE -- I PAY FOR THE STUFF BECAUSE MY DAUGHTER,
22 SHE COULDN'T PAY FOR IT, YOU KNOW. I LOOK FOR SALES
23 IN THE PAPER AND TELL HER WHICH WAY TO GO TO BUY
24 STUFF AND EVERYTHING. BUT I DO TASTE WHAT SHE COOK
25 BECAUSE A LOT OF TIMES THEY PUT MY NAME ON IT, AND I

1 WANT TO MAKE SURE WHEN SHE TAKE IT OUT THAT IT'S
2 APPROPRIATE.

3 Q. AND THE KITCHEN PRIMARILY IS OUTSIDE ON YOUR
4 PROPERTY; IS THAT CORRECT?

5 A. YES, UH-HUH.

6 Q. OKAY. DOES YOUR DAUGHTER LIVE WITH YOU IN THE HOME,
7 TOO?

8 A. NO. IN 2000-AND -- SINCE THE DEPOSITION, SHE MIGHT
9 HAVE GOT MARRIED THAT YEAR. SHE WAS LIVING WITH ME
10 AT THE TIME. THIS IS HER SECOND YEAR ANNIVERSARY
11 COMING UP, SO, WHATEVER THAT TIME.

12 Q. BUT NOW, SHE DOESN'T?

13 A. SHE DOES NOT, BUT EVERYBODY THINK THEY DO BECAUSE
14 HER AND MY SISTER BE THERE EVERY MORNING AT 6:30 AND
15 THEY LEAVE IN THE AFTERNOON.

16 Q. AND THEN SHE COMES TO YOUR HOUSE ---

17 A. YES.

18 Q. --- TO THE OUTDOOR KITCHEN TO DO THE COOKING?

19 A. YEAH. BUT LIKE BAKING OR SOMETHING LIKE THAT, SHE
20 WILL COOK IT IN THE HOUSE.

21 Q. HOW BIG IS THE ---

22 A. IN MY HOUSE, YEAH.

23 Q. I'M SORRY; I DID NOT MEAN TO INTERRUPT YOU.

24 A. THAT'S ALL RIGHT.

25 Q. SOMETIMES I'M LOOKING DOWN, ---

1 A. THAT'S ALL RIGHT.

2 Q. --- AND I CAN'T TELL WHEN YOU ARE ABOUT TO END YOUR
3 SENTENCES. HOW BIG IS THAT KITCHEN OUTSIDE?

4 A. IT'S JUST A STOVE, TWO REFRIGERATORS, AND AN OUTLET
5 PLUG IN. INSIDE MY HOUSE, IT HAS A DOUBLE OVEN, A
6 REGULAR STOVE AND A REFRIGERATOR ON THE PORCH, DEEP
7 FREEZER ON THE PORCH.

8 Q. SO, ONE STOVE OUTSIDE OR THERE'S TWO STOVES OUTSIDE?

9 A. ONE STOVE OUTSIDE.

10 Q. AND ONE STOVE INSIDE?

11 A. YEAH AND DOUBLE OVEN.

12 Q. AND DOUBLE OVENS?

13 A. UH-HUH.

14 Q. OUTSIDE?

15 A. INSIDE.

16 Q. INSIDE?

17 A. YEAH.

18 Q. OKAY.

19 A. BECAUSE I HAVE NO PROBLEM WITH SMELLING BAKED FOOD
20 OR ANYTHING LIKE THAT.

21 Q. OKAY. DID YOU HAVE THAT SETUP BEFORE YOU LEFT
22 PIGGLY WIGGLY?

23 A. ACTUALLY, NO. I HAD AN ENTERTAINMENT HOUSE WHERE
24 THEY GO OUT THERE -- BECAUSE MY CHILDREN COME, I'VE
25 GOT SEVEN CHILDREN. I RAISED NINE. I'VE GOT 20-

- 1 SOMETHING GRANDCHILDREN, AND WHEN EVERYBODY WOULD
2 COME, IT WASN'T NO ROOM IN MY HOUSE FOR THEM. SO,
3 THEY WENT OUTSIDE.
- 4 Q. SO, WHEN YOU FIRST STARTED YOUR CATERING BUSINESS,
5 YOU JUST HAD THE ONE KITCHEN IN YOUR HOME?
- 6 A. YES.
- 7 Q. AND HOW BIG IS YOUR HOME?
- 8 A. I HAVE THREE BEDROOMS, ONE BATHROOM. I HAVE A
9 LIVING ROOM, AND I HAVE A DEN.
- 10 Q. OKAY. DO YOU HAVE A VENTILATION SYSTEM OVER YOUR
11 OVEN AND YOUR STOVE AT HOME?
- 12 A. YES.
- 13 Q. OKAY. IS YOUR HOME KITCHEN OR OUTDOOR KITCHEN, IS
14 IT SUBJECT TO ANY TYPE OF DHEC INSPECTIONS?
- 15 A. NO.
- 16 Q. OKAY. HOW MANY REFRIGERATORS DO YOU HAVE INCLUDING
17 INSIDE AND OUTSIDE?
- 18 A. TWO, THREE, FOUR -- FOUR.
- 19 Q. DO YOU STORE THE FOOD BOTH INSIDE AND OUT FOR YOUR
20 CATERING BUSINESS?
- 21 A. INSIDE OF MY HOUSE IS BASICALLY FOR MY USE INSIDE.
22 SHE ALWAYS TAKES ALL THE FOOD OUT TO THE OUTSIDE ON
23 THE PORCH AND OUT IN THE BUILDING.
- 24 Q. AND YOU PICK UP THE FOOD SOMETIMES FROM PIGGLY
25 WIGGLY FOR THE BUSINESS; IS THAT CORRECT?

- 1 A. UH-HUH.
- 2 Q. I'M SORRY, IS THAT A YES?
- 3 A. YES.
- 4 Q. I KNOW IT'S HARD. AND SOMETIMES DO YOU GO BY
- 5 YOURSELF?
- 6 A. ONLY IF I'M GOING TO PICK UP A SMALL OBJECT LIKE
- 7 MAYBE A GALLON OF MILK OR SOMETHING LIKE THAT, BUT
- 8 IF I'M GOING TO PICK UP BIG ITEMS, I GO WITH THREE
- 9 PEOPLE.
- 10 Q. DO YOU EVER ASSIST WITH PUTTING THE FOOD IN THE
- 11 REFRIGERATORS?
- 12 A. NO.
- 13 Q. THE FOOD THAT IS STORED IN THE FACILITY OUTSIDE, DO
- 14 YOU EVER ACTUALLY GO OUT THERE?
- 15 A. VERY SELDOM.
- 16 Q. WHAT ABOUT THE SAUCES, DO YOU DEAL WITH THE SAUCES
- 17 OR THE SPICES?
- 18 A. WHAT?
- 19 Q. THAT YOU COOK WITH.
- 20 A. OH, NO.
- 21 Q. WHAT ABOUT IN YOUR HOME, YOU DIDN'T KEEP ANY IN YOUR
- 22 HOME?
- 23 A. THERE'S SOME IN THE CABINET. SHE USES IT, BUT YOU
- 24 ASKED ME DID I DEAL WITH IT.
- 25 Q. OKAY. HAVE YOU BEEN IN THAT KITCHEN AT ALL SINCE

1 2014?

2 A. HMM? MA'AM?

3 Q. HAVE YOU BEEN IN THAT OUTDOOR KITCHEN AT ALL SINCE
4 2014?

5 A. OCCASIONALLY I GO AND SEE WHAT THEY'RE DOING OR WALK
6 OUT THERE AND TALK TO THEM OR SOMETHING, BUT OTHER
7 THAN THAT.

8 Q. WHEN YOU SAY "OCCASIONALLY," WOULD THAT BE WEEKLY,
9 MONTHLY?

10 A. WELL, I WOULD SAY MAYBE OCCASIONALLY LIKE MAYBE ONCE
11 A WEEK OR SOMETHING.

12 Q. HAVE YOU RECEIVED ANY FINANCIAL BENEFIT FROM THE
13 CATERING BUSINESS SINCE 2014?

14 A. I GET THE MONEY BACK THAT I PUT INTO IT, AND I GET
15 WHAT'S LEFT OVER WHEN THEY ALL GET PAID, BECAUSE
16 IT'S A GROUP OF THEM. IT'S ABOUT SIX OR SEVEN OF
17 THEM BE PAID.

18 Q. ALL FAMILY MEMBERS?

19 A. ALL FAMILY MEMBERS.

20 Q. OKAY. HAVE YOU DONE ANY COOKING WHATSOEVER IN
21 CONNECTION TO THE CATERING COMPANY SINCE 2014?

22 A. OH, NO. I HAVE MIXED UP -- OR SHOWED HER HOW TO MIX
23 UP STUFF. I GUIDED HER AND I TEACH HER, AND SHE
24 LEARNED GOOD. SO, THE ONLY THING SHE NEEDS MY HELP
25 FOR NOW IS TASTE.

1 Q. WHERE DO YOU NORMALLY DO THAT, OUTSIDE OR INSIDE?
2 A. WELL, INSIDE.
3 Q. IN YOUR HOUSE?
4 A. YEAH.
5 Q. WHEN I SAY OUTSIDE OR INSIDE, I MEAN YOUR HOUSE.
6 A. YEAH.
7 Q. OKAY. HAVE YOU DONE ANY CLEANING WHATSOEVER IN
8 CONNECTION TO THE CATERING BUSINESS ---
9 A. NO.
10 Q. --- SINCE 2014?
11 A. NO.
12 Q. DO YOU TAKE ORDERS FROM CUSTOMERS AND THINGS ---
13 A. I DO.
14 Q. --- OF THAT NATURE?
15 A. YEAH.
16 Q. DO YOU HAVE ANY RESTRICTIONS PERTAINED TO DRIVING AT
17 ALL?
18 A. NO, I DON'T. IN 2000-AND -- I CAN'T REMEMBER WHAT
19 YEAR IT WAS, IT WAS AFTER I WAS OUT OF WORK. I WAS
20 GOING TO DR. MENDEZ' OFFICE, AND I BLANKED OUT, AND
21 I HIT A POLE AND DON'T REMEMBER IT. SO, THAT'S WHY
22 EVERYBODY BE WITH ME NOW. THEY COULDN'T FIND THE
23 CAUSE OR WHAT. I KNEW I HAD STARTED COUGHING, AND I
24 DON'T KNOW WHAT ELSE HAPPENED, BUT WHEN I WAS IN THE
25 EMERGENCY ROOM IN THE HOSPITAL, THE ONLY THING THEY

1 COULD FIND WAS JUST MY POTASSIUM WAS LOW, BUT NO
2 CAUSE. NOBODY DON'T KNOW. SO, USUALLY NOW SOMEBODY
3 IS WITH ME WHEN I GO OUT.
4 Q. BUT YOU DON'T HAVE A DOCTOR WRITING YOU OUT OF ----
5 A. NO.
6 Q. --- WORK WITH THOSE RESTRICTIONS?
7 A. OKAY. DO YOU STILL CONTINUE TO GO OUT LIKE TO THE
8 MALL AND THINGS OF THAT NATURE?
9 A. VERY OCCASIONALLY. I MEAN, VERY OCCASIONALLY, I
10 THINK THE LAST TIME I WENT OUT TO THE MALL, THEY
11 TOOK ME OUT FOR MY BIRTHDAY.
12 Q. WHAT ABOUT TO RESTAURANTS AND TO CHURCH?
13 A. I DON'T GO TO RESTAURANTS, AND I GO TO CHURCH ON
14 SUNDAYS.
15 Q. SINCE LEAVING PIGGY WIGGLY IN 2014, HAVE YOU LOOKED
16 FOR ANY OTHER JOBS?
17 A. NO.
18 Q. OKAY. ARE YOU OPEN TO RETURNING FOR PIGGLY WIGGLY
19 IN A DIFFERENT DEPARTMENT IF YOU CAN DO SO SAFELY?
20 A. YES.
21 Q. DID YOUR FATHER HAVE ASTHMA; IS THAT CORRECT?
22 A. HE DID.
23 Q. OKAY. AND DID ---
24 A. HE HAD IT AS A BABY, BUT NONE OF MY SIBLINGS HAVE
25 ASTHMA. NONE OF MY CHILDREN HAVE ASTHMA, NONE AT

1 ALL.

2 Q. WHAT ABOUT UNCLES OR GRANDPARENTS OR AUNTS?

3 A. NO.

4 Q. AND DOES YOUR DAUGHTER HAVE A LUNG DISORDER; IS THAT
5 CORRECT?

6 A. YOU'RE TALKING ABOUT AMY?

7 Q. YES.

8 A. SHE'S HAD WHAT YOU CALL SARCOIDOSIS.

9 Q. HOW MANY CHILDREN DO YOU HAVE?

10 A. I HAVE SEVEN.

11 Q. AND NONE OF THEM SUFFER FROM ANY ALLERGIES?

12 A. NO.

13 BY MS. MILLER:

14 THAT'S ALL THE QUESTIONS I HAVE AT THIS TIME,
15 YOUR HONOR.

16 BY COMMISSIONER JAMES:

17 ANY RE-DIRECT?

18 BY MR. MCDANIEL:

19 JUST A COUPLE.

20 RE-DIRECT EXAMINATION BY MR. MCDANIEL:

21 Q. MS. MILLER ASKED YOU ABOUT COOKING. WHO COOKS FOR
22 YOU?

23 A. OH, I FIX FOR MYSELF.

24 Q. OH, YOU DO, OKAY.

25 A. I CAN FIX FOR MYSELF.

1 Q. ALL RIGHT.

2 A. BECAUSE I MEAN, I WANT TO BE ABLE TO DO SOMETHING.
3 I CAN'T LET THEM WAIT ON ME HAND AND FOOT, AND
4 BASICALLY IF I'M OUT SOMEWHERE, I JUST GET A
5 SANDWICH OR SOMETHING ANOTHER AND COME BACK. BUT AS
6 FAR AS COOKING A WHOLE MEAL FOR ME, NO, I CAN -- I
7 CAN FIX ME A SANDWICH OR I CAN COOK ME AN EGG OR
8 SOMETHING.

9 Q. OKAY. ALL RIGHT. NOW, WHY DO YOU NOT GO TO
10 RESTAURANTS ANYMORE?

11 A. I CAN'T STAND THE SMELLS IN THEM.

12 Q. ALL RIGHT.

13 A. IT'S BEEN SOME YEARS SINCE I'VE BEEN.

14 Q. AND YOU SAID YOUR FATHER HAD ASTHMA AS A BABY?

15 A. YEAH.

16 Q. WHAT ABOUT AS AN ADULT?

17 A. HE DID. HE CONTINUED THROUGH THE ADULTHOOD.

18 Q. OKAY. SO, HE HAD SOME PROBLEMS AS AN ADULT, TOO?

19 A. UH-HUH.

20 Q. OKAY.

21 **BY MR. MCDANIEL:**

22 COMMISSIONER, NO FURTHER QUESTIONS ON RE-
23 DIRECT. I WOULD POINT OUT JUST PAGE 143 IS IN
24 REFERENCE TO DR. deDIOS' VISIT WITH MS. SOWELL ON
25 OCTOBER 17TH 2014, AND THEN I WOULD POINT OUT TO

1 YOUR HONOR IN REFERENCE TO HIS VISIT WITH HER ON
2 FEBRUARY -- I BELIEVE IT'S THE 4TH, WHEREIN HE
3 RECORDS DOWN AT THE BOTTOM OF THE PAGE IN REFERENCE
4 TO ASTHMA UNDER ASSESSMENT/PLAN, AT PAGE 161, "THE
5 SIGNIFICANT IMPROVEMENT SINCE BEING OFF WORK. HER
6 ASTHMA HAS BEEN BETTER. CLEARLY HER WORK
7 ENVIRONMENT WAS MAKING HER WORSE." THAT'S -- YOU
8 WILL FIND THAT AT PAGE 161. I HAVE NOTHING FURTHER
9 FOR MS. SOWELL.

10 BY COMMISSIONER JAMES:

11 NEXT WITNESS.

12 BY MR. MCDANIEL:

13 I'M SORRY?

14 BY COMMISSIONER JAMES:

15 NEXT WITNESS.

16 YOU CAN SIT WITH YOUR ATTORNEY.

17 BY THE WITNESS:

18 OKAY.

19 (OFF THE RECORD)

20 BY MR. MCDANIEL:

21 WE ARE GOING TO CALL AMY EDWARDS.

22 BY COMMISSIONER JAMES:

23 YOU CAN COME UP HERE, PLEASE, MA'AM.

24 BY THE WITNESS:

25 RIGHT HERE?

1 BY COMMISSIONER JAMES:

2 YES, MA'AM. IF YOU CAN RAISE YOUR RIGHT HAND
3 FOR ME, PLEASE, MA'AM.

4 * * * * *

5 THE WITNESS WAS DULY SWORN TO TELL THE TRUTH, THE
6 WHOLE TRUTH, AND NOTHING BUT THE TRUTH CONCERNING THE
7 MATTER HEREIN:

8 AMY EDWARDS

9 BEING FIRST DULY SWORN, TESTIFIED ON HER OATH AS FOLLOWS:

10 BY COMMISSIONER JAMES:

11 OKAY. YOUR WITNESS, SIR.

12 BY MR. MCDANIEL:

13 ALL RIGHT.

14 DIRECT EXAMINATION BY MR. MCDANIEL:

15 Q. MS. EDWARDS, TELL ME -- GIVE ME YOUR FULL NAME AND
16 YOUR ADDRESS.

17 A. AMY LAURIE EDWARDS, THREE -- WELL, I USE MY MOMMA'S
18 ADDRESS, 2590 ELMO MCFARLAND ROAD.

19 Q. OKAY. BUT DO YOU CURRENTLY LIVE THERE WITH HER
20 RIGHT NOW?

21 A. NO.

22 Q. OKAY. NOW, MS. EDWARDS, YOUR MOM WENT OUT OF WORK
23 IN JANUARY 2014. TELL ME WHAT YOU DO IN REFERENCE
24 TO THE BUSINESS BEFORE THAT TIME AND SINCE THAT
25 TIME.

1 A. I TAKE ORDERS FOR WHEN PEOPLE CALL AND STUFF, AND I
2 GIVE THEM THE PRICE OF WHAT THE MENU IS OR WHAT THEY
3 WANT FOR, YOU KNOW, HOW MANY PEOPLE, AND THEN I DO
4 ALL OF THE COOKING.

5 Q. OKAY. NOW, DID THAT CHANGE BEFORE LET'S SAY 2011 TO
6 WHENEVER YOUR MOM HAD TO GO TO THE HOSPITAL FOR THE
7 FIRST TIME AND SINCE THEN, DID THAT CHANGE -- DID
8 YOUR ROLE IN THE BUSINESS -- WHAT DOES YOUR MOM DO
9 NOW IN REFERENCE TO THE BUSINESS?

10 A. SHE JUST MAKES SURE I GET EVERYTHING STRAIGHT, YOU
11 KNOW, WITH EVERYTHING I NEED AS FAR AS THE FOOD AND
12 STUFF LIKE THAT.

13 Q. WHO GOES TO THE GROCERY STORE?

14 A. SHE GO BUT I GO WITH HER WHENEVER SHE GO.

15 Q. OKAY. JUST TELL THE COMMISSIONER, YOU KNOW, JUST
16 TELL THE COMMISSIONER ABOUT YOUR OBSERVATIONS IN
17 REFERENCE TO THINGS THAT YOU HAVE OBSERVED THAT
18 CAUSE YOUR MOTHER PROBLEMS.

19 A. WHENEVER SHE GO TO THE STORE OR GO, YOU KNOW, JUST
20 WALK AND JUST DIFFERENT SMELLS AND STUFF, SHE GETS
21 SICK. SHE START COUGHING. THE ASTHMA, YOU KNOW,
22 FLARES UP. THEN SHE COUGHS MUCOUS AND STUFF. I
23 HATE TO SAY IT, BUT IT LOOK BAD. JUST THE SMELL OF
24 FRESH MEAT, AND IT'S ---

25 Q. JUST THE SMELL OF FRESH MEAT?

- 1 A. YEAH, FRESH MEAT OR JUST LIKE ANY KIND OF SMELLS OF
2 LIKE CHEMICALS, DIFFERENT STUFF LIKE THAT, SHE...
- 3 Q. NOT TO SAY THAT SHE DOESN'T EVER GO IN THERE, BUT IS
4 THERE ANY PART OF THE GROCERY STORE THAT SHE TRIES
5 TO AVOID WHEN YOU GO TO THE GROCERY STORE?
- 6 A. SHE TRIES TO AVOID GOING TO THE MEAT DEPARTMENT, BUT
7 SOMETIMES SHE MIGHT HAVE TO GO, YOU KNOW, IF I'M
8 HOME COOKING.
- 9 Q. ALL RIGHT. AND THEN YOU DO THE COOKING. WHERE DO
10 YOU DO THE COOKING?
- 11 A. I DO IT AT HER HOUSE.
- 12 Q. OKAY. IN HER HOUSE OR WHERE?
- 13 A. IN THE -- SHE'S GOT THE BARN THAT SHE USES FOR
14 FAMILY DINNERS AND STUFF, AND WE DO THE COOKING
15 THERE.
- 16 Q. OKAY. THE ORIGINAL PURPOSE OF THAT WAS FOR FAMILY
17 DINNERS?
- 18 A. IT WAS FOR FAMILY DINNERS, BUT THEN AS THE BUSINESS
19 GOT STARTED, YOU KNOW, GOING GOOD, WE HAD TO GO OUT
20 THERE BECAUSE SHE COULDN'T TAKE THE SMELL.
- 21 Q. ALL RIGHT. HAVE YOU OBSERVED HER OUTSIDE OF THE --
22 YOU KNOW, LIKE WHEN YOU GO TO THE GROCERY STORE,
23 HAVE YOU OBSERVED ANY OTHER TIMES THAT SHE HAS --
24 THAT YOU CAN TELL THE COMMISSIONER ABOUT SPECIFIC
25 EXAMPLES ABOUT WHAT MINOR THING WILL SET OFF HER

1 ASTHMA CONDITION?

2 A. YEAH, LIKE IF SHE GO OUTSIDE AND JUST -- JUST
3 WALKING JUST A SHORT DISTANCE WITH THE WIND AND
4 JUST, YOU KNOW, THE SMELLS IN THE AREA, STUFF LIKE
5 THAT, YOU KNOW, JUST -- MOSTLY JUST ABOUT EVERYTHING
6 SHE GETS SHORT WINDED FROM, A LOT OF DIFFERENT
7 STUFF.

8 Q. YOU WERE WITH US THE LAST TIME WE WERE GETTING READY
9 TO TRY THIS CASE OVER AT THE HARTSVILLE CITY HALL.

10 A. UH-HUH.

11 Q. AND THEY HAD ONE OF THOSE AIR FRESHENERS, TIME
12 RELEASED AIR FRESHENERS?

13 A. YES.

14 Q. TELL THE COMMISSIONER WHAT HAPPENED TO YOUR MOM.

15 A. SHE HAD TO GO OUTSIDE. IT WAS JUST THAT BAD. IT
16 WAS -- THE SMELL WAS SO STRONG, SHE COULDN'T HARDLY
17 BREATHE. SHE COULDN'T EVEN CATCH HER BREATH. AND
18 SO, WE HAD TO TAKE HER OUTSIDE SO SHE COULD GET SOME
19 FRESH AIR AND STUFF.

20 Q. OKAY. TO YOUR KNOWLEDGE, WHO ALL -- WHO DOES HER
21 HOUSEWORK, AND WHO DOES HER YARD WORK AT ALL THAT
22 NOW?

23 A. MY AUNT DOES -- DOES THAT.

24 Q. IF SHE GOES WITH Y'ALL ON THE CATERING -- SOMETIMES
25 I IMAGINE THEY WANT TO SEE MS. GENNETTE WHEN THEY

1 ORDER; I BELIEVE EVERYBODY REFERS TO YOUR MOM AS MS.
2 GENNETTE; ---
3 A. YES.
4 Q. --- IS THAT RIGHT?
5 A. YES.
6 Q. ALL RIGHT. SO, WHEN YOU GO TO THESE CATERING
7 EVENTS, A LOT OF TIMES THEY WANT TO SEE MS.
8 GENNETTE?
9 A. THEY WANT TO SEE HER, AND THEY ASK, YOU KNOW, WHY IS
10 SHE NOT HERE AND YOU GET TIRED OF -- YOU KNOW, THEY
11 ASK THE QUESTION, AND THEN YOU'RE LIKE OH, OKAY.
12 YOU GET TIRED OF SAYING "OKAY, WELL, SHE CAN'T
13 COME," YOU KNOW, THROUGH OUR KNOWLEDGE, BECAUSE HER
14 ASTHMA WOULD FLARE UP. SHE GOT SICK, YOU KNOW, OR
15 SOMETHING LIKE THAT. IT'S HARD, BUT THEY'RE LIKE
16 "WELL, WE WANT TO SEE HER. SHE DON'T WANT TO COME
17 AROUND US?" NO, BUT IT'S NOT THAT. IT'S JUST THAT
18 SHE CAN'T DO IT.
19 Q. ALL RIGHT. BUT WHEN YOU'RE ACTUALLY -- YOU'RE
20 SITTING THERE AND YOU'RE TAKING OUT THE FRIED
21 CHICKEN, AND YOU'RE TAKING IT OUT OF THE POT, AND
22 YOU'RE TAKING ALL OF THE VEGETABLES AND EVERYTHING
23 THAT Y'ALL HAVE CATERED TO THE EVENTS. DOES SHE
24 HAVE ANYTHING TO DO WITH THAT GENERALLY?
25 A. NO, NO.

1 Q. OKAY. DOES SHE LIKE FOR A BETTER TERM MINGLE WITH
2 THE CROWD?

3 A. YES.

4 Q. OKAY.

5 A. OH, WE MAKE HER.

6 Q. ALL RIGHT. ALL RIGHT.

7 BY MR. MCDANIEL:

8 I HAVE NO FURTHER QUESTIONS, COMMISSIONER.

9 BY COMMISSIONER JAMES:

10 CROSS.

11 BY MS. MILLER:

12 JUST A COUPLE OF QUESTIONS.

13 CROSS EXAMINATION BY MS. MILLER:

14 Q. HOW ARE YOU DOING?

15 A. I'M GOOD.

16 Q. MS. EDWARDS, CORRECT?

17 A. YES.

18 Q. YOU INDICATED YOU NO LONGER LIVE WITH YOUR MOM
19 ANYMORE, RIGHT?

20 A. RIGHT.

21 Q. WHEN DID YOU STOP LIVING WITH HER?

22 A. I GOT MARRIED IN 2014.

23 Q. OKAY. AND WHEN DID YOUR MOM STOP COOKING FOR THE
24 CATERING BUSINESS?

25 A. SHE STOPPED AROUND SOMEWHERE IN BETWEEN THE END OF

1 2013 AND 2014, 'CAUSE I WAS LIVING WITH HER UP UNTIL
2 I GOT MARRIED, AND SO I GET UP AT 4:00 EVERY MORNING
3 AND HAVE MY HUSBAND TAKE ME TO HER HOUSE ON THE DAYS
4 THAT WE HAVE TO CATER.

5 Q. SO, WHILE SHE WAS WORKING FOR PIGGLY WIGGLY IN 2011
6 AND 2012, SHE WAS STILL COOKING FOR THE BUSINESS AS
7 WELL?

8 A. WELL, I WAS DOING MOST OF IT WHILE SHE WAS AT WORK.

9 Q. AND -- BUT SHE WAS STILL COOKING THOUGH?

10 A. YEAH, BUT NOT FRIED STUFF OR ANYTHING LIKE THAT, NO.

11 Q. WHEN DID SHE STOP COOKING FRIED STUFF?

12 A. I DON'T KNOW THE EXACT DATE BUT AROUND -- AROUND
13 ABOUT THE END OF -- THE BEGINNING OF 2014.

14 Q. OKAY. SO, IN 2011, SHE STILL WOULD HAVE BEEN
15 COOKING OR FRYING FOOD FOR THE COMPANY, TOO?

16 A. FOR PIGGLY WIGGLY, I MEAN, AS FAR AS THAT, I DON'T
17 KNOW WHAT SHE WAS DOING AT PIGGY WIGGLY.

18 Q. NO, I'M TALKING ABOUT ---

19 A. AS FAR AS AT THE HOUSE?

20 Q. YEAH, THE CATERING.

21 A. NO, SHE WAS GETTING THAT FROM PIGGLY WIGGLY IN
22 CHESTERFIELD -- WELL, FROM BENNETTSVILLE RATHER.

23 Q. HOW LONG ---

24 A. IN 2011, SHE WAS GETTING THE CHICKEN, SHE WAS
25 ORDERING IT FROM PIGGLY WIGGLY.

1 Q. OKAY. AND SHE ---

2 A. AND SO THE CHICKEN THAT WE FRIED -- I'M SORRY.

3 Q. NO, NO, YOU GO AHEAD.

4 A. WHAT CHICKEN THAT WE FRY NOW IS IN HER BARN, BUT,
5 YOU KNOW, SHE WAS GETTING IT FROM PIGGLY WIGGLY.

6 Q. OKAY.

7 A. SO, WHAT LITTLE BIT WE DO NOW, YES.

8 Q. OKAY. OKAY. HOW LONG HAVE YOU GUYS HAD THE
9 CATERING BUSINESS?

10 A. I DON'T KNOW. I GOT TO THINK, 2000-AND-SOMETHING.
11 I CAN'T EXACTLY REMEMBER HOW LONG.

12 Q. BEFORE 2010?

13 A. YEAH, BECAUSE I WAS WORKING -- NO, I WAS WORKING IN
14 2010. I STOPPED WORKING IN 2010. SO, PROBABLY
15 AROUND THAT TIME, MAYBE. I DON'T KNOW FOR SURE.

16 Q. OKAY. AND WHEN DID YOU BECOME INVOLVED WITH THE
17 BUSINESS?

18 A. TAKING OVER, I STARTED IT IN -- AROUND ABOUT THE END
19 OF 2013, AROUND THEN.

20 Q. OKAY. AND WITH YOUR CATERING BUSINESS, WHAT TYPE OF
21 FOOD DO YOU GUYS OFFER TO YOUR CLIENTS SPECIFICALLY?

22 A. IT DEPENDS ON WHAT THEY WANT: BAKED CHICKEN, ROAST
23 BEEF, MACARONI CHEESE, GREEN BEANS, RICE AND GRAVY
24 IT DEPENDS ON WHAT THE PERSON WANTED.

25 Q. OKAY. AND IN TERMS OF I'M ASSUMING WHEN YOU'RE

- 1 WORKING IN THE CATERING BUSINESS, IT ENTAILS
2 CLEANING AS WELL?
- 3 A. UH-HUH.
- 4 Q. IS THAT A YES?
- 5 A. YES.
- 6 Q. WHAT TYPE OF AGENTS DO YOU USE TO CLEAN?
- 7 A. MY AUNT DO THE CLEANING, SO YOU WILL HAVE TO ASK HER
8 THAT.
- 9 Q. SO, YOU NEVER WASH ANY DISHES; YOU NEVER ---
- 10 A. WELL, I MEAN, IF I WASH THEM, I USE DISHWASHING
11 LIQUID LIKE DAWN DISHWASHING LIQUID.
- 12 Q. YOU NEVER MOP DOWN THE FLOORS IN THE KITCHEN?
- 13 A. MY AUNT DOES THAT.
- 14 Q. OKAY. AND THERE ARE NO CLEANING SUPPLIES KEPT AT
15 THE KITCHEN?
- 16 A. I MEAN, MY AUNT HAVE TO TELL YOU THAT. I MEAN...
- 17 Q. YOU NEVER WIPE DOWN COUNTER TOPS AT ALL?
- 18 A. I MEAN, YEAH, I WIPE IT DOWN, BUT LIKE I SAID, I USE
19 DISHWASHING LIQUID, DAWN DISHWASHING LIQUID.
- 20 Q. OKAY. SO, EVERYTHING THAT YOU USE TO CLEAN THAT
21 KITCHEN WHEN YOU'RE COOKING THAT FOOD IS JUST
22 DISHWASHING LIQUID?
- 23 A. THAT I USE, BUT LIKE I SAY, MY AUNT BE IN THERE
24 HELPING ME, SO SHE DO THAT.
- 25 Q. OKAY. AND YOU HAVE NEVER OBSERVED HER CLEANING?

- 1 A. I MEAN, WHEN I'M COOKING, I'M JUST FOCUSING ON WHAT
2 I'M DOING.
- 3 Q. SO, YOU DON'T KNOW IF SHE'S CLEANING WITH BLEACH;
4 YOU DON'T KNOW IF SHE'S CLEANING WITH WHATEVER,
5 SOAP?
- 6 A. I MEAN, SHE USES SOAP, DAWN DISHWASHING LIQUID.
- 7 Q. HOW BIG IS THE KITCHEN?
- 8 A. PROBABLY ABOUT FROM RIGHT HERE -- I'D SAY FROM ABOUT
9 THAT DOOR TO ABOUT HERE (INDICATES).
- 10 Q. OKAY. SO, IT'S NOT AS BIG AS THIS ENTIRE ROOM?
- 11 A. NO.
- 12 Q. OKAY. IS IT VENTILATED?
- 13 A. AS FAR AS I KNOW, YES.
- 14 Q. DO YOU HAVE AN ACTUAL VENTILATION ---
- 15 A. WELL, WE DON'T HAVE A FAN THOUGH.
- 16 Q. THERE'S NO FAN, OKAY. HOW MANY REFRIGERATORS IN
17 THERE?
- 18 A. IT'S ONE.
- 19 Q. IT'S ONE REFRIGERATOR. HOW MANY PEOPLE WORK FOR THE
20 COMPANY NOW?
- 21 A. IT'S -- IT DEPENDS ON HOW BIG THE DINNERS THAT WE
22 HAVE TO DO.
- 23 Q. LET ME ASK YOU THIS: WHAT TYPE OF MEATS DO YOU
24 STORE; IS IT HAM, CHICKEN, BEEF?
- 25 A. HAM, CHICKEN, BEEF.

1 Q. POTATO SALAD?
2 A. YEAH.
3 Q. VEGETABLES?
4 A. YES.
5 Q. WHERE DO YOU KEEP YOUR TRASH?
6 A. IT'S IN THE KITCHEN BY THE STOVE.
7 Q. AND YOU SAID YOU DON'T DO THE CLEANING; WHO TAKES
8 OUT THE TRASH?
9 A. MY AUNT.
10 Q. AND BEFORE YOU BECAME INVOLVED, WAS IT YOUR MOM WHO
11 WAS DOING ALL OF THIS WORK, TOO?
12 A. WELL, MY AUNT BEEN HELPING HER FOR A WHILE CLEANING
13 AND STUFF, BUT SEE I'VE BEEN -- I'VE BEEN IN THE
14 HOUSE WITH HER, SO I'VE BEEN HELPING HER, YOU KNOW,
15 SINCE I'VE BEEN IN THE HOUSE WITH HER.
16 Q. BEFORE ---
17 A. I'VE ONLY BEEN OUT FOR TWO YEARS.
18 Q. OKAY, I'M SORRY. BEFORE YOUR MOM DEVELOPED THESE
19 PROBLEMS, WHAT TYPES OF PRODUCTS DID SHE CLEAN WITH
20 AT HOME?
21 A. I DON'T KNOW. I DON'T EVEN KNOW.
22 Q. GROWING UP, YOU DON'T KNOW ---
23 A. BUT LIKE -- SAY WHAT NOW?
24 Q. GROWING UP, YOU DON'T RECALL WHAT TYPE OF CLEANING
25 AGENTS YOUR MOM USED AT HOME?

1 A. NO.

2 Q. YOU DON'T ---

3 A. BECAUSE MY MOMMA WORKED, AND I STAYED -- WHEN I WAS

4 YOUNGER, I STAYED WITH MY GRANDPARENTS WHILE SHE

5 WORKED.

6 Q. OKAY. YOU'VE NEVER HAD AN OCCASION TO IDENTIFY ANY

7 TYPE OF CLEANING AGENT AT YOUR MOM'S HOUSE?

8 A. MAYBE STUFF TO CLEAN THE BATHROOM WITH LIKE SOME

9 SIMPLE -- ALL PURPOSE CLEANER OR SOMETHING LIKE THAT

10 MAYBE.

11 Q. OKAY. HAVE YOU EVER IDENTIFIED BLEACH AT YOUR MOM'S

12 HOUSE?

13 A. YEAH.

14 Q. WASH CLOTHES WITH BLEACH OR CLEAN WITH BLEACH?

15 A. TO WASH CLOTHES.

16 Q. DO YOU OR ANY OF YOUR SIBLINGS HAVE ANY PROBLEMS

17 WITH ALLERGIES OR ASTHMA?

18 A. NO.

19 Q. WHAT ABOUT ANY OTHER RESPIRATORY DISORDERS?

20 A. NO.

21 Q. LUNG DISORDERS?

22 A. NO.

23 Q. NOW, YOU INDICATED THAT SOMETIMES YOUR MOM WOULD

24 HAVE TO GO TO PIGGLY WIGGLY BY HERSELF IF YOU'RE

25 COOKING. IS THAT ---

- 1 A. WELL, MY AUNT GO WITH HER IF I CAN'T GO.
- 2 Q. OKAY. SO, SHE DOESN'T EVER GO BY HERSELF?
- 3 A. NO, SHE DON'T TRY TO. IF SHE -- IF SHE HAS TO GO BY
- 4 HERSELF, IT'S ONE OF US DOING -- OR I'M COOKING, AND
- 5 SHE HAS TO GO BY HERSELF.
- 6 Q. DOES SHE OWN A CAR?
- 7 A. DOES SHE OWN ONE, YES.
- 8 Q. AND IS SHE ABLE TO DRIVE A CAR BY HERSELF NOW?
- 9 A. YEAH.
- 10 Q. BUT SHE DOESN'T GO TO PIGGLY WIGGLY?
- 11 A. I DIDN'T SAY SHE DIDN'T GO TO PIGGLY WIGGLY; I SAID
- 12 SHE GOES TO PIGGLY WIGGLY. IF SHE HAS TO GO BY
- 13 HERSELF, SHE -- SHE WILL GO BY HERSELF TO PICK UP
- 14 SOMETHING THAT I MIGHT NEED.
- 15 Q. OKAY. SINCE 2014, HAVE YOU EVER HAD OCCASION TO SEE
- 16 YOUR MOM WORK WITH RAW MEATS?
- 17 A. NO, I BASICALLY BEEN WORKING WITH THE RAW MEAT.
- 18 Q. OKAY. WHAT ABOUT IN TERMS OF BEING AROUND CLEANING
- 19 SUPPLIES?
- 20 A. BY ME NOT BEING THERE, I COULD NOT TELL YOU WHAT SHE
- 21 DO THE DAYS THAT I'M NOT THERE.
- 22 Q. OKAY. WHY IS THE MONEY FOR THE CATERING BUSINESS
- 23 NOT PAID TO YOU DIRECTLY IF YOU'RE TAKING OVER?
- 24 A. BECAUSE SHE TAKES HER MONEY AND SPEND IT ON THE FOOD
- 25 AND STUFF, SO I'M -- I'M THERE DOING THE BUSINESS

1 ASPECT. SO, SHE GIVES ME MONEY FOR THE BUSINESS
2 ASPECT.

3 Q. DO YOUR CLIENTS PAY YOU MONEY UP FRONT, OR DO THEY
4 HAVE TO -- OR DO YOU COOK THE FOOD FIRST AND THEN
5 YOU GET THE MONEY ON THE BACK-END?

6 A. GET IT AFTER WE DO IT, AND SOME PAY UP FRONT.

7 Q. IF SOME OF THE CLIENTS PAY UP FRONT, WHY AREN'T YOU
8 ABLE TO TAKE THAT MONEY TO BUY THE FOOD AND BE PAID
9 DIRECTLY?

10 A. BECAUSE WE DON'T DO IT THAT WAY 'CAUSE SEE THEY
11 COULD EITHER CANCEL OUT BEFORE THAT TIME COME, AND
12 SEE WE DO EVERYTHING THAT DAY OF. SO, IF THEY
13 CANCEL. SAY IF THEY CHANGE THEIR MIND ABOUT THE
14 DATE THAT THEY WANT THEIR FOOD OR WHATEVER OR THEY
15 MIGHT NOT JUST DECIDE, OKAY, WELL WE MIGHT NOT DO
16 THIS, SO WHY DO ARE YOU GOING TO GO SPEND THE MONEY
17 ---

18 Q. HOW IS THAT ---

19 A. --- THAT THEY GAVE YOU IN ADVANCE.

20 Q. WHAT WOULD BE THE DISTINCTION BETWEEN GIVING YOUR
21 MOM THE MONEY VERSUS GIVING YOU THAT MONEY?

22 A. BECAUSE IT'S HER BUSINESS, BUT I'M TAKING OVER --
23 I'M THE HARD WORKER. I'M DOING THE FOOD. I'M DOING
24 THE TALKING -- YOU KNOW, TALKING TO THE PEOPLE ABOUT
25 DIFFERENT STUFF. SO, I MEAN, WITH HER BUYING THE

1 FOOD, PAYING HER -- USING HER MONEY, I FEEL LIKE
2 THAT'S THE WAY IT SHOULD BE.

3 Q. OKAY. SO, IF I CALL TO TAKE -- TO ORDER, PLACE AN
4 ORDER, BECAUSE YOU INDICATED YOU TAKE ORDERS AS
5 WELL?

6 A. UH-HUH.

7 Q. I'M SORRY, IS THAT A YES?

8 A. YES, YES, YES.

9 Q. THEN I PAY -- I DON'T PAY YOU; I PAY YOUR MOM?

10 A. WELL, WHEN I GO PICK UP -- WHEN WE GO DO THE
11 DINNERS, I GET THE MONEY IN MY HAND, BUT I GIVE IT
12 TO HER.

13 Q. WHAT'S THE NAME OF THE CATERING BUSINESS?

14 A. SHE DON'T HAVE A NAME. HS USES HER NAME, GENNETTE
15 SOWELL.

16 Q. AND WHAT'S THE TELEPHONE NUMBER CONNECTED TO THE
17 BUSINESS?

18 A. 843-623-2298.

19 Q. IS THAT YOUR MOM'S HOUSE NUMBER?

20 A. YES, IT IS.

21 Q. OKAY.

22 BY MS. MILLER:

23 THAT'S ALL I HAVE. THANK YOU.

24 BY COMMISSIONER JAMES:

25 ANY RE-DIRECT?

1 BY MR. MCDANIEL:

2 JUST ONE.

3 RE-DIRECT EXAMINATION BY MR. MCDANIEL:

4 Q. DO YOU KNOW ANYBODY WITH A CONDITION KNOWN AS
5 SARCOIDOSIS?

6 A. YES.

7 Q. WHO IS THAT?

8 A. I WAS DIAGNOSED WITH IT, BUT I DON'T TAKE ANY
9 MEDICINE FOR IT.

10 Q. OKAY.

11 BY MR. MCDANIEL:

12 NOTHING FURTHER, COMMISSIONER.

13 BY COMMISSIONER JAMES:

14 ANY RE-CROSS?

15 BY MS. MILLER:

16 NO, YOUR HONOR.

17 BY COMMISSIONER JAMES:

18 OKAY. YOU CAN STEP DOWN, MA'AM, THANK YOU.

19 BY THE WITNESS:

20 UH-HUH.

21 BY COMMISSIONER JAMES:

22 NEXT WITNESS.

23 BY MR. MCDANIEL:

24 ALL RIGHT. JANET JAMES.

25 BY COMMISSIONER JAMES:

1 IF YOU WOULD COME UP HERE FOR ME.

2 BY THE WITNESS:

3 UP HERE?

4 BY COMMISSIONER JAMES:

5 YES, MA'AM, RIGHT HERE IN THIS CHAIR. YOU CAN
6 HAVE A SEAT.

7 BY MR. MCDANIEL:

8 I TOLD MS. JAMES THAT I WOULD LOVE TO HAVE HER
9 IN A PATERNITY SUIT WITH HER MOTHER ALLEGING THAT
10 SHE IS NOT HER DAUGHTER. DO YOU THINK I WOULD WIN
11 THAT ONE, COMMISSIONER?

12 BY COMMISSIONER JAMES:

13 I DON'T KNOW. WE'RE ON THE RECORD, SO I BETTER
14 NOT MAKE ANY JUDGMENT ON THAT UNTIL WE'RE THROUGH
15 WITH EVERYTHING.

16 ALL RIGHT. MA'AM, IF YOU WOULD RAISE YOUR
17 RIGHT HAND FOR ME.

18 * * * * *

19 THE WITNESS WAS DULY SWORN TO TELL THE TRUTH, THE
20 WHOLE TRUTH, AND NOTHING BUT THE TRUTH CONCERNING THE
21 MATTER HEREIN:

22 JANET JAMES

23 BEING FIRST DULY SWORN, TESTIFIED ON HER OATH AS FOLLOWS:

24 BY COMMISSIONER JAMES:

25 YOUR WITNESS, SIR.

DIRECT EXAMINATION BY MR. MCDANIEL:

Q. MS. JAMES, GIVE YOUR FULL NAME AND YOUR ADDRESS.

A. JANET JAMES, AND I STAY IN CHERAW, SOUTH CAROLINA.
DO YOU NEED MY ADDRESS?

Q. NO. NOW, I BELIEVE YOUR MOM DRIVES BACK AND FORTH
TO PIGGY WIGGLY WHEN SHE HAS TO GO AND I BELIEVE --
IF I WOULD NORMALLY SEE -- WHO WOULD I NORMALLY SEE
IF I SAW HER GOING TO PIGGLY WIGGLY TO PICK UP
ANYTHING FOR LET'S SAY IN REFERENCE TO THE CATERING
BUSINESS?

A. THAT WOULD BE MY SISTER AMY, THE ONE THAT JUST LEFT,
AND MY AUNT FLORA BELL.

Q. OKAY. NOW, IF YOU -- IF SHE HAS TO GO OUT OF TOWN
OR EITHER DRIVE ANY DISTANCE, WHO DOES THE DRIVING
FOR HER?

A. I DO. I DO THE DRIVING.

Q. OKAY. WHY IS IT THAT Y'ALL WANT SOMEBODY WITH HER
MOST OF THE TIME?

A. SHE IS COUGHING ALL THE TIME. SHE CAN'T CATCH HER
BREATH HARDLY NONE AT ALL.

Q. ALL RIGHT.

A. THE LEAST LITTLE THING TRIGGERS IT.

Q. OKAY. AND THAT'S WHAT I WAS GOING TO ASK YOU. THE
NEXT THING I WANT YOU TO DO, AND THEN I'M GOING TO
LEAVE YOU ALONE.

1 A. OKAY.

2 Q. IS JUST TELL ME, CAN YOU GIVE THE COMMISSIONER SOME
3 EXAMPLES OF -- LIKE FOR EXAMPLE, HOW OFTEN DOES YOUR
4 MOM GO OUT TO A RESTAURANT?

5 A. WE DON'T. WE DON'T. SHE DON'T GO TO RESTAURANTS.

6 Q. WHY IS THAT?

7 A. SHE JUST CAN'T TAKE THE SMELLS AND STUFF. SHE CAN'T
8 HANDLE IT.

9 Q. OKAY. TELL ME ABOUT, DO YOU HAVE ANY OTHER
10 OBSERVATIONS OF HER IN REFERENCE TO THINGS TO SET
11 OFF HER ASTHMA?

12 A. STRONG WIND. I MEAN, WHEN SHE TOOK HER TRASH TO THE
13 DUMPSTER ONE DAY, AND SHE JUST COME BACK IN, AND SHE
14 COULDN'T HARDLY BREATHE. I MEAN, SHE WAS JUST BENT
15 ALL OVER. I MEAN, STRONG PERFUME, FUMES AT THE
16 STORES. WE WILL GO TO THE MALL AND PASS BY LIKE A
17 BATH AND BODY WORKS, ANYTHING LIKE THAT, THAT
18 TRIGGERS IT. FOOD, FRIED CHICKEN, YOU KNOW, WHEN A
19 RESTAURANT IS FRYING SOMETHING, SOMETIMES THE GREASE
20 MIGHT BE BURNED OR SOMETHING, IT -- ALL THAT
21 TRIGGERS THAT.

22 Q. OKAY. HAVE YOU BEEN WITH HER ON OCCASION TO PIGGLY
23 WIGGLY TO PICK UP SUPPLIES FOR THE CATERING
24 BUSINESS?

25 A. YEAH, BUT NOT AS MUCH AS MY SISTER, BUT I DO GO

1 WHENEVER SHE NEEDS ME TO.

2 Q. OKAY. WHEN SHE GOES, IS THERE ANY PART OF THE STORE
3 SHE TRIES TO AVOID?

4 A. SHE USUALLY DON'T GO TO THE MEAT DEPARTMENT. SHE
5 DON'T GO BACK THAT WAY.

6 Q. BASICALLY THE SAME REASON YOU TESTIFIED TO EARLIER?

7 A. RIGHT.

8 Q. OKAY. ALL RIGHT. DO Y'ALL GO TO THE MALL ANY?

9 A. NOT MUCH, BECAUSE LIKE I SAY, SHE -- SHE CAN'T
10 HARDLY TAKE THE FUMES AND STUFF. WE DON'T DO IT.
11 AND SHE CAN'T -- WALKING LONG DISTANCES LIKE THAT,
12 SHE CAN'T CATCH HER BREATH. IT'S -- IT'S NOT WORTH
13 PUTTING HER HEALTH IN DANGER, SO WE JUST DON'T GO.

14 Q. SO, IF SHE -- IF YOU GO WITH HER ANYWHERE AND SHE'S
15 GOT TO WALK ANY DISTANCE, SHE REALLY CAN'T DO THAT?

16 A. NO. LIKE IF WE -- IF WE HAPPEN TO GO, I DROP HER
17 OFF RIGHT WHERE WE NEED TO BE AT, AND THEN I DON'T
18 LET HER WALK BACK AND FORTH TO THE CAR OR WHATEVER.

19 Q. OKAY.

20 BY MR. MCDANIEL:

21 I HAVE NO FURTHER QUESTIONS.

22 BY COMMISSIONER JAMES:

23 CROSS.

24 BY MS. MILLER:

25 VERY BRIEFLY, YOUR HONOR.

CROSS EXAMINATION BY MS. MILLER:

- 1
2 Q. JANET JAMES.
3 A. YES, MA'AM.
4 Q. OKAY. I GOT IT RIGHT THIS TIME.
5 A. YES, MA'AM.
6 Q. JUST A COUPLE OF QUICK QUESTIONS.
7 A. YES, MA'AM.
8 Q. WHAT -- DO YOU KNOW WHEN YOUR MOM STOPPED WORKING
9 WITH THE CATERING BUSINESS AS EXTENSIVELY AS SHE
10 USED TO?
11 A. AS FAR AS THE DATE?
12 Q. OR THE YEAR.
13 A. THE YEAR.
14 Q. THE YEAR IS GOOD.
15 A. 2013 MAYBE.
16 Q. OKAY. AND BEFORE THAT PARTICULAR TIME, HOW INVOLVED
17 WITH THE BUSINESS WAS SHE BEFORE ---
18 A. SHE DID EVERYTHING.
19 Q. OKAY. WHAT DO YOU MEAN BY EVERYTHING?
20 A. I MEAN, SHE COOKED, EVERYTHING. SHE -- BEFORE, YOU
21 KNOW, SHE GOT SICK, SHE COOKED EVERYTHING.
22 Q. OKAY. WHAT TYPE OF FOODS DID SHE COOK?
23 A. FRIED CHICKEN, ROAST BEEF, I MEAN, YOU NAME IT, SHE
24 COOKED IT. WHATEVER THE CUSTOMER ASKED FOR, SHE DO
25 IT.

1 Q. DID SHE HAVE A KITCHEN OUTSIDE THEN, OR WAS IT JUST
2 IN THE KITCHEN IN HER HOUSE AT THAT TIME?
3 A. SAY IT AGAIN.
4 Q. AT THAT TIME, DID SHE HAVE THE KITCHEN OUTSIDE, TOO,
5 OR DID SHE JUST HAVE THE ONE INSIDE?
6 A. WELL, SHE WAS WORKING ON IT TO GET IT ON THE
7 OUTSIDE, YEAH.
8 Q. OKAY. OKAY. AND THAT WOULD HAVE BEEN JUST ONE
9 STOVE IN HER HOUSE?
10 A. YEAH.
11 Q. OKAY. OKAY. DO YOU KNOW WHAT TYPE OF CLEANING
12 PRODUCTS SHE USED IN THE HOME?
13 A. I DON'T KNOW WHAT CLEANING PRODUCTS, BECAUSE MY AUNT
14 DOES THE CLEANING AND STUFF. MOMMA DON'T DO IT.
15 Q. GOING BACK TO THIS TIME, NOT NOW, GOING BACK IN
16 2011, '12 AND '13.
17 A. PINESOL, LYSOL.
18 Q. BLEACH?
19 A. AS FAR AS CLOTHES, I'M SURE, BLEACH, YEAH, MAYBE.
20 Q. AND IN TERMS OF NOW, WHAT IS THE EXTENT OF HER
21 INVOLVEMENT WITH THE COMPANY?
22 A. SHE ---
23 Q. WITH THE CATERING BUSINESS.
24 A. SHE JUST, YOU KNOW, TAKE THE ORDERS IN. WE GO OUT
25 AND SERVE IT. MY SISTER, SHE COOKS FOR HER. LIKE I

1 SAY, MY AUNT, SHE CLEANS.

2 Q. OKAY. IS SHE ABLE TO LIFT THE FOOD AT ALL LIKE WHEN
3 YOU DELIVER THE FOOD?

4 A. NO, NO. I WOULD -- NO.

5 Q. OKAY. AND IN TERMS OF SHOPPING, SHE DOESN'T
6 ACTUALLY LIFT -- DOES SHE GO BY HERSELF OR LIFT THE
7 BAGS OR ANYTHING OF THAT NATURE?

8 A. NO, AND WHEN WE DO GO SHOPPING, SHE GETS A CART AND
9 RIDES -- SHE EVEN RIDES HER POCKETBOOK AROUND. SHE
10 CAN'T -- IT'S JUST -- IT'S TOO MUCH.

11 Q. OKAY. DO YOU KNOW IF ANY OF YOUR SIBLINGS OR
12 YOURSELF SUFFER FROM ANY TYPE OF ALLERGIES, ASTHMA
13 OR ANY RESPIRATORY PROBLEMS?

14 A. NO.

15 Q. WHAT ABOUT LUNG DISORDERS?

16 A. NO, NOT THAT I KNOW OF.

17 **BY MS. MILLER:**

18 I BEG THE COURT'S INDULGENCE.

19 **CROSS EXAMINATION RESUMED BY MS. MILLER:**

20 Q. HOW OFTEN DOES YOUR MOM VISIT THE KITCHEN OUTSIDE;
21 DOES SHE EVER GO OUT THERE AT ALL?

22 A. SHE PROBABLY GO TO CHECK ON TO MAKE SURE
23 EVERYTHING'S GOING GOOD, BUT AS FAR AS STAYING OUT
24 THERE, NO, MA'AM, SHE DON'T. SHE DON'T GO OUT
25 THERE.

1 BY MS. MILLER:

2 OKAY. THAT'S ALL I HAVE. THANK YOU.

3 BY COMMISSIONER JAMES:

4 RE-DIRECT?

5 BY MR. MCDANIEL:

6 JUST REAL QUICK.

7 RE-DIRECT EXAMINATION BY MR. MCDANIEL:

8 Q. DO YOU KNOW ANYBODY THAT HAS THE CONDITION KNOWN AS
9 SARCOIDOSIS?

10 A. NO.

11 Q. OKAY. DO YOU KNOW ---

12 A. YOU SAID SARCOIDOSIS?

13 Q. SARCOIDOSIS.

14 A. I DON'T -- I DON'T KNOW.

15 Q. OKAY. THE REASON I ASKED YOU THAT IS COUNSEL ASKED
16 YOU IF YOU KNEW ANYBODY WITH RESPIRATORY PROBLEMS,
17 ANYBODY IN YOUR FAMILY. DOES ANYBODY HAVE ANY
18 PROBLEM WITH THEIR LUNG OR HAS HAD -- BEEN DIAGNOSED
19 WITH A PROBLEM WITH THEIR LUNG?

20 A. I REALLY -- I REALLY DON'T KNOW THE ANSWER TO THAT
21 BECAUSE I HAVE SO MANY HEALTH PROBLEMS MYSELF, I
22 JUST TRY TO KEEP UP WITH MYSELF. I'M SORRY, BUT
23 I'VE JUST BEEN THROUGH SO MUCH MYSELF, I CAN'T
24 REMEMBER.

25 Q. OKAY.

1 BY MR. MCDANIEL:

2 ALL RIGHT. NOTHING FURTHER, COMMISSIONER.

3 BY COMMISSIONER JAMES:

4 ANY RE-CROSS?

5 BY MS. MILLER:

6 NONE, YOUR HONOR.

7 BY COMMISSIONER JAMES:

8 ALL RIGHT. YOU CAN STEP DOWN. THANK YOU,
9 MA'AM.

10 BY MR. MCDANIEL:

11 ONE MORE QUICK WITNESS, AND WE ARE FINISHED ON
12 OUR SIDE.

13 BY COMMISSIONER JAMES:

14 ALL RIGHT. IF YOU CAN RAISE YOUR RIGHT HAND
15 FOR ME, PLEASE, MA'AM.

16 * * * * *

17 THE WITNESS WAS DULY SWORN TO TELL THE TRUTH, THE
18 WHOLE TRUTH, AND NOTHING BUT THE TRUTH CONCERNING THE
19 MATTER HEREIN:

20 FLORA BELL ISHMELL

21 BEING FIRST DULY SWORN, TESTIFIED ON HER OATH AS FOLLOWS:

22 BY COMMISSIONER JAMES:

23 ALL RIGHT, IF YOU WILL HAVE A SEAT FOR ME.

24 THANK YOU.

25 DIRECT EXAMINATION BY MR. MCDANIEL:

- 1 Q. MS. ISHMELL, WOULD YOU GIVE ME YOUR FULL NAME, AND
2 YOU MIGHT WANT TO SPELL IT FOR THE COURT REPORTER.
3 A. FLORA BELL ISHMELL.
4 Q. OKAY. HOW DO YOU SPELL ISHMELL?
5 A. I-S-H-M-E-L-L.
6 Q. OKAY. ALL RIGHT, NOW, WHAT IS YOUR RELATIONSHIP TO
7 MS. SOWELL?
8 A. THAT'S MY SISTER.
9 Q. OKAY. AND DO YOU DO ANYTHING FOR YOUR SISTER NOW AS
10 COMPARED TO BEFORE SHE DEVELOPED ALL OF THESE
11 PROBLEMS STARTING IN 2011 AND '12 AND '13 IT'S
12 GOTTEN WORSE, WHAT DO YOU DO FOR HER NOW?
13 A. I CLEANS UP.
14 Q. OKAY.
15 A. AND DO ALL OF THAT, CARRY THE TRASH OUT.
16 Q. OKAY.
17 A. AND I DO THE YARD WORK.
18 Q. ALL RIGHT. SO, YOU DO ALL OF THE YARD WORK?
19 A. YES.
20 Q. SO, ANY OF THE CLEANING IN THE HOUSE, YOU DO THAT?
21 A. THAT'S -- THAT'S MY JOB.
22 Q. OKAY. YOU ALSO CLEAN UP OUT AT THE KITCHEN; IS THAT
23 RIGHT?
24 A. YES.
25 Q. OKAY. AND I BELIEVE THAT USED TO BE A FAMILY ROOM,

1 AND NOW IT'S THE KITCHEN WHERE YOU DO ALL THE
2 COOKING FOR THE CATERING?

3 A. YEAH.

4 Q. IF THERE'S ANY?

5 A. YEAH.

6 Q. BY THE WAY, I FORGOT TO ASK THE LAST -- MS. JAMES
7 ABOUT THIS, BUT BEFORE SHE LEFT PIGGLY WIGGLY, WHERE
8 DID MS. SOWELL GET MOST OF HER CHICKEN OR FRIED
9 CHICKEN FROM; DO YOU KNOW?

10 A. NO.

11 Q. OKAY. THAT'S FINE. ALL RIGHT. TELL ME ABOUT YOUR
12 OBSERVATIONS OF HER ABOUT THE KIND OF PROBLEMS AND
13 WHAT WOULD SET OFF HER PROBLEMS? WHERE IS SHE LIKE
14 FOR EXAMPLE WHEN YOU'RE DOING THE CLEANING AND ALL
15 OF THAT; JUST TELL THE COMMISSIONER.

16 A. OKAY. WHEN I'M DOING -- LIKE IF I'M GOING TO SPRAY
17 OUT -- SEE, I LOVE TO SPRAY THE HOUSE OUT WITH
18 AMMONIA CLEANER. SHE WILL LEAVE OUT. IF SHE DON'T
19 -- IF I CLEAN HALF OF THE HOUSE FIRST, SOMETIME IF
20 SHE DON'T LEAVE, SHE'LL GO TO THE BACK, BECAUSE IF I
21 GO TO SPRAY, I SPRAY THE CHAIRS AND STUFF BECAUSE
22 THERE'S ODORS AND STUFF FROM PEOPLE COMING IN, AND
23 THEN SHE'LL GO -- SHE CAN'T -- WHEN SHE COME IN, SHE
24 CAN'T HARDLY BREATHE. AND I DO ALL THE, YOU KNOW,
25 CLEANING THE SINK OUT, AND I HAVE BLEACH AND STUFF

- 1 LIKE THAT.
- 2 Q. DO YOU GO TO -- DO YOU GO TO THE GROCERY STORE WITH
- 3 HER TO GET STUFF?
- 4 A. YES, YEAH.
- 5 Q. ALL RIGHT. DOES SHE USE ONE OF THOSE CARTS WHENEVER
- 6 SHE IS AT THE GROCERY STORE?
- 7 A. YEAH.
- 8 Q. ALL RIGHT. IS THERE ANY PART OF THE GROCERY STORE
- 9 SHE TRIES TO AVOID?
- 10 A. BACK THERE AT THE MEAT PLACE BACK THERE, YEAH.
- 11 Q. OKAY. DOES SHE -- DOES SHE GO OUT TO DINNER MUCH,
- 12 GO OUT TO RESTAURANTS MUCH TO EAT OUT?
- 13 A. NO.
- 14 Q. WHY IS THAT?
- 15 A. JUST CAN'T STAND THE SMELL, GET IN THERE AND GO TO
- 16 COUGHING UP.
- 17 Q. OKAY. CAN YOU GIVE THE COMMISSIONER ANY EXAMPLES OF
- 18 JUST WHAT YOU'VE SEEN, JUST WHAT WILL MINIMALLY SET
- 19 HER OFF?
- 20 A. WHEN WE -- NOT ONLY GOING OUT, JUST RIDING IN THE
- 21 CAR, IF WE GETS FOOD TO EAT, SHE WILL GO COUGHING UP
- 22 STUFF AND HAVE US ALL ABOUT TO THROW UP, (MAKE SOUND
- 23 EFFECT) COUGHING UP STUFF, AND WE BE TRYING TO EAT,
- 24 TOO, AND THEN WE GET -- I BE GETTING SICK MYSELF.
- 25 NOW, AMY CAN TAKE IT MORE THAN I CAN. I CAN'T TAKE

1 IT. I'VE GOT A WEAK STOMACH. YOU GO TO COUGHING UP
2 THAT STUFF LIKE THAT WHAT SHE BE COUGHING UP,
3 SPITTING IT DOWN IN A NAPKIN AND STUFF, UH-UH.

4 Q. AND SHE USES THAT INHALER AND ALL THAT?

5 A. YEAH, SHE DO. SHE USES THAT.

6 Q. SO, SAY FOR EXAMPLE Y'ALL GO THROUGH A DRIVE-THRU
7 AND PICK UP FRENCH FRIES AND A HAMBURGER OR
8 SOMETHING LIKE THAT, EVEN SOMETHING LIKE THAT WILL
9 SET OFF HER ---

10 A. YEAH, WE DON'T HARDLY DO TOO MUCH OF THAT, BUT IT
11 WOULD, YEAH.

12 Q. OKAY. ALL RIGHT.

13 BY MR. MCDANIEL:

14 I'VE GOT NO FURTHER QUESTIONS.

15 BY COMMISSIONER JAMES:

16 CROSS.

17 BY MS. MILLER:

18 NONE, YOUR HONOR.

19 BY THE WITNESS:

20 SAY WHAT?

21 BY MS. MILLER:

22 NO QUESTIONS.

23 BY COMMISSIONER JAMES:

24 OKAY.

25 BY THE WITNESS:

1 THANKS.

2 BY COMMISSIONER JAMES:

3 YOU CAN STEP DOWN, MA'AM. THANK YOU.

4 BY THE WITNESS:

5 YOU'RE WELCOME.

6 BY MR. MCDANIEL:

7 ALL RIGHT. COMMISSIONER, THAT'S THE CLAIMANT'S
8 CASE.

9 BY COMMISSIONER JAMES:

10 ALL RIGHT. WE'RE GOING TO TAKE A COUPLE OF
11 MINUTES BREAK.

12 (OFF THE RECORD)

13 BY COMMISSIONER JAMES:

14 BACK ON THE RECORD. WE WILL START THE
15 TESTIMONY IN JUST A MOMENT, AND BECAUSE IT HAS TO DO
16 WITH WHETHER A PARTICULAR WITNESS IS CALLED, I
17 BELIEVE THE PARTIES HAVE A STIPULATION THAT THEY ARE
18 GOING TO MAKE WITH REGARDS TO AN ISSUE.

19 BY MR. MCDANIEL:

20 COMMISSIONER, AFTER FURTHER DISCUSSION WITH
21 COUNSEL AND WITH THE COMMISSION, WE WILL WITHDRAW
22 AND WAIVE ANY OBJECTION TO THE FORM 51 BEING TIMELY
23 FILED.

24 BY MS. MILLER:

25 THANK YOU.

1 BY COMMISSIONER JAMES:

2 NEXT -- OR DEFENSE WITNESSES?

3 BY MS. MILLER:

4 MARIE STEELE IS HER NAME, S-T-E-E-L-E.

5 BY COMMISSIONER JAMES:

6 IF YOU WOULD RAISE YOUR RIGHT HAND, PLEASE,
7 MA'AM.

8 * * * * *

9 THE WITNESS WAS DULY SWORN TO TELL THE TRUTH, THE
10 WHOLE TRUTH, AND NOTHING BUT THE TRUTH CONCERNING THE
11 MATTER HEREIN:

12 MARIE STEELE

13 BEING FIRST DULY SWORN, TESTIFIED ON HER OATH AS FOLLOWS:

14 BY COMMISSIONER JAMES:

15 YOUR WITNESS, MA'AM.

16 DIRECT EXAMINATION BY MS. MILLER:

17 Q. WOULD YOU STATE YOUR NAME FOR THE RECORD.

18 A. MARIE STEELE.

19 Q. MS. STEELE, WHERE ARE YOU EMPLOYED?

20 A. BYNAM INSURANCE.

21 Q. AND HOW LONG HAVE YOU BEEN THERE?

22 A. SINCE JANUARY 2000.

23 Q. AND WHAT IS YOUR JOB TITLE?

24 A. I'M ACCOUNT MANAGER.

25 Q. AND DO YOU HANDLE THE PIGGLY WIGGLY ACCOUNT?

- 1 A. I DO.
- 2 Q. AND WHAT IS YOUR ROLE IN DEALING WITH THE PIGGLY
3 WIGGLY ACCOUNT?
- 4 A. WE PROVIDE THE INSURANCE COVERAGE FOR PIGGLY WIGGLY
5 CENTRAL. THAT MEANS WE WRITE THE BUSINESS. WE
6 HANDLE THE CLAIMS. EXCUSE ME, WE REPORT THE CLAIMS
7 TO THE INSURANCE COMPANY. THE BILLING, OF COURSE,
8 AND WHATEVER GOES WITH INSURANCE, SELLING INSURANCE.
- 9 Q. SO, IN A NUTSHELL, IF THERE IS A CLAIM REPORTED IN
10 ANY PIGGLY WIGGLY, DOES IT COME THROUGH YOU?
- 11 A. YES. THE INITIAL REPORT COMES TO ME.
- 12 Q. AND THAT'S JUST WITHIN THE STATE OF SOUTH CAROLINA?
- 13 A. YES. AND ONLY THOSE PIGGLY WIGGLYS OWNED BY PIGGLY
14 WIGGLY CENTRAL.
- 15 Q. OKAY. AND HOW LONG HAVE YOU HANDLED THE PIGGLY
16 WIGGLY ACCOUNT?
- 17 A. SINCE 2000.
- 18 Q. OKAY. AND DO YOU JUST -- NORMALLY, WHAT COMES TO
19 YOU; IS IT JUST THE FIRST REPORT OF INJURY?
- 20 A. THE FIRST REPORT OF INJURY.
- 21 Q. OKAY. AND NORMALLY, DO YOU DO ANY INVESTIGATION, OR
22 DO YOU JUST RECEIVE THAT INFORMATION?
- 23 A. NO INVESTIGATION AT ALL.
- 24 Q. ARE YOU AWARE OF A CLAIM THAT'S REPORTED REGARDING
25 GENNETTE SOWELL?

1 A. IN MARCH 2014.

2 Q. OKAY. AND WHICH PIGGLY WIGGLY WAS THAT WITH?

3 A. BENNETTSVILLE.

4 Q. OKAY. AND WHO WOULD HAVE SENT YOU THAT?

5 A. MARY QUICK DID, THE MANAGER.

6 Q. OKAY.

7 BY MS. MILLER:

8 PERMISSION TO APPROACH, YOUR HONOR?

9 BY COMMISSIONER JAMES:

10 CERTAINLY.

11 BY MS. MILLER:

12 JUST PAGE 394.

13 BY MR. MCDANIEL:

14 IT'S ACTUALLY -- ISN'T IT PART OF THE RECORD?

15 BY MS. MILLER:

16 IT IS. IT'S FILED WITH THE COMMISSION, BUT I
17 HAD IT IN MY APAs TO MAKE IT EASIER.

18 BY MR. MCDANIEL:

19 OH, THAT'S FINE.

20 DIRECT EXAMINATION RESUMED BY MS. MILLER:

21 Q. ARE YOU FAMILIAR WITH THIS DOCUMENT?

22 A. I AM.

23 Q. AND WHO PROVIDED IT TO YOU?

24 A. MARY QUICK.

25 Q. AND WHAT WAS THE DATE THAT YOU RECEIVED THAT?

1 A. 3/20 -- OH, I RECEIVED IT ON THE 28TH. IT WAS FAXED
2 TO ME. SHE COMPLETED IT ON THE 25TH.

3 Q. AND IS THAT YOUR UNDERSTANDING AS TO WHEN THE NOTICE
4 WAS PROVIDED WITH REGARDS TO HER WORKERS'
5 COMPENSATION CLAIM?

6 A. YES.

7 Q. OKAY. SO, AND IS YOUR ROLE AS ACCOUNT MANAGER, DO
8 YOU KEEP TRACK OF ALL THE WORKERS' COMPENSATION
9 CLAIMS FOR PIGGLY WIGGLY IN THE STATE OF SOUTH
10 CAROLINA, CORRECT?

11 A. YES, I DO.

12 Q. AND THAT'S BEEN YOUR JOB SINCE WHEN?

13 A. 2000.

14 Q. OKAY. AND FROM 2000 TO 2014, DID YOU ALSO HANDLE
15 THE ACCOUNT FOR THE BENNETTSVILLE PIGGLY WIGGLY?

16 A. YES.

17 Q. OKAY. DO YOU HAVE ANY OTHER WORKERS' COMPENSATION
18 CLAIMS FROM MS. SOWELL?

19 A. NO.

20 Q. THIS WILL BE NUMBER ONE?

21 A. YES.

22 Q. HOW MANY EMPLOYEES DO YOU, I GUESS, MANAGE WITHIN
23 THE UMBRELLA OF PIGGLY WIGGLY?

24 A. THEY HAVE APPROXIMATELY 1200.

25 Q. AND SINCE 2000 HAVE YOU HAD ANY OTHER OCCUPATIONAL

1 DISEASE OR CHEMICAL EXPOSURE TYPE CASES?

2 A. NONE.

3 Q. OKAY. AND ---

4 A. AND I ---

5 Q. I'M SORRY.

6 A. NEVER THROUGH THAT PERIOD.

7 Q. OKAY.

8 BY MS. MILLER:

9 NO FURTHER QUESTIONS.

10 BY COMMISSIONER JAMES:

11 CROSS.

12 CROSS EXAMINATION BY MR. MCDANIEL:

13 Q. LOOK AT THAT FORM 12-A.

14 A. OKAY.

15 Q. IS IT AN OCCUPATIONAL DISEASE CLAIM?

16 A. I DON'T THINK SO. THERE'S NOT A LOT OF INFORMATION
17 ON THIS FORM.

18 Q. RIGHT. IS THAT -- LET ME ASK YOU, IS THAT A LOT OF
19 TIMES TYPICAL THAT YOU DON'T GET A LOT OF
20 INFORMATION ON THE FORMS?

21 A. NO.

22 Q. OH, YOU REALLY GET A LOT?

23 A. I REALLY DO.

24 Q. OH, OKAY.

25 A. I DO.

1 Q. THAT'S GOOD.

2 A. NO, I REALLY DO GET A LOT OF INFORMATION. I MEAN,
3 THEY ARE VERY SPECIFIC. FOR INSTANCE, LIKE THIS IS
4 NOT FILLED OUT, DATE OF INJURY, NONE. I MEAN,
5 NORMALLY I WOULD HAVE WHEN IT HAPPENED, WHAT
6 HAPPENED ON THE INCIDENT, THE ACTUAL INCIDENT.

7 Q. RIGHT. SO, THIS IS NOT TYPICAL, OKAY. AND TELL ME
8 IF THERE WAS ANOTHER ONE DATED THE 19TH, THIS IS THE
9 ONLY ONE YOU'VE EVER SEEN, OR DO YOU KNOW? DO YOU
10 HAVE YOUR FILE WITH YOU BY CHANCE?

11 A. NO.

12 Q. OKAY.

13 A. I MEAN, DO Y'ALL HAVE ANY OTHER PAPER? I DON'T
14 KNOW.

15 Q. WELL, I WAS RAPIDLY TRYING TO FIND MINE, BUT I
16 THOUGHT THERE WAS ACTUALLY TWO OF THEM, BUT...
17 HOWEVER, HAS THIS BEEN TYPED UP AND PUT IN -- FILED
18 WITH THE COMMISSION? DID YOU SEND IT INTO THE
19 COMMISSION?

20 A. YES.

21 Q. OKAY, GOOD, OKAY.

22 A. YES, IT DID GO TO THE COMMISSION. WELL, IT WENT
23 THROUGH THE COMPANY, EXCUSE ME ---

24 Q. RIGHT.

25 A. --- ON TO THE COMMISSION.

- 1 Q. THAT'S FINE. THAT'S FINE. LET ME ASK YOU. IF
2 SOMEBODY WAS INJURED OVER A PERIOD OF TIME LIKE A
3 MONTH, HOW WOULD THEY -- HAVE YOU SEEN ANY OF THOSE?
4 A. NOT TO MY KNOWLEDGE.
5 Q. WHAT ABOUT AN INHALATION INJURY LIKE WHERE THEY
6 INHALED CHEMICALS OR SOMETHING LIKE THAT?
7 A. I'VE NEVER HAD ANY LIKE THAT.
8 Q. DO YOU HANDLE THE PIGGLY WIGGLYS IN COLUMBIA?
9 A. NO.
10 Q. OKAY, ALL RIGHT. HAVE YOU EVER HAD ANYTHING IN
11 REFERENCE TO THE MEAT DEPARTMENT BECAUSE OF THE --
12 IN REFERENCE TO THE -- THEY USE A REAL STRONG
13 CHEMICAL THAT WILL DISSOLVE MEAT TISSUE TO CLEAN ALL
14 THE MEAT CUTTING EQUIPMENT. DO YOU REMEMBER HAVING
15 ANY OF THOSE?
16 A. NEVER.
17 Q. OKAY. ALL RIGHT. WE UNDERSTAND THAT MCLEOD TOOK
18 THIS FILE OVER -- TOOK THIS PIGGLY WIGGLY OVER IN
19 2005. SO, WHO WAS IT OWNED WITH BEFORE, AND WHO WAS
20 IT OWNED WITH AFTER 2005?
21 A. BEFORE 2005, I DON'T KNOW.
22 Q. OKAY. SO, WHEN DID YOU BECOME INVOLVED WITH THIS --
23 --
24 A. THIS PARTICULAR ONE, WHEN THE MCLEODS PURCHASED IT.
25 Q. OH, OKAY.

1 A. SO, THAT'S WHEN.

2 Q. SO, WHEN YOU REFER TO MCLEOD, HOW MANY DOES MCLEOD
3 OWN?

4 A. IT'S -- WELL, IT CHANGES, BECAUSE THEY BUY AND SELL.

5 Q. YEAH, RIGHT.

6 A. I'M GOING TO SAY 13.

7 Q. THIRTEEN, OKAY.

8 A. YEAH.

9 Q. AND SO YOU ARE AN INSURANCE AGENCY, NOT THE
10 INSURANCE COMPANY?

11 A. THAT'S CORRECT.

12 Q. GOTCHA.

13 BY MR. MCDANIEL:

14 NOTHING FURTHER.

15 BY COMMISSIONER JAMES:

16 ANY RE-DIRECT?

17 BY MS. MILLER:

18 NONE, YOUR HONOR.

19 BY COMMISSIONER JAMES:

20 ALL RIGHT. THANK YOU, MA'AM. YOU CAN STEP
21 DOWN.

22 BY MR. MCDANIEL:

23 OFF THE RECORD.

24 (THIS HEARING WAS CONCLUDED AT THE HOUR OF 5:46 P.M. TO
25 BE RECONVENED ON JULY 21, 2016)

CERTIFICATE OF NOTARY PUBLIC
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
COLUMBIA, SOUTH CAROLINA
WCC FILE NO. 1408826

EMPLOYEE/CLAIMANT: GENNETTE SOWELL

EMPLOYER: PIGGLY WIGGLY

INSURER: OWNERS INSURANCE COMPANY

I, JAN L. WHITWORTH, A NOTARY PUBLIC FOR THE STATE OF SOUTH CAROLINA, DULY COMMISSIONED AND QUALIFIED AS SUCH, DO HEREBY CERTIFY THAT THE FOREGOING 128 PAGES REPRESENTS A TRUE AND ACCURATE TRANSCRIPT OF THE FOREGOING HEARING OF GENNETTE SOWELL TAKEN ON THE 22ND DAY OF JUNE, 2016.

THAT THE WITNESS WAS DULY PLACED UNDER OATH AND ADMONISHED TO SPEAK THE WHOLE TRUTH. THAT THE ORAL HEARING WAS DULY TAKEN AND TRANSCRIBED AS TO THE QUESTIONS PROPOUNDED AND THE ANSWERS GIVEN.

THAT ALL THE OFFERED EXHIBITS, STIPULATIONS AND OBJECTIONS, IF ANY, INVOLVED IN THIS CASE ARE DULY ATTACHED OR INCLUDED HEREIN.

IN WITNESS WHEREOF, I HAVE SET MY HAND THIS 21ST DAY OF AUGUST, 2016.

JAN L. WHITWORTH
NOTARY PUBLIC FOR SOUTH CAROLINA
MY COMMISSION EXPIRES: 2-04-2024

* THIS TRANSCRIPT MAY CONTAIN QUOTED MATERIAL. SUCH MATERIAL IS REPRODUCED AS READ OR QUOTED BY THE SPEAKER.

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
COLUMBIA, SOUTH CAROLINA
WCC FILE NO. 1408826

EMPLOYEE/CLAIMANT: GENNETTE SOWELL
EMPLOYER: PIGGLY WIGGLY
INSURER: OWNERS INSURANCE COMPANY

SOUTH CAROLINA WORKERS' COMPENSATION HEARING

PURSUANT TO NOTICE OF WORKERS' COMPENSATION
HEARING, THE WITHIN HEARING WAS TAKEN ON THE 21ST DAY OF
JULY, 2016, COMMENCING AT THE HOUR OF 11:20 A.M., IN
COLUMBIA, SOUTH CAROLINA, BEFORE THE HONORABLE MELODY JAMES,
ATTENDED BY COUNSEL AS FOLLOWS:

JAN L. WHITWORTH
VERBATIM REPORTER

JAN L. WHITWORTH
COURT REPORTING SERVICES
POST OFFICE BOX 551
ROEBUCK, S.C. 29376
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KENYA C. MILLER, ESQUIRE, OF THE FIRM
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LANCASTER, SOUTH CAROLINA 29721

ATTORNEY FOR THE EMPLOYER/INSURER.

ALSO ATTENDING: MARY CYNTHIA QUICK

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1 PURSUANT TO NOTICE OF HEARING, THE WITHIN HEARING
2 WAS TAKEN BY THE ABOVE-NAMED COURT REPORTER, A NOTARY
3 PUBLIC FOR THE STATE OF SOUTH CAROLINA, IN COLUMBIA,
4 SOUTH CAROLINA.

5 * * * * * * * * * * * * * * * *

6 BY COMMISSIONER JAMES:

7 _____ TODAY'S DATE IS JULY 21ST, 2016. WE ARE BACK
8 ON THE RECORD FOR A SECOND DAY -- IT WAS NOT A FULL
9 DAY THE FIRST DAY, BUT THIS WOULD BE THE SECOND DAY
10 OF THE FILE WITH REGARDS TO W.C.C. NUMBER 1408826.
11 THIS IS THE MATTER OF GENNETTE SOWELL VERSUS PIGGLY
12 WIGGLY AND OWNERS INSURANCE COMPANY. I WILL STATE
13 AGAIN FOR THE RECORD THAT THE CLAIMANT IS
14 REPRESENTED BY PRESTON MCDANIEL AND THE DEFENDANTS
15 BY KENYA MILLER. ALL OF THE ISSUES WERE SET FORTH
16 IN THE BEGINNING OF THE FIRST DATE OF HEARING, SO WE
17 ARE READY FOR THE TESTIMONY TO BEGIN FOR THE SECOND
18 DAY.

19 MS. QUICK, IF YOU COULD RAISE YOUR RIGHT HAND.

20 * * * * * * * * * * * * * * * *

21 THE WITNESS WAS DULY SWORN TO TELL THE TRUTH, THE
22 WHOLE TRUTH, AND NOTHING BUT THE TRUTH CONCERNING THE
23 MATTER HEREIN:

24 MARY CYNTHIA QUICK

25 BEING FIRST DULY SWORN, TESTIFIED ON HER OATH AS FOLLOWS:

1 BY COMMISSIONER JAMES:

2 _____ YOUR WITNESS, MA'AM.

3 BY MS. MILLER:

4 THANK YOU, YOUR HONOR.

5 DIRECT EXAMINATION BY MS. MILLER:

6 Q. MS. QUICK, COULD YOU STATE YOUR NAME FOR THE RECORD,
7 PLEASE?

8 A. MARY CYNTHIA QUICK.

9 Q. AND, MS. QUICK, WHERE ARE YOU EMPLOYED?

10 A. I AM EMPLOYED AT PIGGLY WIGGLY IN CHESTERFIELD.

11 Q. OKAY. AND HOW LONG HAVE YOU BEEN EMPLOYED THERE?

12 A. IN CHESTERFIELD, SINCE APRIL OF 2015.

13 Q. OKAY. AND WERE YOU PREVIOUSLY EMPLOYED AT THE
14 BENNETSVILLE LOCATION AS WELL?

15 A. YES, MA'AM.

16 Q. OKAY. AND WHAT IS YOUR TITLE?

17 A. STORE OPERATOR.

18 Q. OKAY. AND AS A STORE OPERATOR, CAN YOU TELL US YOUR
19 ESSENTIAL RESPONSIBILITIES?

20 A. TO OPERATE THE STORE, TO MANAGE EMPLOYEES, TO TAKE
21 CARE OF CUSTOMERS, PULL GROSS PROFITS.

22 Q. OKAY. AND HOW MANY EMPLOYEES DO YOU TYPICALLY
23 MANAGE?

24 A. ANYWHERE FROM 30 TO 60.

25 Q. OKAY. AND HOW DO YOU KNOW MS. SOWELL?

1 A. SHE WAS THE DELI MANAGER WHEN I WENT TO WORK IN
2 BENNETSVILLE.

3 Q. AND HOW LONG DID YOU SERVE AS HER SUPERVISOR?

4 A. I WENT THERE IN 2005, MAY OF 2005, UNTIL SHE LEFT IN
5 2014.

6 Q. AND CAN YOU TELL US WHAT WERE MS. SOWELL'S
7 RESPONSIBILITIES AS THE DELI MANAGER?

8 A. SHE SUPERVISED EMPLOYEES. SHE HAD ANYWHERE FROM I
9 WANT TO SAY EIGHT TO TEN EMPLOYEES. SHE WAS
10 RESPONSIBLE FOR GROSS PROFIT IN THE DELI DEPARTMENT,
11 INVENTORY CONTROL, TAKING CARE OF THE CUSTOMERS.

12 Q. WAS SHE ALSO RESPONSIBLE FOR I GUESS KEEPING THE
13 DELI CLEAN?

14 A. YES, MA'AM.

15 Q. AND WAS SHE FULL TIME?

16 A. YES, MA'AM.

17 Q. AND WHAT WERE HER WORK HOURS?

18 A. ON A NORMAL DAY, IT WAS FROM -- SHE CAME IN AT SIX
19 IN THE MORNING TO GET BREAKFAST STARTED AND UNLOAD
20 THE TRUCKS, BECAUSE OUR TRUCKS WERE ALWAYS THERE AT
21 SIX IN THE MORNING. USUALLY WORK UNTIL 4:00 IN THE
22 AFTERNOON.

23 Q. OKAY.

24 A. ON A NORMAL DAY.

25 Q. AND DURING HER, I GUESS, WORK WEEK, HOW MUCH OF HER

1 TIME WOULD BE DEVOTED TO DIRECTLY CLEANING OR USING
2 CLEANING SUPPLIES IN THE DELI?

3 A. OUT OF 100 PERCENT, I WOULD SAY ABOUT MAYBE 20.

4 Q. TWENTY PERCENT OF HER TIME?

5 A. YES, MA'AM. I GUESS THAT WOULD VARY ON A WEEKLY
6 BASIS. IT DEPENDED.

7 Q. WAS THERE A SEPARATE OR I GUESS DIFFERENT FUNCTION
8 OR REQUIREMENTS FOR OPENING UP THE DELI VERSUS
9 CLOSING THE DELI?

10 A. WELL, WHEN YOU OPEN THE DELI, THE FIRST THING YOU
11 WANTED TO DO WAS GO IN AND GET READY FOR THE
12 BREAKFAST, BECAUSE WE OPEN AT 7:00. WE GOT THERE AT
13 SIX, AND YOU HAD TO HAVE BREAKFAST READY BY SEVEN
14 WHEN YOU UNLOCKED THE FRONT DOOR. CLOSING THE DELI,
15 YOU WOULD HAVE TO -- EVERYTHING WOULD HAVE TO BE
16 CLEANED, SANITIZED. THE FLOOR WOULD HAVE TO BE, YOU
17 KNOW, CLEANED WHEN YOU WERE CLOSING THE DELI.

18 Q. SO, WOULD ---

19 A. ALL THE DISHES WOULD HAVE TO BE WASHED.

20 Q. SO, IS IT THAT MOST OF THE CLEANING WOULD HAVE BEEN
21 DONE AT CLOSING TIME?

22 A. YES, MA'AM.

23 Q. IS THAT WHAT YOU MEAN?

24 A. YES, MA'AM. AND I WOULD SAY THEY WASH DISHES DURING
25 THE DAY, YES, BUT, YEAH.

1 Q. AND DID MS. SOWELL, DID SHE CLOSE THE DELI OFTEN?

2 A. NOT TO MY KNOWLEDGE, NO. I DON'T -- NO. NO. SHE
3 HAD A CREW THAT CAME IN USUALLY IN THE AFTERNOONS
4 THAT CLOSED THE DELI.

5 Q. CAN YOU TELL US ABOUT THE CONDITION OF THE SETUP OF
6 THE DELI IN BENNETSVILLE? HOW WAS -- WHAT WAS THE
7 DESIGN?

8 A. WHEN YOU WALK THROUGH AND YOU HAVE -- YOU HAD THE
9 HOT BAR AND THE SALAD CASE, WHICH IS WHERE THE
10 CUSTOMERS SIT ON THIS SIDE OF, AND THEN ON THE OTHER
11 SIDE YOU HAD AN OPEN AREA WHERE THE EMPLOYEES STOOD
12 TO WAIT ON THE CUSTOMERS. THAT'S WHERE THEY MADE
13 THEIR TEA AND IF THEY MADE ANY SANDWICHES OR
14 ANYTHING LIKE THAT, IT WOULD BE MADE IN THAT AREA.
15 THEY HAD A WRAPPING MACHINE AND A SCALE, AND THEN
16 YOU HAD A KITCHEN AREA TOWARDS THE BACK WHERE YOU
17 WALK THROUGH A DOORWAY, AND THE KITCHEN AREA WAS
18 BACK THERE ALONG WITH THE COOLER AND THE FREEZER AND
19 YOU HAD A THREE-COMPARTMENT SINK. YOU HAD AN OVEN,
20 A GRILL. YOU HAVE PROOF BOXES BACK THERE. THE
21 CHICKEN FRYERS WERE BACK THERE: ALL OF THAT WAS IN
22 THE KITCHEN AREA.

23 Q. OKAY. WOULD YOU DESCRIBE THE DELI AS BEING CLOSED
24 IN OR PRETTY MUCH OF AN OPEN AREA?

25 A. THE DELI PART WAS OPEN, YES, MA'AM, BUT THE KITCHEN

1 AREA, YOU WOULD WALK THROUGH A DOORWAY, BUT IT
2 WASN'T CLOSED IN, NO.

3 Q. WOULD MS. SOWELL BE CONTAINED TO ONE PARTICULAR PART
4 OF THE DELI, OR WAS SHE PRETTY MUCH ---

5 A. NOT AS THE DELI MANAGER, NO, BECAUSE SHE HAD SO MANY
6 THINGS TO TAKE CARE OF. SHE HAD TABLES OUT FRONT TO
7 TAKE CARE OF, CUSTOMERS TO WAIT ON IN THE FRONT
8 AREA, TRUCKS TO UNLOAD IN THE BACK. SHE HAD A
9 FREEZER IN THE BACK OF THE STORE. NO, SHE WAS ALL
10 OVER.

11 Q. HOW WOULD YOU DESCRIBE JUST THE OVERALL CLEANLINESS
12 OF THE DELI?

13 A. I WOULD SAY WE HAD A CLEAN DELI. WE NEVER HAD AN
14 ISSUE WITH DHEC.

15 Q. WERE YOU SUBJECT TO MONTHLY OR ROUTINE INSPECTIONS
16 FROM DHEC?

17 A. HE CAME ABOUT EVERY 90 DAYS. SOMETIMES HE WOULD BE
18 RUNNING LATE, AND WE WOULD WONDER WHERE HE WAS OR...

19 Q. I KNOW MOST RESTAURANTS AND GROCERY STORES HAVE THE
20 LETTERS A,B,C FOR THEIR RATING. DID YOU EVER HAVE
21 ANYTHING BELOW AN 'A'?

22 A. NO, MA'AM, NEVER. HE WOULD HAVE TO COME BACK EVERY
23 NOW AND THEN. HE WOULD FIND SOMETHING WRONG AND
24 COME BACK IN A COUPLE OF WEEKS TO MAKE SURE THAT WE,
25 YOU KNOW, SOLVED THE PROBLEM AND BUT THEY NEVER TOOK

1 THE "A" OFF OUR DOOR, NO.

2 Q. NOW, IN 2011, DID THE GROCERY STORE DEVELOP ANY
3 PROBLEMS WITH THE DRAINS?

4 A. YES, MA'AM.

5 Q. CAN YOU TELL THE COMMISSIONER ABOUT THAT?

6 A. WITH THE DRAIN SYSTEM?

7 Q. YEAH, WHAT WAS GOING ON?

8 A. WELL, WE HAD A CLOGGED DRAIN, AND IT GOT CLOGGED,
9 AND WE CALLED THE PLUMBER, AND IT WOULD GET CLOGGED
10 AGAIN, AND WE WOULD CALL THE PLUMBER AGAIN.

11 Q. AND WHEN YOU SAY IT WAS CLOGGED, WAS IT CLOGGED TO
12 THE EXTENT WHERE YOU HAD ANKLE DEEP WATER?

13 A. NO, MA'AM. NOT TO MY KNOWLEDGE, NO, MA'AM. NO,
14 MA'AM. I NEVER SAW ANKLE DEEP WATER.

15 Q. WHAT -- CAN YOU DESCRIBE THE DRAIN; WAS IT JUST
16 AROUND THE -- THE WATER, WOULD IT BE AROUND THE
17 DRAIN AREA OR HOW ---

18 A. YEAH, IT WOULD HAPPEN WHEN THE GIRLS WOULD CLEAN THE
19 FLOOR AT NIGHT WITH THE WATER HOSE AND SQUEEGEE, AND
20 THE WATER WOULD BE SLOW TO GO DOWN, AND THEY WOULD
21 GET THERE IN THE MORNING, AND THERE WOULD BE SOME
22 WATER STILL SITTING AROUND THE DRAIN.

23 Q. AND HOW BIG WAS THIS DRAIN?

24 A. THE DRAIN ITSELF WAS -- I GUESS IT WAS ABOUT FOUR
25 INCHES IN DIAMETER, SOMEWHERE AROUND THERE.

1 Q. AND HOW BIG DID THE WATER EXTEND FROM THE DRAIN?

2 A. I MEAN, I WOULD SAY THERE MIGHT BE A GALLON OR TWO
3 OF WATER ON THE FLOOR, MAYBE MORE. IT'S KIND OF
4 HARD. I MEAN, NOT MUCH MORE THAN THAT IF IT WAS,
5 BUT...

6 Q. AND CAN YOU TESTIFY AS TO WHETHER OR NOT THAT
7 PROBLEM EXTENDED OVER A PERIOD OF THREE YEARS AS
8 SUGGESTED BY ONE OF THE ---

9 A. I DON'T THINK IT WAS THREE YEARS, NO. WE FINALLY
10 GOT A PLUMBER TO COME IN BECAUSE IT KEPT HAPPENING
11 OVER AND OVER AGAIN. WE HAD SPENT A PILE OF MONEY
12 ON A PLUMBER. WE FINALLY GOT ONE TO COME IN FROM
13 SUMTER AREA, WHICH IS WHERE OUR HOME OFFICE IS, AND
14 HE CAME AND HE HAD TO GO TO THE BACK ROOM. IT WAS
15 ACTUALLY SOMETHING IN THE DRAIN LINE IN THE BACK,
16 AND HE HAD TO DIG UP THE CEMENT AND CHANGE OUT THE
17 PIPES AND STUFF.

18 Q. AND HOW DID THAT IMPACT THE DELI; WAS IT A STRONG
19 SMELL OR ANYTHING OF THAT NATURE?

20 A. NO, MA'AM. I DIDN'T SMELL ANYTHING, NO.

21 Q. DID YOU RECEIVE ANY COMPLAINTS FROM CUSTOMERS ABOUT
22 THAT?

23 A. NO. NO, AND IF IT WAS A SMELL, THEY WOULD HAVE
24 SMELLED IT. IT BEING AN OPEN AREA. THE CUSTOMERS
25 WERE NOT FAR FROM THE DRAIN.

(INTERRUPTION - CELL PHONE RINGING)

BY COMMISSIONER JAMES:

_____. LET'S STOP FOR JUST A SECOND.

(OFF THE RECORD)

BY COMMISSIONER JAMES:

_____. WE ARE BACK ON THE RECORD.

DIRECT EXAMINATION RESUMED BY MS. MILLER:

Q. BEFORE 2011, DO YOU RECALL MS. SOWELL BEING PLACED OUT OF WORK FOR AN EXTENDED PERIOD OF TIME FOR HAVING HEALTH PROBLEMS?

A. SHE WAS OUT ONE TIME WITH HER ANKLE. I DON'T REMEMBER HOW LONG. I HAVE NO EARTHLY IDEA HOW LONG SHE WAS OUT, AND SHE WAS OUT ONE TIME, AND SHE TOLD ME SHE WAS DIAGNOSED WITH PNEUMONIA. I DON'T REMEMBER IF THAT WAS BEFORE 2011 OR AROUND 2011. I HAVE NO IDEA.

Q. OKAY. FROM THE YEARS 2011, '12 AND '13, DID SHE COME TO YOU REQUESTING TO BE REFERRED TO ANOTHER DEPARTMENT?

A. NO, MA'AM.

Q. AND DID SHE COME TO YOU IN 2011, '12 OR '13 INDICATING THAT THE CHEMICALS WERE CREATING SOME TYPE OF PROBLEM FOR HER?

A. NO, MA'AM.

Q. LET'S TALK ABOUT JANUARY 2014. DID MS. SOWELL COME

1 TO YOU DURING THAT TIME PERIOD?

2 A. WELL, SHE WAS -- SHE CAME TO ME ---

3 BY COMMISSIONER JAMES:

4 _____ I'M SORRY, THE TIME PERIOD AGAIN?

5 BY MS. MILLER:

6 JANUARY 2014.

7 BY COMMISSIONER JAMES:

8 _____ OKAY.

9 THE WITNESS ANSWERS:

10 A. SHE CAME TO ME AND SHE WAS GOING OUT OF WORK IN
11 JANUARY OF 2014. THE DOCTOR WAS GOING TO TAKE HER
12 OUT OF WORK FOR THREE MONTHS, AND ---

13 DIRECT EXAMINATION RESUMED BY MS. MILLER:

14 Q. WHAT WAS YOUR UNDERSTANDING AS TO WHY SHE WAS TAKEN
15 OUT OF WORK?

16 A. MY UNDERSTANDING WAS THAT SHE WAS GOING TO HAVE HER
17 LUNGS SCRAPED, AND THEY WERE GOING TO FIND -- TRY TO
18 FIGURE OUT WHAT WAS GOING ON, WHY SHE COULDN'T EVER
19 GET NO BETTER, AND I SAID, "WELL, OKAY, THAT'S
20 FINE." WE HAD, YOU KNOW, SOMEBODY ELSE TRAINED THAT
21 COULD DO, YOU KNOW, WHAT SHE WAS DOING, AND SHE WENT
22 OUT OF WORK. IT WAS THE BEGINNING OF JANUARY. I'M
23 NOT EXACTLY SURE WHAT DAY IT WAS.

24 Q. DID SHE GIVE YOU ANY INDICATION THAT SHE WAS GOING
25 OUT OF WORK BECAUSE OF ANYTHING RELATED TO HER

1 EMPLOYMENT OR HER HAVING PROBLEMS WITH THE CHEMICALS
2 AT WORK?

3 A. NO, MA'AM.

4 Q. ALL RIGHT. AND WHEN DID YOU HEAR FROM HER AGAIN?

5 A. I WANT TO SAY IT WAS IN MARCH. SHE CAME TO ME, AND
6 I ASKED HER HOW SHE WAS DOING AND HOW EVERYTHING
7 WENT, AND SHE SAID THAT SHE DIDN'T HAVE HER LUNGS
8 SCRAPED, THAT SHE DIDN'T REALIZE SHE COULD FEEL SO
9 GOOD NOT -- NOT WORKING.

10 Q. AND DID YOU RESPOND TO THAT AT ALL?

11 A. I SAID "WELL, YOU KNOW, I PROBABLY WOULD -- I WOULD
12 FEEL PRETTY GOOD, TOO, IF I DIDN'T HAVE TO WORK
13 EVERY DAY," BUT I TOLD HER I WAS GLAD SHE WAS
14 FEELING BETTER, AND SHE TOLD ME THAT SHE HAD BEEN TO
15 THE DOCTOR, AND SHE WAS TRYING TO FIGURE OUT A WAY
16 FOR HER, YOU KNOW, NOT TO COME BACK TO WORK.

17 Q. AND AT THAT TIME, DID SHE REQUEST WORKERS'
18 COMPENSATION, OR WHAT HAPPENED?

19 A. I DON'T THINK IT WAS THAT PARTICULAR DAY. I WANT TO
20 SAY IT WAS A COUPLE OF DAYS LATER, AND SHE CAME BACK
21 TO ME, BECAUSE I REMEMBER I WAS STANDING ON THE BACK
22 AISLE, AND SHE CAME TO ME AND ASKED ME TO FILL OUT A
23 WORKMAN'S COMP FORM, AND I SAID "REALLY?" YOU KNOW,
24 I DIDN'T UNDERSTAND WHY I HAD TO FILL OUT A
25 WORKMAN'S COMP FORM. SO, I WENT AND CALLED MARIE

1 STEELE, WHICH IS -- SHE WORKS FOR BYNAM INSURANCE,
2 WHICH IS OUR INSURANCE COMPANY, AND SHE SAID "YEAH,
3 IF SHE HAS ASKED YOU TO FILL ONE OUT, YOU HAVE TO
4 FILL ONE OUT," AND I SAID, "WELL, I'M NOT QUITE SURE
5 HOW TO FILL THIS OUT BECAUSE I DON'T HAVE A DATE OF
6 ACCIDENT OR ANYTHING." AND SO, SHE ADVISED ME HOW
7 TO FILL IT OUT.

8 Q. WHEN DID YOU FIRST BECOME AWARE THAT SHE WAS
9 CLAIMING TO HAVE BREATHING PROBLEMS THAT WERE TIED
10 TO HER EMPLOYMENT?

11 A. THAT PARTICULAR DAY.

12 Q. OKAY.

13 A. WHATEVER DAY THAT WAS, YEAH.

14 **BY MS. MILLER:**

15 PERMISSION TO APPROACH, YOUR HONOR.

16 **BY COMMISSIONER JAMES:**

17 _____ CERTAINLY.

18 **DIRECT EXAMINATION RESUMED BY MS. MILLER:**

19 Q. MS. QUICK, ARE YOU FAMILIAR WITH THAT DOCUMENT?

20 A. YES, MA'AM. THIS IS OUR WORKMAN'S COMP FORM.

21 Q. OKAY. IS THAT YOUR SIGNATURE AT THE BOTTOM OF THAT?

22 A. YES, MA'AM, THAT'S MY SIGNATURE.

23 Q. OKAY. AND IN TERMS OF A DATE THAT YOU WOULD HAVE
24 COMPLETED THAT FORM?

25 A. IT SAYS 3/25/14.

- 1 Q. SO, DOES THAT SOUND LIKE THAT WAS THE DATE THAT YOU
2 WOULD HAVE BECAME AWARE OF A ---
- 3 A. YES, MA'AM.
- 4 Q. --- WORKERS' COMPENSATION CLAIM?
- 5 A. YES, MA'AM.
- 6 Q. DID MS. SOWELL HAVE ANY OTHER EMPLOYMENT OTHER THAN
7 HER WORK AT PIGGLY WIGGLY?
- 8 A. FROM WHAT I UNDERSTAND, SHE RUNS A CATERING SERVICE
9 COMPANY.
- 10 Q. DOES SHE OPERATE THAT CATERING BUSINESS OUT OF
11 PIGGLY WIGGLY AT ALL?
- 12 A. SHE DIDN'T OPERATE IT OUT OF PIGGLY WIGGLY. SHE
13 BOUGHT SOME FOOD OUT OF PIGGLY WIGGLY FOR HER
14 CATERING.
- 15 Q. WOULD SHE COOK IT THERE, TOO?
- 16 A. YES.
- 17 Q. DOES SHE -- HAVE YOU SEEN HER COME IN PIGGLY WIGGLY
18 SINCE ---
- 19 A. YES.
- 20 Q. --- 2014 ---
- 21 A. YES.
- 22 Q. --- TO SHOP?
- 23 A. YES.
- 24 Q. WHAT TYPE OF EMPLOYEE WAS MS. SOWELL?
- 25 A. SHE WAS A GOOD DELI MANAGER. SHE -- SHE PULLED A

1 GOOD GROSS PROFIT, AND SHE KEPT THE DELI CLEAN AND
2 SHE TOOK CARE OF HER EMPLOYEES AND HER CUSTOMERS.
3 SHE WAS A GOOD DELI MANAGER.

4 Q. IF SHE WAS ABLE TO RETURN TO PIGGLY WIGGLY IN A SAFE
5 ENVIRONMENT, DO YOU HAVE ANY REASON TO BELIEVE THAT
6 SHE WOULD NOT BE ELIGIBLE FOR REHIRE?

7 A. THAT WOULDN'T BE MY DECISION. THAT WOULD COME FROM
8 ABOVE ME.

9 Q. AND TO YOUR KNOWLEDGE, HAS SHE ASKED TO RETURN TO
10 WORK SINCE MARCH OF 2014?

11 A. NOT TO MY KNOWLEDGE.

12 Q. OKAY.

13 A. NOT TO MY KNOWLEDGE.

14 Q. THANK YOU, MS. QUICK.

15 BY MS. MILLER:

16 THAT'S ALL THE QUESTIONS I HAVE AT THIS TIME,
17 YOUR HONOR.

18 BY COMMISSIONER JAMES:

19 _____CROSS.

20 BY MR. MCDANIEL:

21 JUST A MINUTE, COMMISSIONER.

22 BY COMMISSIONER JAMES:

23 _____CERTAINLY.

24 CROSS EXAMINATION BY MR. MCDANIEL:

25 Q. ALL RIGHT. MS. QUICK.

1 A. YES, SIR.

2 Q. LET ME ASK YOU FIRST OFF. DO YOU REMEMBER WHEN MS.
3 SOWELL IN JUNE OF 2011 WENT TO THE HOSPITAL?

4 A. I REMEMBER HER GOING TO THE HOSPITAL, YES. I'M NOT
5 SURE WHEN IT WAS. YES.

6 Q. DID YOU VISIT HER IN THE HOSPITAL?

7 A. I DID VISIT HER IN THE HOSPITAL. I WAS CONCERNED.

8 Q. DID YOU HAVE A DISCUSSION WITH HER ABOUT THE DRAINS
9 IN THE DELI AT THAT TIME?

10 A. ALL I CAN REMEMBER IS I WAS CONCERNED BECAUSE SHE
11 LEFT WORK SICK THAT DAY, WHATEVER THAT DAY IT WAS,
12 AND SHE -- I DID -- I MAY HAVE TOLD HER THAT WE GOT
13 THE DRAINS FIXED. I MEAN, THAT'S ALL I CAN
14 REMEMBER.

15 Q. NOW, LET'S GO BACK -- LET'S FIRST START WITH 2014,
16 THE LAST PART OF YOUR TESTIMONY WHEN YOU SAID THAT
17 YOUR FIRST KNOWLEDGE YOU ARE SAYING OF ANY
18 RELATIONSHIP TO THE DELI OR THE CHEMICALS OR
19 ANYTHING LIKE THAT TO YOUR KNOWLEDGE WAS WHEN YOU
20 FILLED OUT -- SHE CAME TO YOU AND YOU FILLED OUT THE
21 FORM 12-A, WHICH IS THAT WORKERS' COMP FORM?

22 A. UH-HUH.

23 Q. OKAY.

24 A. CORRECT.

25 Q. ALL RIGHT. TELL ME ABOUT HER -- DO YOU KNOW THAT

1 SHE APPLIED FOR DISABILITY? IN OTHER WORDS, DO
2 Y'ALL HAVE SHORT TERM, LONG TERM DISABILITY?
3 A. SHE DOES, YES.
4 Q. OKAY.
5 A. I DO REMEMBER FILLING OUT FORMS.
6 Q. OKAY. AND YOU DO REMEMBER FILLING OUT THE FORMS ---
7 A. UH-HUH.
8 Q. --- THAT ---
9 A. RIGHT.
10 Q. --- SHE WAS CONTINUING TO BE DISABLED?
11 A. YEAH, SHE -- YEAH, I DO REMEMBER THOSE FORMS.
12 Q. RIGHT. OKAY. IN OTHER WORDS, SHE WAS APPLYING
13 UNDER THOSE FORMS. YOU KNOW ABOUT IT, BECAUSE SHE
14 WAS DISABLED FOR WORKING; IN OTHER WORDS, THAT'S WHY
15 YOU GET SHORT AND LONG TERM, RIGHT?
16 A. YEAH, I GUESS, YEAH.
17 Q. OKAY, ALL RIGHT. I JUST WANT TO MAKE SURE. YOU
18 KNOW, I'M NOT TRYING TO TRICK YOU IN THAT REGARD. I
19 JUST WANT TO MAKE SURE THAT YOU DID KNOW -- BECAUSE
20 COUNSEL ASKED YOU ABOUT COMING BACK TO WORK AND THAT
21 TYPE OF THING. YOU KNOW THAT AFTER THAT, SHE WAS
22 CONTINUING TO FILE FOR AND CLAIM THAT SHE WAS
23 DISABLED DUE TO HER LUNG CONDITION, RIGHT?
24 A. I GUESS. I MEAN, I DON'T KNOW WHY SHE WAS DISABLED.
25 Q. WELL, OKAY. WELL, LET'S TALK ABOUT THIS. NOW,

1 LET'S TALK ABOUT HER CONDITION IN 2011, 2012, 2013
2 AND 2014. TELL ME ABOUT HER LUNG CONDITION AS FAR
3 AS YOU SEEING HER IN THE OFFICE. DID SHE COME TALK
4 TO YOU ABOUT IT? HOW BAD WAS SHE? HOW MUCH TIME
5 DID SHE HAVE TO TAKE OFF TO GO SEE THE DOCTOR?

6 A. I DON'T KNOW. I CAN'T ANSWER THAT.

7 Q. DID SHE GIVE YOU -- DID SHE BRING IN WORK EXCUSES TO
8 YOU?

9 A. SHE DID EVERY TIME SHE CAME BACK TO WORK, SHE
10 BROUGHT ME A WORK EXCUSE RELEASING HER BACK TO WORK.

11 Q. AND WHY WAS SHE -- WHY WERE THOSE WORK EXCUSES; WHAT
12 PROBLEM WAS SHE HAVING THAT WAS REQUIRING HER TO GO
13 OUT OF WORK?

14 A. THOSE WORK EXCUSES DIDN'T TELL ME WHAT PROBLEMS SHE
15 WAS HAVING.

16 Q. OKAY. ALL RIGHT. YOUR TESTIMONY IS THAT -- WELL,
17 OKAY. YOU KNOW WHEN -- WE KNOW THAT SHE WENT TO THE
18 HOSPITAL SOME TIME IN JUNE 2011.

19 A. UH-HUH.

20 Q. OKAY. AND AFTER THAT, WE KNOW THAT SHE WAS TREATED
21 AND SHE WAS -- HOW MUCH TIME WOULD YOU SAY THAT SHE
22 WAS OUT OF WORK AFTER THAT?

23 A. I CAN'T ANSWER THAT TRUTHFULLY RIGHT HERE.

24 Q. OKAY. WERE THERE PERIODS OF TIME THAT SHE WAS TAKEN
25 OUT OF WORK FOR A COUPLE OF WEEKS?

1 A. (NO VERBAL RESPONSE)

2 Q. DO YOU REMEMBER A DISCUSSION ABOUT A TEST THAT SHE

3 HAD AND THEY WANTED HER TO STAY AWAY FROM WORK?

4 A. I THOUGHT THAT WAS -- NO, I DON'T. I DON'T.

5 Q. OKAY.

6 A. I THOUGHT THAT WAS HAPPENING IN 2014. I REALLY

7 DON'T.

8 Q. WHAT KIND OF PROBLEMS TO YOUR OBSERVATION WAS SHE

9 HAVING WITH HER LUNGS BETWEEN 2011 AND 2014?

10 A. I REALLY DON'T KNOW. I DON'T KNOW WHAT KINDS OF

11 PROBLEMS SHE WAS HAVING WITH HER LUNGS.

12 Q. WELL, WE KNOW THE DOCTORS TOOK HER OUT IN JANUARY,

13 AND YOU KNEW ABOUT THAT?

14 A. YEAH, I DO KNOW THAT. SHE TOLD ME SHE WAS HAVING

15 HER LUNGS SCRAPED SO THEY COULD FIGURE OUT WHAT WAS

16 GOING ON ---

17 Q. OKAY. SO, ---

18 A. --- IN 2014.

19 Q. OKAY. AND THAT IMPLIES TO ME WHEN YOU SAY THAT SHE

20 WAS TRYING TO SEE IF THEY COULD FIGURE OUT WHAT WAS

21 GOING ON, ---

22 A. THAT'S WHAT SHE TOLD ME.

23 Q. --- YOU KNEW THERE WAS SOMETHING GOING INTO THAT

24 CONVERSATION THAT THERE WAS SOMETHING WRONG WITH HER

25 LUNGS?

- 1 A. I DON'T KNOW. I DON'T -- I DIDN'T HAVE HER -- I
2 DON'T KNOW. YES, I GUESS WHEN SHE TOLD ME THAT, I
3 GUESS I KNEW SOMETHING WAS WRONG WITH HER LUNGS.
- 4 Q. OKAY. AND SO IS IT YOUR TESTIMONY YOU HAD NO
5 CONVERSATIONS THROUGHOUT 2011, 2012, 2013, 2014 AS
6 TO HER HAVING ANY SIGNIFICANT PROBLEMS WITH HER
7 LUNGS?
- 8 A. I KNOW IT WAS HARD FOR HER TO CATCH HER BREATH THAT
9 PARTICULAR DAY SHE LEFT TO GO TO THE HOSPITAL.
- 10 Q. THAT PARTICULAR ---
- 11 A. YES, WHATEVER DAY THAT WAS.
- 12 Q. SO, AFTER THAT, SHE DIDN'T HAVE TO LEAVE WORK ON
13 OCCASION TO GO TO SEE HER DOCTOR?
- 14 A. I MEAN, SHE MAY HAVE LEFT WORK TO GO SEE A DOCTOR.
15 I DON'T -- I DIDN'T ASK WHY OR WHAT OR WHEN OR --
16 NO.
- 17 Q. WELL, I MEAN, YOU'RE THE GENERAL STORE MANAGER?
- 18 A. RIGHT. I AM THE STORE OPERATOR.
- 19 Q. AND SHE REPORTS DIRECTLY TO YOU?
- 20 A. SOMETIMES, YES.
- 21 Q. AND SHE CAN'T JUST -- CAN'T WALK OUT OF THAT STORE
22 WITHOUT LETTING YOU KNOW SHE IS LEAVING?
- 23 A. NO -- YES. I MEAN, A LOT OF PEOPLE LEAVE TO GO TO
24 DOCTOR'S APPOINTMENTS. I DON'T ASK THEM WHY THEY
25 HAVE TO GO TO THE DOCTOR.

1 Q. OKAY. WELL, SO, YOUR TESTIMONY IS YOU DIDN'T KNOW
2 ABOUT HER LUNG CONDITION?

3 A. I KNEW SHE HAD A BREATHING ISSUE.

4 Q. OKAY.

5 A. BUT, NO, I DIDN'T KNOW SHE HAD A SERIOUS LUNG ISSUE,
6 NO.

7 Q. WELL, HERE AGAIN, I'M NOT TRYING TO -- I'M NOT
8 TRYING TO PLAY SEMANTICS. I'M NOT TRYING TO TRICK
9 YOU FROM THE STANDPOINT OF USING THE WORD LUNG. YOU
10 KNOW, YOU KNEW SHE HAD A BREATHING PROBLEM?

11 A. YES, I DO KNOW SHE HAD A BREATHING ISSUE.

12 Q. AND SHE -- HOW WOULD YOU DESCRIBE HER CONDITION IN
13 2011 AS COMPARED TO 2014 RIGHT BEFORE ---

14 A. I CAN'T ANSWER THAT. I'M NOT A DOCTOR. I CAN'T
15 ANSWER THAT. I DON'T KNOW. I DON'T KNOW.

16 Q. ALL RIGHT. SO, SHE DIDN'T COME TO YOU IN NOVEMBER
17 2013; Y'ALL HAD NO SPECIFIC DISCUSSION ABOUT THE
18 FACT THAT THE DOCTOR WANTED TO TAKE HER OUT OF WORK?

19 A. RIGHT. IN JANUARY, SHE DID TELL ME THAT. IN
20 JANUARY, THE DOCTOR WANTED HER TO COME OUT OF WORK
21 IN JANUARY FOR THREE MONTHS TO HAVE HER LUNGS
22 SCRAPED SO THEY COULD FIGURE OUT WHAT WAS GOING ON.

23 Q. OKAY. NOW, ---

24 A. BUT I ---

25 Q. --- SO -- I'M SORRY, GO AHEAD.

1 A. GO AHEAD. GO AHEAD.

2 Q. I DIDN'T MEAN TO INTERRUPT YOU.

3 A. THAT'S ALL RIGHT. GO AHEAD.

4 Q. GO AHEAD.

5 A. I DON'T EVEN REMEMBER WHAT I WAS GOING TO SAY.

6 Q. OKAY. SO, NOW, IT WAS IN NOVEMBER YOU HAD THE

7 DISCUSSION ABOUT GOING OUT IN JANUARY?

8 A. RIGHT.

9 Q. OKAY. DO YOU REMEMBER ANY DISCUSSION WITH HER ABOUT

10 THAT SHE HAD TALKED THE DOCTOR INTO LETTING HER

11 FINISH THROUGH CHRISTMAS BECAUSE IT WAS SUCH A

12 CRUNCH FOR Y'ALL WITH ALL THE WORK THAT WOULD HAVE

13 TO BE DONE IN THE DELI?

14 A. YES, SHE TOLD ME SHE ASKED THE DOCTOR COULD SHE WAIT

15 UNTIL JANUARY SO SHE COULD GET THROUGH WITH THE

16 HOLIDAYS.

17 Q. OKAY.

18 A. WHICH IS THE REASON WHY SHE WAS GOING OUT IN

19 JANUARY.

20 Q. NOW, WHY DID THE DOCTOR WANT TO TAKE HER OUT OF

21 WORK?

22 A. SO THEY COULD FIGURE OUT WHAT WAS GOING ON WITH HER

23 LUNGS.

24 Q. OKAY. BUT IT'S YOUR TESTIMONY THAT SHE -- YOU HAD

25 NO INDICATION THAT THIS WAS -- THAT THE DOCTORS WERE

1 EVEN THINKING THAT THIS WAS IN SOME WAY RELATED TO
2 HER JOB?

3 A. NO, I HAD NO INDICATION, NO.

4 Q. OKAY, ALL RIGHT. AND YOU HAVE NO RECOLLECTION OF
5 HER TELLING YOU ANYTHING ABOUT HER PROBLEMS IN 2011
6 THROUGH 2013?

7 A. NO, NOT, UH-UH.

8 Q. AND THAT THE DOCTORS WERE EVEN SUSPICIOUS THAT IT
9 MIGHT BE FROM THE CHEMICALS ---

10 A. NO.

11 Q. --- AND STUFF AT WORK?

12 A. NO, I HAD NO INDICATION OF THAT, NO.

13 Q. OKAY. NOW, LET ME GO BACK -- LET ME GO BACK A
14 LITTLE BIT FURTHER, AND LET ME CONFIRM THE
15 TESTIMONY. OF COURSE, WHERE DO YOU SPEND MOST OF
16 YOUR TIME DURING THE DAY AS A GENERAL MANAGER OF THE
17 STORE?

18 A. THROUGHOUT THE GROCERY DEPARTMENT UP FRONT.

19 Q. OKAY. HOW LATE IS THE DELI OPEN?

20 A. UNTIL 6:00 P.M. THEY'RE USUALLY GONE BY 7:00 P.M.

21 Q. OKAY. WHAT TIME DO THEY SHUT -- YOU KNOW, I WORKED
22 IN RESTAURANTS. I JUST WANT TO KNOW WHAT TIME DO
23 THEY SHUT DOWN THE COOKING?

24 A. SHUT DOWN THE COOKING PART OF IT, PROBABLY AROUND
25 THREE OR FOUR.

1 Q. OKAY.

2 A. I MEAN, I GUESS IT WOULD DEPEND ON WHAT DAY IT IS
3 AND HOW BUSY YOU ARE.

4 Q. OKAY. AND BEING THE GENERAL MANAGER OF A
5 SUPERMARKET, YOU'RE PRETTY MUCH AWARE THAT IT TAKES
6 A PRETTY GOOD WHILE TO SHUT DOWN THE KITCHEN AND
7 CLEAN IT UP?

8 A. YES.

9 Q. THE GREASE AND ALL THAT GOOD STUFF?

10 A. YES.

11 Q. YEAH, OKAY. SO, YOU DON'T -- IT COULD BE SHUT DOWN
12 AND CLEANED UP BEFORE AS FAR AS THE COOKING PART OF
13 IT GOES BEFORE MS. SOWELL WOULD LEAVE, WOULDN'T IT?

14 A. ON SOME DAYS, MAYBE. I DON'T KNOW. I CAN'T ANSWER
15 THAT TRUTHFULLY.

16 Q. OKAY. SO, IN OTHER WORDS, YOU NEVER WERE AROUND
17 BACK IN THE BACK TO SUPERVISE; THAT WAS HER JOB TO
18 SUPERVISE?

19 A. I WASN'T, NO -- SHE WAS THE DELI MANAGER..

20 Q. AND THAT WAS HER JOB TO SEE THAT IT WAS CLEANED UP
21 AND EVERYTHING WAS TAKEN CARE OF?

22 A. IT WAS HER JOB TO MAKE SURE IT WAS DONE, YES.

23 Q. OKAY. ALL RIGHT. NOW, WHEN YOU WERE HAVING
24 PROBLEMS WITH THE -- AND WE'VE ALL AGREED NOW THAT
25 THERE BECAME A TIME SOMETIME AROUND 2011 THAT YOU

1 STARTED HAVING MORE OF A PROBLEM WITH BACKUP; LET'S
2 JUST PUT IT THAT WAY. WOULD THAT BE A FAIR
3 STATEMENT?

4 A. YEAH, WE HAD A DRAIN ISSUE, YES.

5 Q. OKAY. ALL RIGHT, NOW, AND YOUR -- NOW, I WANT TO BE
6 FAIR TO YOU.

7 A. OKAY.

8 Q. ALL RIGHT. AND -- BECAUSE WHAT WE WANT IS YOUR
9 TESTIMONY ---

10 A. RIGHT.

11 Q. --- AND WHAT YOU KNEW. NO MATTER WHAT EACH SIDE IS
12 TRYING TO DO, WHAT WE WANT TO DO IS -- HOW MUCH OF
13 THE TIME WERE YOU BACK THERE WHEN THEY WERE CLEANING
14 THIS UP?

15 A. CLEANING WHAT UP, THE DELI?

16 Q. CLEANING UP THE DELI.

17 A. ON A DAILY BASIS?

18 Q. AND WHENEVER THEY STARTED HAVING THE DRAINAGE
19 PROBLEM.

20 A. WELL, I WOULD GO BACK THERE TO SEE WHAT THE PROBLEM
21 WAS JUST SO I COULD TELL IT WHEN I CALLED THE
22 PLUMBER SO I COULD TELL HIM WHAT WAS GOING ON.

23 Q. OKAY.

24 A. I DIDN'T GO BACK THERE AND HELP THEM CLEAN IT OR
25 CLEAN THE DELI OR ANYTHING LIKE THAT, NO.

1 Q. OKAY. AND HERE AGAIN, IN FAIRNESS TO YOU, YOU
2 WEREN'T BACK THERE CLEANING THIS UP WHEN IT WAS
3 NEEDING TO BE CLEANED UP?

4 A. NO.

5 Q. FAIR?

6 A. NO.

7 Q. OKAY. SO, THE AMOUNT OF WATER AND SEWAGE -- OR LET
8 ME NOT USE THE WORD SEWAGE WATER, WASTE WATER, OF
9 COURSE, IN THE DELI, YOU WOULD AGREE THEY USE --
10 THEY'VE GOT FRESH VEGETABLES; THEY'VE GOT COOKED
11 VEGETABLES, CORRECT?

12 A. YES.

13 Q. YOU'VE GOT RAW CHICKEN, FRIED CHICKEN?

14 A. YES, YES, YES.

15 Q. THEY'VE GOT ---

16 A. YES.

17 Q. --- RAW MEATS, COOKED MEATS?

18 A. YES. IT'S RAW AND THEN YOU COOK IT.

19 Q. RAW FISH AND COOKED FISH?

20 A. YEAH, IT'S RAW AND THEN YOU COOK IT.

21 Q. SO, IN OTHER WORDS, YOU'VE GOT A BUNCH OF RAW MEATS,
22 VEGETABLES, ALL OF THAT, AND THEN YOU'VE GOT A BUNCH
23 OF COOKED MEATS AND VEGETABLES?

24 A. UH-HUH.

25 Q. AND ALL OF THAT GOES DOWN THE DRAIN; A LOT OF THAT

1 GOES DOWN THE DRAIN?

2 A. WHY WOULD IT GO DOWN THE DRAIN?

3 Q. WELL, I MEAN, LET'S SAY WHEN YOU EVER HAD TO CLEAN

4 THE PANS IN THE DELI?

5 A. OH, YEAH, DEFINITELY.

6 Q. OF COURSE, THERE'S A BUNCH OF FRIED STUFF IN THERE,

7 ISN'T THERE?

8 A. A BUNCH OF GREASE.

9 Q. AND WHENEVER YOU FLOUR CHICKEN, THERE'S A BUNCH OF

10 CHICKEN JUICE AND ALL OF THAT KIND OF STUFF?

11 A. RIGHT.

12 Q. AND YOU WASH ALL OF THAT STUFF OUT IN THE SINK,

13 DON'T YOU?

14 A. RIGHT.

15 Q. OKAY. SO, ALL OF THAT -- YOU WOULD AGREE THAT ALL

16 OF THAT STUFF WENT DOWN THE DRAIN?

17 A. NOT ALL OF IT NOW. YOU HAVE STRAINERS IN THE SINK.

18 Q. OKAY. ALL RIGHT. I AGREE WITH YOU ON THAT. YOU'RE

19 RIGHT. NOW, A LOT OF GREASE, TOO?

20 A. YEAH. WE FRIED A LOT OF CHICKEN IN THAT DELI.

21 Q. ALL RIGHT. NOW, TELL ME HOW MUCH OF THE TIME AND

22 HOW MUCH DRANO THEY WERE USING WHENEVER THEY

23 DEVELOPED THIS PROBLEM WITH THE DRAIN SYSTEM?

24 A. I MEAN, YOU WANT ME TO PINPOINT A TIME AND HOW MUCH,

25 I CAN'T PINPOINT THAT.

- 1 Q. WELL, I MEAN, WERE THEY -- WHAT WERE THEY DOING TO
2 CORRECT THE PROBLEM WITH THE DRAINS?
- 3 A. I CALLED THE PLUMBER.
- 4 Q. OKAY. AND WHEN THEY CALLED -- OF COURSE, THEY HAD
5 TO CLEAN IT UP TO THE BEST THEY COULD BEFORE THE
6 PLUMBER WAS CALLED, RIGHT?
- 7 A. CLEAN UP WHAT?
- 8 Q. THE WATER.
- 9 A. I MEAN, IT WASN'T THAT MUCH WATER AROUND THE DRAIN,
10 BUT, YEAH, I WOULD SAY THEY HAD TO GET A MOP AND MOP
11 IT, YEAH.
- 12 Q. AND IF I'M -- I DON'T WANT TO MISSTATE YOUR
13 TESTIMONY, BUT I THOUGHT YOU JUST TOLD ME THAT YOU
14 WEREN'T BACK THERE WHILE THEY WERE CLEANING UP ALL
15 THE TIME?
- 16 A. WELL, I DIDN'T SAY I WAS BACK THERE ALL THE TIME,
17 BUT, YEAH, I WOULD WALK BACK THERE, YES.
- 18 Q. OKAY, ON OCCASION. SO, ON THE OCCASIONS YOU WERE
19 THERE, YOU ONLY SAW A GALLON OR TWO OF WATER ON THE
20 FLOOR?
- 21 A. RIGHT.
- 22 Q. OKAY.
- 23 A. I MEAN, I DIDN'T SAY GALLONS. I SAID IT COULD HAVE
24 BEEN MORE.
- 25 Q. OKAY.

1 A. I'M NOT AN EXPERT ON THAT, SO I DON'T KNOW. I CAN'T
2 ANSWER THAT.

3 Q. WELL, HOW MANY -- BASED ON YOUR DISCUSSIONS WITH
4 YOUR DELI MANAGER AND THE PEOPLE BACK THERE, HOW
5 MANY OF THE DRAINS WERE INVOLVED AND WITH YOUR
6 CONVERSATIONS -- WITH THE PLUMBERS AND ALL?

7 A. WELL, OUR DRAIN SYSTEM WENT FROM THE DELI ALL THE
8 WAY TO THE BACK OF THE STORE.

9 Q. WELL, OKAY. WOULD YOU DISAGREE THAT THERE ARE FOUR
10 OR FIVE DRAINS IN THE DELI AREA AND THEN TWO MORE
11 BACK NEXT TO THE FREEZER UNIT, AND THAT Y'ALL WERE
12 HAVING PROBLEMS WITH ALL OF THEM EXCEPT FOR ONE
13 DRAIN? WOULD YOU AGREE WITH THAT?

14 A. NOT ALL THE TIME, NO.

15 Q. OKAY. BUT DID YOU HAVE DISCUSSIONS WITH MS. SOWELL
16 AND WITH THE PLUMBERS AND WITH THE OTHER PEOPLE IN
17 THE STAFF ABOUT THE PROBLEM, ABOUT THE DRAINS THAT
18 WERE INVOLVED AND ---

19 A. YES.

20 Q. --- BACKUP?

21 A. YES.

22 Q. OKAY. SO, STUFF WAS BACKING UP OUT OF AT LEAST FOUR
23 OR FIVE DRAINS ON OCCASION -- MANY OCCASIONS?

24 A. I DON'T REMEMBER FOUR OR FIVE DRAINS, BUT I MEAN,
25 YES. YEAH, I GUESS.

- 1 Q. NOW, I'LL JUST GO TO THE NEXT QUESTION I'VE GOT.
2 AND YOU WERE SAYING THAT YOU WERE CALLING THE
3 PLUMBER, AND I UNDERSTAND YOUR FRUSTRATION, BECAUSE,
4 TRUST ME, I'VE GOT A PROBLEM RIGHT NOW WITH MY
5 COMPUTER THAT I HAVE THOUGHT I HAVE HAD FIXED TIME
6 AND TIME AND TIME AND TIME OVER AGAIN OVER THE LAST
7 THREE MONTHS. SO, I CAN FEEL FOR YOU AS I'VE HAD
8 THE SAME KIND OF PROBLEM, BUT IT WOULD BE THEY WOULD
9 REPORT A PROBLEM, HAVING A PROBLEM. YOU WOULD CALL
10 THE PLUMBER, AND THEY WOULD COME, AND I'M GOING TO
11 USE THE TERM ROTO ROOTER. ARE YOU FAMILIAR WITH THE
12 TERM SNAKE?
13 A. UH-HUH.
14 Q. YOU KNOW ---
15 A. I KNOW EXACTLY WHAT IT IS.
16 Q. ALL RIGHT. AND, YOU KNOW, THEY BASICALLY
17 (INDICATES). SO, WHAT THEY WERE DOING IS THEY WERE
18 SNAKING OUT THE DRAIN?
19 A. RIGHT.
20 Q. THEY WERE PUTTING THAT LONG ---
21 A. RIGHT.
22 Q. --- METAL LINE IN THERE SNAKING OUT THE DRAIN;
23 THAT'S WHAT THEY WERE GENERALLY DOING?
24 A. YES.
25 Q. ALL RIGHT. AND YOU WERE HAVING TO REPEATEDLY CALL

1 THEM?

2 A. YES.

3 Q. AND THIS WENT ON FOR A PERIOD, FOR A LONG PERIOD OF
4 TIME. HOW -- I KNOW COUNSEL ASKED YOU DID IT GO ON
5 FOR THREE YEARS. ABOUT HOW LONG A PERIOD OF TIME DO
6 YOU REMEMBER IT WENT ON?

7 A. I WANT TO SAY WE GOT IT FIXED PERMANENTLY IN 2012,
8 BUT I MIGHT BE WRONG.

9 Q. OKAY.

10 A. I'M NOT -- I CAN'T SIT HERE -- BUT I WANT TO SAY IN
11 2012 IS WHEN THE GUYS FROM SUMTER CAME AND FOUND OUT
12 WHAT THE REAL PROBLEM WAS.

13 Q. OKAY. AND THAT WAS -- WAS THAT A BROKEN PIPE?

14 A. NO, IT WAS NOT.

15 Q. OH, IT WAS NOT, OKAY. NOW, LET ME ASK YOU THIS: DO
16 YOU REMEMBER DISCUSSIONS WITH THE PLUMBERS AND
17 HAVING DISCUSSIONS WITH PEOPLE ON YOUR STAFF AND
18 PEOPLE IN THE STORE THAT THE REASON THAT THE SNAKING
19 OUT OF THE DRAINS WAS NOT WORKING WAS BECAUSE IT WAS
20 A BROKEN PIPE AND THAT YOU NEEDED TO TEAR UP THE
21 FLOOR TO GET TO IT?

22 A. YEAH, WE TORE UP THE FLOOR, BUT IT WAS NOT A BROKEN
23 PIPE.

24 Q. OKAY. BUT IT WAS IN 2012 -- THAT WAS IN 2012?

25 A. I THINK SO.

- 1 Q. OKAY. NOW, MY POINT IT -- MY QUESTION IS THAT
2 BEFORE THAT TIME, DID OTHER PEOPLE TELL YOU THAT IT
3 WAS -- THAT IT WAS SOMETHING ELSE AND YOU NEED TO
4 TEAR UP THAT FLOOR?
- 5 A. NO, NOT TO MY KNOWLEDGE.
- 6 Q. SO, THE FIRST TIME YOU KNEW ANYTHING ABOUT TEARING
7 UP THE FLOOR WAS WHENEVER -- YOU DON'T REMEMBER
8 PEOPLE REQUESTING, "MS. QUICK, YOU NEED TO TEAR --
9 WE'RE GOING TO HAVE -- YOU NEED TO GO AHEAD AND TEAR
10 UP THAT FLOOR BECAUSE THIS ISN'T WORKING. THIS IS
11 JUST NOT GETTING THIS THING FIXED"?
- 12 A. I REALLY DON'T REMEMBER THAT CONVERSATION. I REALLY
13 DON'T.
- 14 Q. OKAY.
- 15 A. I KNOW MY BOSS -- WE HAD SPENT A LOT OF MONEY ON
16 PLUMBERS, AND HE FINALLY SENT THE EXPERT FROM SUMTER
17 TO FIGURE OUT THAT WAS THE PROBLEM WAS.
- 18 Q. I CAN UNDERSTAND HIS FRUSTRATION AS WELL. NOW, YOU
19 SAID THAT SHE KEPT A CLEAN DELI?
- 20 A. SHE DID.
- 21 Q. AND I KNOW Y'ALL LIKE A LOT OF RESTAURANTS, YOU TAKE
22 GREAT PRIDE AND TRY TO KEEP THAT "A"?
- 23 A. WE DO. WE DID.
- 24 Q. SO, WAS THERE A TIME THAT THE DELI MANAGER -- THAT -
25 - WAS THERE A TIME THAT YOU REMEMBER THAT ONE OF THE

1 PEOPLE IN INSPECTION CAME TO YOU OR GAVE Y'ALL A
2 PERIOD OF 14 DAYS TO GET IT CORRECTED?

3 A. WELL, WE'VE HAD THAT IN THE PAST, YES. I MEAN, WHEN
4 THEY FIND SOMETHING WRONG, THEY GIVE YOU TWO WEEKS
5 TO CORRECT IT, AND THEN THEY COME BACK AND
6 REINSPECT, BUT THEY NEVER PULL THE "A" OFF YOUR
7 DOOR.

8 Q. OKAY, I UNDERSTAND.

9 A. NOT UNLESS THEY COME BACK AND THE PROBLEM IS NOT
10 FIXED.

11 Q. EXACTLY. BUT ONE TIME, THEY WERE -- YOU WERE GIVEN
12 A PERIOD OF TIME TO FIX THE DRAINS, IN OTHER WORDS
13 GET THAT DRAINAGE PROBLEM FIXED?

14 A. I DON'T RECALL THAT. IT MAY HAVE HAPPENED, BUT I
15 DON'T RECALL THAT.

16 Q. OKAY, THAT'S FINE.

17 A. I DON'T RECALL THAT.

18 Q. LISTEN, WE'RE TALKING ABOUT 2011 THROUGH 2016, OKAY.
19 BY THE WAY, HAVE YOU EVER BEEN UNDER OATH BEFORE?

20 A. NO.

21 Q. WELL, MS. QUICK, LET ME JUST TELL YOU, I REMEMBER MY
22 FIRST TIME I WAS UNDER OATH, AND I COULDN'T REMEMBER
23 WHAT COLOR SOCKS I HAD ON. NOW, LET'S GO AHEAD A
24 LITTLE BIT FURTHER. I THINK YOU CAME OVER IN 2005
25 WHEN THE STORE -- MCLEOD IS ACTUALLY AN INDEPENDENT

1 OWNER OF PIGGLY WIGGLYS, AND YOU CAME OVER WITH
2 MCLEOD WHEN THEY BOUGHT THE BENNETSVILLE STORE OR --
3 -
4 A. YES.
5 Q. --- CLOSED THE CHESTERFIELD STORE?
6 A. NO.
7 Q. NOT THE CHESTERFIELD ---
8 A. I CAME -- I WAS IN CHERAW RUNNING THE STORE IN
9 CHERAW ---
10 Q. I SAID ---
11 A. --- WHEN HE BOUGHT THE STORE IN BENNETSVILLE, AND HE
12 SENT ME TO BENNETSVILLE.
13 Q. OKAY. AND MS. SOWELL WAS ALREADY THERE?
14 A. YES.
15 Q. DID GENERALLY MR., WHO WE TALKED TO OUTSIDE, MR.
16 OLIVER HARRINGTON, DID HE COME OVER WITH YOU AT THAT
17 TIME?
18 A. NO.
19 Q. DID HE COME OVER LATER?
20 A. YES.
21 Q. OKAY. SO, HE CAME OVER LATER, AND HE RETIRED, I
22 BELIEVE, IN 2013 OR 2014, OR DO YOU REMEMBER?
23 A. HE RETIRED FROM PIGGLY WIGGLY?
24 Q. YES.
25 A. 2014.

1 Q. OKAY.

2 A. YEAH.

3 Q. ALL RIGHT. NOW, IN ADDITION TO -- IS IT YOUR
4 TESTIMONY THAT NONE OF THE OTHER EMPLOYEES CAME TO
5 YOU AND EXPRESSED CONCERN TO YOU AND HER CONDITION
6 DURING LET'S SAY 2013/2014?

7 A. NONE OF THE OTHER EMPLOYEES CAME TO ME?

8 Q. YEAH.

9 A. ABOUT HER CONDITION?

10 Q. YEAH, ABOUT THAT SHE JUST -- JUST HOW BAD SHE WAS
11 GETTING, AND THEY HAD TO HELP HER. DID YOU KNOW
12 THEY WERE HAVING TO HELP HER?

13 A. NO. I KNEW THE BOYS HAD TO HELP HER LIFT UP SOME
14 HEAVY STUFF IN THE BACK ROOM OFF THE TRUCK.

15 Q. OKAY.

16 A. BUT AS FAR AS HELP HER DO HER JOB? OR I DON'T KNOW
17 WHAT YOU'RE ASKING ME.

18 Q. WELL, YEAH, I'M -- I MEAN, HER CONDITION, THAT SHE
19 WAS GETTING -- MOVING SLOWER AND SLOWER AND HER
20 ABILITY TO JUST DO HER -- WHEN I SAY, YOU KNOW, HER
21 STAMINA FOR A BETTER TERM, WAS SUCH THAT SHE JUST
22 COULDN'T DO IT AS MUCH AS BEFORE. I MEAN, HOW BAD
23 WAS SHE TO YOUR RECOLLECTION RIGHT BEFORE CHRISTMAS
24 WHEN THE DOCTOR WANTED TO TAKE HER OUT OF WORK?

25 A. I DON'T KNOW. I CAN'T ANSWER THAT. I DON'T -- I

1 DON'T KNOW HOW BAD SHE WAS.

2 Q. OKAY. ALL RIGHT. NOW, I THINK YOU'VE ALREADY
3 CONFIRMED THIS, BUT FROM THE TIME YOU BECAME THE
4 STORE MANAGER IN 2005 THROUGH 2011 WHEN YOU WENT TO
5 VISIT HER IN THE HOSPITAL, CORRECT ME IF I'M WRONG,
6 I DON'T REMEMBER ANY PROBLEMS? SHE WAS IN GOOD
7 HEALTH AS FAR AS YOU KNEW?

8 A. WHAT YOU MEAN, BEFORE?

9 Q. BEFORE, YEAH, ALL OF THIS STARTED IN 2011?

10 A. WELL, I MEAN, SHE HAD -- SHE WAS OUT OF WORK IN THE
11 PAST FOR HER ANKLE, AND I GUESS SHE WAS IN GOOD
12 HEALTH. I DON'T KNOW. I DON'T KNOW.

13 Q. ALL RIGHT.

14 A. I DIDN'T ASK HER ON A DAILY BASIS HOW SHE FELT.

15 Q. OKAY. LET ME ASK YOU THIS: WOULD IT BE FAIR TO SAY
16 THAT -- I MEAN, IT APPEARS FROM YOUR TESTIMONY THAT
17 THERE WAS A PERIOD OF TIME THAT SHE STARTED TO BRING
18 YOU REPEATED WORK EXCUSES FOR HER BEING OUT, HAVING
19 TO GO TO THE DOCTOR, AND WOULD THAT -- WOULD IT BE
20 TO YOUR RECOLLECTION THAT ALL OF THAT STARTED AFTER
21 2011?

22 A. TO MY RECOLLECTION, YEAH, THAT'S WHEN SHE STARTED
23 GETTING SICKER, YES.

24 Q. OKAY.

25 A. YEAH. OR, I MEAN, I CAN SAY THAT, YEAH, SHE WAS OUT

1 OF WORK SEVERAL TIMES.

2 BY MR. MCDANIEL:

3 COMMISSIONER, I THINK THAT'S ALL I HAVE. HOLD
4 ON. CAN I HAVE JUST A MINUTE?

5 BY COMMISSIONER JAMES:

6 _____ CERTAINLY.

7 BY THE WITNESS:

8 AM I THROUGH?

9 BY MS. MILLER:

10 NO, NOT YET.

11 CROSS EXAMINATION RESUMED BY MR. MCDANIEL:

12 Q. ONE LAST QUESTION. DO YOU REMEMBER MS. SOWELL
13 COMING INTO THE STORE AND BEING SICK AND YOU ASKING
14 HER WHAT WAS CAUSING HER TO BE SICK? DO YOU
15 REMEMBER THAT?

16 A. NO, I REALLY DON'T REMEMBER THAT. I REMEMBER ME
17 ASKING HER WAS SHE OKAY SEVERAL TIMES. SHE SAID
18 "YEAH," YOU KNOW. I DON'T REMEMBER ME ASKING HER
19 WHAT CAUSED IT, NO, I DON'T.

20 Q. OKAY.

21 A. THAT WAS A LONG TIME AGO.

22 Q. ALL RIGHT.

23 BY MR. MCDANIEL:

24 NOTHING FURTHER, COMMISSIONER.

25 BY COMMISSIONER JAMES:

1 RE-DIRECT?

2 RE-DIRECT EXAMINATION BY MS. MILLER:

3 Q. MS. QUICK.

4 A. YES, MA'AM.

5 Q. IN 2011, DID MS. SOWELL COME TO YOU OR ASK PIGGLY
6 WIGGLY TO PAY FOR HER HOSPITAL BILLS AT ALL?

7 A. NO, MA'AM.

8 Q. OKAY. AT ANY ---

9 A. SHE DIDN'T ASK ME.

10 Q. AT ANY POINT IN 2012, WAS PIGGLY WIGGLY OR YOU ASKED
11 TO PAY FOR ANY OF HER MEDICAL EXPENSES?

12 A. NO, MA'AM, NOT TO MY KNOWLEDGE.

13 Q. THE WORK EXCUSES, DID ANY OF THESE WORK EXCUSES
14 STATE THAT SHE WAS RESTRICTED FROM BEING AROUND
15 CHEMICALS OR WAS ---

16 A. NO. IF THEY DID, I WOULD HAVE NOTIFIED SOMEBODY.

17 Q. DID ANY OF THE WORK EXCUSES IDENTIFY HER PROBLEMS OR
18 ANY MEDICATIONS ---

19 A. NO.

20 Q. --- OR ANYTHING?

21 A. NO, THEY JUST ALLOWED HER TO COME BACK TO WORK.

22 Q. WHEN WAS THE FIRST TIME WOULD YOU SAY THAT YOU
23 RECEIVED NOTICE THAT SHE WAS CLAIMING THAT THERE WAS
24 A LINK BETWEEN HER HEALTH PROBLEMS AND HER WORK
25 ENVIRONMENT?

1 A. THE DAY I FILLED OUT THAT WORKMAN'S COMP FORM.

2 Q. AND FROM THE PERIOD OF TIME FROM 2011 THROUGH 2014,
3 WAS SHE STILL WORKING AS A CATERER AS WELL?

4 A. YES, MA'AM.

5 Q. AND SHE WAS PRETTY MUCH STILL WORKING FOR PIGGLY
6 WIGGLY AS WELL?

7 A. RIGHT. YES, MA'AM.

8 **BY MS. MILLER:**

9 THANK YOU.

10 **RE-CROSS EXAMINATION BY MR. MCDANIEL:**

11 Q. HOW DO YOU KNOW SHE WAS DOING THE WORK AT THE
12 CATERING BUSINESS?

13 A. HOW DO I KNOW?

14 Q. UH-HUH.

15 A. WELL, SHE WOULD ORDER THE FOOD -- GET THE FOOD AT
16 THE STORE, AND SHE WOULD TAKE IT, AND SHE WOULD
17 ACTUALLY TALK ABOUT HER CATERING ---

18 Q. RIGHT.

19 A. --- TO OTHER EMPLOYEES, AND I WOULD SEE HER LEAVE
20 WITH THE FOOD, AND SHE WOULD CASH SOME OF HER CHECKS
21 AT THE STORE WHEN SHE GOT PAID.

22 Q. NO QUESTION THAT THEY WERE OPERATING -- THAT SHE WAS
23 OPERATING A CATERING BUSINESS, BUT THE QUESTION I'M
24 ASKING YOU IS ACTUALLY DOING THE WORK OF THE
25 CATERING ITSELF?

- 1 A. OH, I DON'T KNOW WHO DID THE WORK.
- 2 Q. OKAY.
- 3 A. I CAN'T ANSWER THAT.
- 4 Q. OKAY. THAT'S FINE. THAT'S FINE. AND THAT BRINGS
- 5 UP ANOTHER THING. TELL ME ABOUT YOUR OBSERVATIONS
- 6 OF MS. SOWELL AFTER SHE HAS COME IN OVER THE LAST
- 7 COUPLE OF YEARS. SHE IS ON 14 DIFFERENT TYPES OF
- 8 MEDICINES. SHE IS ON SHOTS, INJECTIONS TWICE A
- 9 MONTH. SHE HAS GOT AN EPIPEN IN HER POCKET, WHICH I
- 10 DON'T KNOW IF YOU KNOW WHAT AN EPIPEN IS.
- 11 A. I SURE DO; MY HUSBAND HAS ONE.
- 12 Q. OKAY. ALL RIGHT. SO, TELL ME ABOUT HER CONDITION
- 13 WHEN YOU SEE HER COME IN THE OFFICE -- I MEAN, INTO
- 14 THE STORE? DOES SHE STAY AWAY FROM THE MEAT
- 15 DEPARTMENT?
- 16 A. NO, I'VE SEEN HER AT THE MEAT DEPARTMENT.
- 17 Q. OKAY. WELL, DOES SHE GO BY THERE EVERY TIME? WHO
- 18 ALL IS WITH HER? WHO CARRIES HER BAGS AND THAT KIND
- 19 OF THING?
- 20 A. I DON'T KNOW. I DON'T KNOW.
- 21 Q. YOU DON'T ---
- 22 A. I MEAN, I'VE SEEN HER WITH HER SISTER IN THERE, AND
- 23 I'VE SEEN HER WITH HER DAUGHTERS IN THERE. I'VE
- 24 ALSO SEEN HER BY HERSELF IN THERE.
- 25 Q. OKAY. THESE WORK EXCUSES THAT COUNSEL REFERRED TO,

1 WHERE WOULD YOU KEEP THOSE?

2 A. WHERE WOULD I KEEP THEM?

3 Q. UH-HUH.

4 A. THEY WOULD GO IN A FILE OR IN A FILE CABINET OR...

5 Q. WOULD THAT BE IN HER FILE?

6 A. YES.

7 Q. WOULD YOU HAVE ANY REASON IF I HAD REQUESTED THOSE
8 WHY ---

9 A. THAT STORE IS CLOSED. I MEAN, THOSE FILES WERE
10 TAKEN TO SUMTER.

11 Q. OKAY, ALL RIGHT. THANK YOU.

12 **BY MR. MCDANIEL:**

13 LET ME SEE, COMMISSIONER. I THINK THAT'S ALL I
14 HAVE. COMMISSIONER, THAT'S ALL I HAVE.

15 **BY COMMISSIONER JAMES:**

16 _____ OKAY. YOU CAN STEP DOWN, MA'AM. THANK YOU.

17 **BY THE WITNESS:**

18 YOU'RE WELCOME.

19 **BY MR. MILLER:**

20 PRESTON, DO YOU HAVE ANY OBJECTIONS TO HER
21 LEAVING?

22 **BY MR. MCDANIEL:**

23 NO, NO -- WELL, WAIT A MINUTE. I HAVE NO
24 OBJECTION TO HER -- YOU MEAN, YOU WANT TO GO AHEAD
25 AND RELEASE HER?

1 BY MS. MILLER:

2 YES.

3 BY MR. MCDANIEL:

4 IF YOU WANT TO RELEASE HER -- IF YOU WANT TO
5 RELEASE HER, THAT'S FINE. SHE'S ALREADY TESTIFIED,
6 AND SHE WAS YOUR EMPLOYER REP. THAT'S FINE.

7 BY COMMISSIONER JAMES:

8 ALL RIGHT. LET'S TAKE A SHORT BREAK WHILE YOU
9 GET YOUR NEXT WITNESS.

10 (OFF THE RECORD)

11 BY COMMISSIONER JAMES:

12 _____ IF YOU WILL RAISE YOUR RIGHT HAND, PLEASE.

13 * * * * *

14 THE WITNESS WAS DULY SWORN TO TELL THE TRUTH, THE
15 WHOLE TRUTH, AND NOTHING BUT THE TRUTH CONCERNING THE
16 MATTER HEREIN:

17 ROBERT BENNETT

18 BEING FIRST DULY SWORN, TESTIFIED ON HIS OATH AS FOLLOWS:

19 BY COMMISSIONER JAMES:

20 ALL RIGHT. YOUR WITNESS.

21 DIRECT EXAMINATION BY MS. MILLER:

22 Q. DR. BENNETT, CAN YOU STATE YOUR NAME FOR THE RECORD,
23 PLEASE, SIR.

24 A. ROBERT BENNETT.

25 Q. AND WHERE ARE YOU CURRENTLY EMPLOYED?

1 A. YES.

2 Q. WHERE?

3 A. I PRACTICE FULL TIME FORENSIC SCIENCE AND FORENSIC
4 TOXICOLOGY IN THE HOME BASE OF CHARLESTON, SOUTH
5 CAROLINA.

6 Q. HOW LONG HAVE YOU BEEN DOING THAT?

7 A. ABOUT 25 YEARS NOW.

8 Q. CAN YOU PROVIDE US WITH A SYNOPSIS OF YOUR
9 EDUCATIONAL TRAINING AND EXPERIENCE?

10 A. SURE. I WENT TO PHARMACY SCHOOL AT THE MEDICAL
11 UNIVERSITY OF SOUTH CAROLINA AND OBTAINED A DEGREE
12 AND A LICENSE IN PHARMACY, WHICH IS ESSENTIALLY A
13 DRUG EXPERT AND THEN WENT BACK TO SCHOOL AND
14 OBTAINED A DOCTORATE DEGREE IN THE SAME AREA,
15 PHARMACEUTICAL SCIENCES WITH AN EMPHASIS ON
16 TOXICOLOGY AT THE MEDICAL UNIVERSITY OF SOUTH
17 CAROLINA.

18 Q. OKAY. AND HAVE YOU TESTIFIED BEFORE BEFORE THE
19 COMMISSIONER OR COURTS IN THE STATE OF SOUTH
20 CAROLINA OR OTHER JURISDICTIONS?

21 A. I'VE TESTIFIED MANY TIMES IN A VARIETY OF COURTS
22 FROM FEDERAL COURT, FAMILY COURT, CRIMINAL COURT,
23 EVEN WORKERS' COMP CASES BEFORE UNDER JUDGE
24 CAMPBELL.

25 Q. AND YOUR EXPERTISE WOULD YOU DESCRIBE IT AS FORENSIC

1 TOXICOLOGY?

2 A. CORRECT.

3 **BY MS. MILLER:**

4 YOUR HONOR, I WOULD LIKE TO MOVE TO HAVE DR.
5 BENNETT RECEIVED AS AN EXPERT IN FORENSIC TOXICOLOGY
6 IF I DON'T HAVE ANY OBJECTIONS FROM OPPOSING
7 COUNSEL.

8 **BY MR. MCDANIEL:**

9 COMMISSIONER, RIGHT TO CROSS?

10 **BY COMMISSIONER JAMES:**

11 _____ CERTAINLY.

12 **BY MR. MCDANIEL:**

13 ON CREDENTIALS.

14 **CROSS EXAMINATION BY MR. MCDANIEL:**

15 Q. DR. BENNETT, WOULD YOU GO OVER YOUR EDUCATIONAL
16 BACKGROUND AGAIN? YOU SAID YOU GOT A DEGREE IN
17 PHARMACY FROM M.U.S.C.?

18 A. CORRECT.

19 Q. AND THEN YOU GOT A PhD IN PHARMACY?

20 A. CORRECT.

21 Q. I DID NOT HEAR THAT YOU GOT A PhD IN TOXICOLOGY.

22 A. BECAUSE THERE'S NO SUCH THING.

23 Q. OKAY, ALL RIGHT. AND SO, YOUR BACKGROUND IS IN
24 TOXICOLOGY -- I MEAN, EXCUSE ME, IN PHARMACY AND
25 YOU'VE GOT A PhD IN PHARMACY?

1 A. CORRECT, BUT THAT INCLUDES PHARMACOLOGY AND
2 TOXICOLOGY.

3 Q. ALL RIGHT. AND TELL ME -- TELL ME SPECIFICALLY
4 ABOUT YOUR BACKGROUND IN REFERENCE TO CHEMICALS,
5 THAT AREA OF TOXICOLOGY?

6 A. I HAVE ESSENTIALLY STUDIED THOSE MY ENTIRE CAREER.

7 Q. OKAY. SO, BUT IN YOUR REFERENCE TO YOUR TESTIMONY
8 IN FEDERAL COURT AND IN OTHER COURTS, I BELIEVE YOU
9 LIST ON YOUR RESUME THAT YOU ARE AN EXPERT IN THE
10 AREA OF D.N.A., DRUG, ALCOHOL, PATERNITY AND
11 FORENSIC TESTING; IS THAT CORRECT?

12 A. THAT'S THE MAJORITY OF MY DAILY WORK, YES.

13 Q. OKAY. HOW MUCH OF YOUR TIME IS SPENT IN THE AREA OF
14 TOXICOLOGY IN REFERENCE TO INDUSTRIAL CHEMICALS AND
15 IN REFERENCE TO BIOCHEMICAL AGENTS?

16 A. PROBABLY AROUND 20 PERCENT OF THE TIME.

17 Q. ALL RIGHT. WHEN YOU TESTIFIED IN FEDERAL COURT,
18 WHAT TYPE OF TESTIMONY -- WHAT KIND OF CASES HAVE
19 YOU BEEN INVOLVED IN?

20 A. SINCE I'VE DONE HUNDREDS AND HUNDREDS OF CASES, SOME
21 OF WHICH ARE LISTED ON MY C.V., THAT SPECIFIC CASE,
22 I THINK IT WAS A CASE OUT OF GEORGIA IN WHICH THERE
23 WERE -- THERE WAS A DEATH INVOLVED IN WHICH IT WAS
24 TRYING TO DETERMINE WHETHER THE DEATH WAS ACCIDENTAL
25 OR SUICIDE.

1 Q. OKAY. SO, IT WAS IN REFERENCE TO THE CHEMICAL
2 AGENTS IN THE BODY?

3 A. CORRECT, YES.

4 Q. I'M FAMILIAR WITH YOU, I BELIEVE, IN THE PAST IN
5 REFERENCE TO ALCOHOL AND ALCOHOL RELATED ISSUES SUCH
6 AS D.U.I., THOSE TYPES OF THINGS?

7 A. YES, I DO QUITE A BIT OF THAT WORK.

8 Q. AND ALSO IN THE AREA OF PATERNITY?

9 A. YES, I DO A NUMBER OF D.N.A. WORK AS WELL.

10 Q. OKAY. AND IN REFERENCE TO DRUG CASES, AM I RIGHT ON
11 THAT?

12 A. CORRECT.

13 Q. OKAY. SO, YOU JUST REFERRED TO THE FEDERAL CASE.
14 HAVE YOU TESTIFIED IN MORE THAN ONE FEDERAL CASE?

15 A. I BELIEVE SO. IT'S -- I JUST -- I'VE TESTIFIED IN
16 SO MANY DIFFERENT CASES, SO MANY DIFFERENT AREAS, SO
17 MANY DIFFERENT COURTS, I JUST CANNOT RECALL OFF THE
18 TOP OF MY HEAD.

19 Q. THAT'S -- THAT'S ALL RIGHT. I JUST WANTED TO -- I'M
20 REALLY WANTING TO GET YOUR BACKGROUND IN REFERENCE
21 TO SUCH THINGS AS, YOU KNOW, IN OTHER WORDS,
22 BACTERIA, TOXIC MOLD, HOW MUCH EXPERIENCE -- HOW
23 MANY CASES HAVE YOU TESTIFIED IN REFERENCE TO TOXIC
24 MOLD AND REFERENCE TO BACTERIAL INFECTIONS, THAT
25 TYPE OF THING?

1 A. PROBABLY ABOUT A HALF A DOZEN. I'VE DONE QUITE A
2 BIT OF WORK WHERE PEOPLE WERE POISONED BY EATING AT
3 A RESTAURANT, FOOD POISONING AND TESTED FOOD
4 PRODUCTS. ALSO INVOLVED IN CASES WHERE A MOLD HAD
5 INFILTRATED A HOUSE AFTER A FLOODING OR ---

6 Q. INVOLVED IN A CASE WHERE A MOLD HAD INFILTRATED A
7 HOUSE?

8 A. NO, THERE WERE A COUPLE OF CASES.

9 Q. OKAY.

10 A. ONE OF WHICH WAS INVOLVED WHEN THE CHINESE DRYWALL
11 WAS A BIG PROBLEM, AND THERE WAS A LOT OF MOLD
12 INVOLVED IN THAT. I THINK MOST OF THAT WORK I DID
13 WAS IN APARTMENT COMPLEXES.

14 Q. ALL RIGHT. AND JUST TO MAKE SURE THE RECORD IS
15 STRAIGHT, ACCORDING TO YOUR C.V. AND ACCORDING TO
16 THE AREA YOU'VE BEEN ASKED TO BE CERTIFIED IN, YOU
17 HAVE NO BACKGROUND OR EXPERIENCE IN OCCUPATIONAL
18 MEDICINE; IS THAT CORRECT?

19 A. WELL, I'M NOT A PHYSICIAN, SO I DO -- AND I'VE NEVER
20 PRACTICED OCCUPATIONAL MEDICINE.

21 Q. OKAY. BASICALLY, YOU HAVE DONE -- BEEN INVOLVED
22 WITH -- FOR A BETTER TERM, THE TESTING AND ANALYSIS
23 OF THE TESTING; WOULD THAT BE A FAIR STATEMENT?

24 A. NO. THE MAJORITY OF MY EXPERTISE IS ON CONSULTATION
25 INTO THE EFFECTS AND DANGERS OF TOXICOLOGICAL AGENTS

1 ON THE HUMAN BODY.

2 Q. OKAY. SO, YOU'RE NOT ACTUALLY INVOLVED IN THE
3 ACTUAL BLOOD TESTS, THAT KIND OF THING.. WHAT YOU'RE
4 INVOLVED IN IS THE TOXICOLOGICAL EFFECTS ON THE
5 HUMAN BODY?

6 A. NO, I'M INVOLVED IN THE TESTING AS WELL. I DO -- I
7 HAVE CLIENTS COME INTO MY OFFICE ON A DAILY BASIS,
8 WHICH I GATHER BLOOD, URINE, HAIR AND DO TESTING ON
9 THOSE AS WELL.

10 Q. ALL RIGHT. THAT'S WHAT I WAS TRYING -- I WAS TRYING
11 TO GET. SO, YOU ARE INVOLVED IN THE TESTING FROM A
12 TOXICOLOGICAL AND PHARMACOLOGY STANDPOINT?

13 A. VERY MUCH SO, YES.

14 Q. NOW, ---

15 A. I'VE PROBABLY HAD 40,000 PEOPLE COME THROUGH MY
16 OFFICE OVER THE PAST 25 YEARS.

17 Q. OKAY. HOW MANY -- YOU SAID, YOU'VE BEEN INVOLVED,
18 YOU BELIEVE, IN A COUPLE OF CASES IN REFERENCE TO
19 MOLD?

20 A. CORRECT.

21 Q. ALL RIGHT. HOW MANY HAVE YOU BEEN INVOLVED IN IN
22 REFERENCE TO EXPOSURE TO INHALATION OF PRODUCTS OR
23 ABSORPTION OF PRODUCTS SUCH AS NEUROTOXINS, THAT
24 TYPE OF THING?

25 A. ARE YOU FOCUSING ON ---

1 Q. FOR EXPOSURE TO SUCH THINGS AS INDUSTRIAL SOLVENTS,
2 PAINTS, THAT TYPE OF THING IN EXPOSURE TO INDUSTRIAL
3 CHEMICALS SUCH AS THE DRANO THAT -- THE VARIOUS
4 CHEMICALS I'M SURE YOU'VE BEEN GIVEN THE INFORMATION
5 ABOUT.

6 A. CORRECT.

7 Q. BUT THE TYPE OF CHEMICALS THEY WERE USING BUT ALSO,
8 YOU KNOW, HER EXPOSURE TO THE TYPES OF STUFF THAT
9 SHE WAS EXPOSED TO IN THE DELI?

10 A. CORRECT. THERE'S BEEN SEVERAL CASES WHERE I'VE BEEN
11 INVOLVED WITH A WORKER'S EXPOSURE TO CLEANING
12 AGENTS. THAT WAS THROUGH THE STEINBERG LAW FIRM.
13 SEVERAL CASES WHERE I'VE BEEN CONSULTED ON AND
14 LOOKING AT THE TOXICOLOGICAL EFFECTS OF CLEANING
15 AGENTS IN A WORKERS' COMP CASE.

16 Q. OKAY. BUT AGAIN, FROM THE STANDPOINT OF -- AND
17 WE'RE TALKING ABOUT THIS FROM THE STANDPOINT OF
18 TOXICOLOGICAL TESTING AND EVALUATION OF THOSE TESTS,
19 AND FROM A TOXICOLOGICAL STANDPOINT, NOT FROM AN
20 OCCUPATIONAL MEDICINE STANDPOINT OR -- AND I KNOW
21 YOU HAVE CLEARLY STATED AND YOU CLEARLY STATE ON
22 YOUR RESUME YOU ARE NOT A MEDICAL DOCTOR, AND YOU
23 ARE NOT HERE TO GIVE A MEDICAL OPINION.

24 A. CORRECT. YES, I WORK CLOSELY WITH PHYSICIANS. THEY
25 RELY ON ME FOR TOXICOLOGICAL INFORMATION, BECAUSE

1 THEIR FOCUS IS ON DEALING WITH THE PATIENT. SO,
2 THEY'RE NOT AN EXPERT IN TOXICOLOGY. I'M NOT AN
3 EXPERT IN OCCUPATIONAL MEDICINE. SO, WE WORK
4 TOGETHER AS A TEAM.

5 Q. DO YOU KNOW DR. GORDON EARLY?

6 A. YES, I DO.

7 Q. OKAY.

8 BY MR. MCDANIEL:

9 I DON'T THINK I HAVE ANY FURTHER QUESTIONS,
10 COMMISSIONER.

11 BY COMMISSIONER JAMES:

12 _____ ANY OBJECTION TO THE QUALIFICATION?

13 BY MR. MCDANIEL:

14 COMMISSIONER, I -- I WOULD OBJECT ON THE BASIS
15 THAT THE ISSUE BEFORE YOU IS IN REFERENCE TO HIS --
16 IN REFERENCE TO THIS LADY'S MEDICAL CONDITION AS
17 STEMMING FROM THESE CONDITIONS. WE HAVE MEDICAL
18 TESTIMONY IN THAT REGARD, AND I WOULD OBJECT TO IT
19 BECAUSE IT REALLY WILL BE AN EXERCISE IN REFERENCE
20 TO ESOTERIC OR IN OTHER WORDS THE CONCEPTS OF
21 FORENSIC TOXICOLOGY. IT HAS NOTHING TO DO WITH THIS
22 PARTICULAR CASE.

23 BY COMMISSIONER JAMES:

24 WELL, IT STILL MAY VERY WELL BE RELEVANT. HE
25 HAS INDICATED HE'S NOT GOING TO TESTIFY AS A DOCTOR.

1 I MEAN, SO THERE IS A DISTINCTION. SO, THE REQUEST
2 IS FOR HIM TO BE CERTIFIED AS AN EXPERT IN FORENSIC
3 TOXICOLOGY OR -- HE IS QUALIFIED ALSO IN THE
4 PHARMACY WITH THE EMPHASIS ON THE TOXICOLOGY, BUT
5 THE REQUEST AS I UNDERSTAND IT IS TO QUALIFY HIM
6 ONLY IN HIS FIELD.

7 BY MR. MCDANIEL:

8 OKAY.

9 BY COMMISSIONER JAMES:

10 _____ AND NOTHING BEYOND THAT.

11 BY MR. MCDANIEL:

12 OKAY. I APPRECIATE IT.

13 BY COMMISSIONER JAMES:

14 _____ IS THAT CORRECT?

15 BY MS. MILLER:

16 THAT'S CORRECT, YOUR HONOR.

17 BY COMMISSIONER JAMES:

18 _____ OKAY, ALL RIGHT.

19 BY MR. MCDANIEL:

20 NOTHING FURTHER, COMMISSIONER.

21 BY COMMISSIONER JAMES:

22 _____ ALL RIGHT. AND HE IS SO QUALIFIED.

23 BY MS. MILLER:

24 THANK YOU.

25 RE-DIRECT EXAMINATION RESUMED BY MS. MILLER:

1 Q. DR. BENNETT, DID YOU HAVE AN OPPORTUNITY TO REVIEW
2 THE MEDICAL RECORDS, DEPOSITION TRANSCRIPTS AND THE
3 EVIDENCE THAT IS PRESENTED IN THIS CASE?

4 A. I DID.

5 Q. AND SPECIFICALLY DID YOU ALSO REVIEW THE REPORTS OF
6 DR. EARLY INCLUDING THE ONE DECEMBER 17TH, 2015, AND
7 MARCH 24TH OF 2016?

8 A. YES.

9 Q. OKAY. DID YOU ALSO REVIEW PIGGLY WIGGLY'S DAILY
10 SAFETY POLICY AND PROCEDURES?

11 A. CORRECT.

12 Q. AND WHAT ABOUT THE M.S.D.S. MANUAL, DID YOU REVIEW
13 THAT AS WELL?

14 A. I DID.

15 Q. WHAT IS YOUR UNDERSTANDING AS TO THE ALLEGATIONS
16 PLACED BY MS. SOWELL IN THIS CASE?

17 A. THAT IN HER EMPLOYMENT AT PIGGLY WIGGLY AS MANAGER
18 OF THE DELI DEPARTMENT THAT THERE WERE MULTIPLE
19 INCIDENCES IN WHICH THERE WERE PROBLEMS IN DRAINAGE
20 OF A LIQUID SUBSTANCE, AND THAT IN HER EFFORT TO
21 FACILITATE THE DRAINAGE OF THIS LIQUID MATERIAL THAT
22 SHE WOULD USE VARIOUS CHEMICALS THAT WERE ACCESSIBLE
23 OR AVAILABLE TO HER TO TRY TO IMPROVE THE DRAINAGE
24 OF THE LIQUID SUBSTANCE OFF THE FLOOR IN THE DELI
25 AREA.

1 Q. AND LET'S DISCUSS I GUESS THE AGENTS. WHAT TYPE OF
2 CLEANING SUPPLIES IS IT TO YOUR UNDERSTANDING THAT
3 SHE WAS USING?

4 A. WELL, JUST TO FINISH UP ---

5 Q. SURE.

6 A. --- THE PREVIOUS QUESTION, IT'S MY UNDERSTANDING
7 THAT HER USE OF THESE AGENTS OR BEING IN THE
8 VICINITY OF THESE AGENTS HAS CAUSED HEALTH
9 CONDITIONS THAT HAVE BEEN ADDRESSED IN THE MEDICAL
10 RECORDS INCLUDING CONDITIONS OF ASTHMA, BRONCHITIS,
11 SARCOIDOSIS AND SOME OTHER LUNG-RELATED CONDITIONS,
12 AND THAT MY ROLE IS TO DETERMINE WHETHER THE
13 EXPOSURE TO THESE CHEMICALS, WHAT EFFECT THAT THEY
14 HAD ON HER CLAIMED MEDICAL CONDITION. NOW, WE CAN
15 GO ON TO THE ACTUAL CHEMICALS THAT SHE WAS --
16 CLAIMED TO HAVE BEEN EXPOSED TO. THE LIST THAT WAS
17 PROVIDED TO ME WAS A DRAIN CLEANER THAT GOES BY THE
18 TRADE NAME DRANO, BLEACH, A PRODUCT THAT IS USED AS
19 A DEGREASER USED TO CLEAN OVENS CALLED MR. MUSCLE, A
20 CLEANER CALLED SPIT FIRE, AND A CLEANER THAT'S SOLD
21 UNDER THE TRADE NAME PINESOL. NOW, IT'S MY
22 UNDERSTANDING THAT THE PRODUCT MR. MUSCLE AND SPIT
23 FIRE ARE PRODUCTS THAT ARE MADE AVAILABLE FOR THE
24 PURPOSE OF CLEANING BY PIGGLY WIGGLY, AND THAT THE
25 DRANO, BLEACH AND PINESOL ARE NOT ON THAT LIST OF

1 APPROVED CLEANING PRODUCTS, BUT SHE MAY HAVE USED
2 THOSE JUST RIGHT OFF THE STORE SHELF.

3 Q. IS IT FAIR TO SAY THAT THE MATERIALS USED BY MS.
4 SOWELL CONSTITUTE I GUESS COMMON NONINDUSTRIAL
5 HOUSEHOLD PRODUCTS SAFE FOR THE GENERAL PUBLIC?

6 A. YES. THESE ARE -- ESPECIALLY THE COMMERCIALY
7 AVAILABLE PINESOL, BLEACH AND DRANO. THESE ARE
8 COMPOUNDS THAT HAVE BEEN AROUND FOR DECADES AND USED
9 ESSENTIALLY BY TENS OF MILLIONS OF PEOPLE AND USED
10 ON A DAILY BASIS WITHOUT ANY -- ON A RELATIVE BASIS
11 ANY SIGNIFICANT TOXICOLOGICAL EFFECT. THEY'RE
12 COMMON PRODUCTS. THEY ARE USED BY ALL TYPES OF
13 PEOPLE IN THE GENERAL PUBLIC. SOME THAT ARE WELL
14 TRAINED IN THE USE OF THESE PRODUCTS AND OBVIOUSLY
15 MANY PEOPLE WHO ARE NOT WHO USE THEM SOMEWHAT
16 HAPHAZARDLY. THE PRODUCT MR. MUSCLE AND SPIT FIRE
17 CONTAIN THE SAME INGREDIENTS THAT ARE AVAILABLE TO
18 THE GENERAL PUBLIC, THE RETAIL, FOR CLEANING
19 PURPOSES. SO, WE'RE NOT DEALING WITH CHEMICALS THAT
20 ARE RELATIVELY EXCEEDINGLY DANGEROUS FROM A
21 RESPIRATORY STANDPOINT.

22 Q. CAN YOU PROVIDE ANY TESTIMONY OR DO YOU HAVE AN
23 OPINION AS TO THE LIKELIHOOD OF WORKING WITH THESE
24 TYPE OF CHEMICALS CAUSING SOMEONE OR CAUSING MS.
25 SOWELL TO DEVELOP ASTHMA?

1 A. WELL, IT IS POSSIBLE. THERE ARE A COUPLE OF THESE
2 PRODUCTS THAT DO VAPORIZE, AND IT'S IMPORTANT TO
3 MAKE NOTE THAT THE CHEMICAL CANNOT IRRITATE THE
4 LUNGS UNLESS IT IS VOLATILE, MEANING THAT A VAPOR
5 FORMS THAT THE IRRITANT CHEMICAL EVAPORATES INTO THE
6 ATMOSPHERE AND THEN IS BREATHED IN TO A SUFFICIENT
7 QUANTITY TO IRRITATE THE LUNGS, WHICH AT THAT POINT
8 COULD CAUSE WHAT'S CALLED A CHEMICAL IRRITATE TYPE
9 ASTHMA AS OPPOSED TO AN IMMUNOLOGICAL TYPE ASTHMA.
10 SO, WHAT I WOULD LIKE TO DO AS A TOXICOLOGIST IN MY
11 EXPERTISE IS TO ACTUALLY GO OVER EACH OF THESE
12 CHEMICALS NAMELY JUST BRIEFLY REVIEWING THE M.S.D.S.
13 SHEETS TO POINT OUT THE ONE OR TWO SPECIFIC POINTS
14 IN THE M.S.D.S. SHEET THAT RELATE TO THE CHEMICAL,
15 BECAUSE THAT'S THE ONLY SURE METHOD TO GET AN
16 UNDERSTANDING OF EXACTLY WHAT THE DANGERS OF THESE
17 CHEMICALS ARE.

18 Q. OKAY, SURE.

19 A. BECAUSE MR. MUSCLE IS A COMPOUND THAT IS APPROVED BY
20 PIGGLY WIGGLY TO USE BY THE EMPLOYEES, THE MANUAL
21 PROVIDED BY PIGGLY WIGGLY STATES THAT IT IS
22 AVAILABLE FOR USE, AND THE MATERIAL SAFETY DATA
23 SHEET THAT IS PART OF THE PIGGLY WIGGLY MANUAL
24 STATES THAT IT -- IT CALLS THE PRODUCT MR. MUSCLE
25 FRYER BOIL OUT, AND IT'S USED TO CLEAN OVENS AND

1 SUCH, YOU KNOW, WHICH IT IS IMPORTANT TO NOTE THAT
2 IT IS NOT USED FOR DRAINS. THAT'S NOT ITS INTENDED
3 PURPOSE. SO, IF IT'S USED TO POUR DOWN ---

4 Q. SO, THAT WOULDN'T HAVE BEEN ANYTHING CONSIDERED --
5 IT SHOULDN'T HAVE BEEN A PART OF THE DRAINAGE?

6 A. CORRECT, YES. IT IS SPECIFICALLY USED TO CLEAN OUT
7 OVENS AND THAT TYPE OF AN ENVIRONMENT, NOT TO BE
8 USED ON THE FLOOR FOR ANY WIDE SPREAD EXPOSURE TO
9 COVER AN ENTIRE FLOOR AREA. BUT ON THE MATERIAL
10 SAFETY DATA SHEET, IT DISCUSSES WHAT MEASURES ARE TO
11 BE TAKEN IF THERE IS CERTAIN EXPOSURE AND THE
12 M.S.D.S. SHEET COVERS EYES, SKIN, INHALATION, AND
13 INGESTION, AND UNDER THE INHALATION SECTION, IT SAYS
14 IF BREATHING IS AFFECTED, REMOVE TO FRESH AIR.
15 THAT'S REALLY ALL YOU HAVE TO DO AS FAR AS THE
16 DANGER OF BEING EXPOSED TO MR. MUSCLE; THAT IS IF
17 BREATHING IS AFFECTED, REMOVE TO FRESH AIR. IT
18 DOESN'T MENTION THAT ANY TYPE OF RESPIRATORY IS
19 REQUIRED BECAUSE MR. MUSCLE DOESN'T PRODUCE VOLATILE
20 CHEMICALS THAT SOMEONE CAN BREATHE IN.

21 Q. SO, CAN YOU PROVIDE TESTIMONY AS TO THE LIKELIHOOD
22 OF CAUSING ASTHMA IF YOU'RE JUST SPRAYING IT A
23 COUPLE OF TIMES AND WIPING IT DOWN; DOES THAT CHANGE
24 YOUR ANALYSIS AT ALL?

25 A. WELL, BEING THAT IT IS NOT A COMPOUND THAT IS

1 VOLATILE AND GETS IN THE ATMOSPHERE, THEN THE
2 LIKELIHOOD OF IT CAUSING ASTHMA IS LOW. ONE THING
3 THAT IT DOES SAY IS "DO NOT MIX WITH AMMONIA, BLEACH
4 OR OTHER CHLORINATED COMPOUNDS," AND I BELIEVE FROM
5 READING THE RECORDS THAT IT WAS MIXED WITH BLEACH
6 AND OTHER CLEANING COMPOUNDS. SO, THAT MIXING COULD
7 PRODUCE VOLATILE GASES FROM THE AMMONIA OR BLEACH,
8 BECAUSE AMMONIA AND BLEACH DO -- DOES EVAPORATE AND
9 DOES PUT AMMONIA AND CHLORINE INTO THE ATMOSPHERE
10 FOR BREATHING IN, WHICH COULD IRRITATE THE LUNGS.
11 SO, IF YOU USE MR. MUSCLE WITH BLEACH, THEN YOU CAN
12 CREATE A CHEMICAL REACTION, WHICH CAN CREATE MORE OF
13 A VAPOR. SO, THE M.S.D.S. SHEET CLEARLY WARNS "DO
14 NOT MIX WITH AMMONIA OR BLEACH OR OTHER CHLORINATED
15 COMPOUNDS." BLEACH IS A CHLORINATED COMPOUND. IN
16 THE M.S.D.S. SHEET WHERE IT LISTS WHAT PERSONAL
17 PROTECTIVE EQUIPMENT IS REQUIRED BASED ON THE
18 CHEMICAL THAT YOU'RE USING, AND IT GOES OVER EYE
19 PROTECTION, HAND PROTECTION, SKIN PROTECTION, AND
20 RESPIRATORY PROTECTION, AND FOR MR. MUSCLE, THE
21 M.S.D.S. SHEET STATES UNDER RESPIRATORY PROTECTION,
22 IT STATES "NO SPECIAL PROTECTIVE CLOTHING IS
23 REQUIRED." SO, THAT EMPHASIZES THAT IT IS NOT A
24 COMPOUND THAT IS VOLATILE AND PUTS CHEMICALS IN THE
25 AIR THAT SOMEONE WOULD BREATHE IN. THE ACTUAL

1 INGREDIENTS ARE VERY SIMPLE. IT'S ALCOHOL
2 ETHOXYLATES, WHICH ARE ALCOHOL COMPOUNDS THAT ARE
3 LESS VOLATILE THAN SAY RUBBING ALCOHOL, WATER, AND
4 HYDROXY ACETIC ACID, WHICH IS A FORM OF VINEGAR.
5 SO, IT'S A VERY SIMPLE COMPOUND AS FAR AS ITS
6 CHEMICAL STRUCTURE. OKAY. THE OTHER COMPOUND SPIT
7 FIRE, IT'S A HEAVY-DUTY CLEANER AND DEGREASER AND
8 NOW THIS PRODUCT IS CONCENTRATED, AND THE
9 INSTRUCTIONS SAY THAT IT IS INTENDED TO BE DILUTED
10 PRIOR TO USE. NOW, IF IT IS INHALED WITHOUT BEING
11 DILUTED, THE M.S.D.S. STATES THAT IT MAY CAUSE
12 IRRITATION TO THE NOSE, THROAT AND RESPIRATORY
13 TRACT, AND AS FAR AS THE PROTECTION, IT SAYS "IF
14 THERE IS INSUFFICIENT VENTILATION, THEN SUITABLE
15 RESPIRATORY EQUIPMENT SHOULD BE WORN." I ALSO
16 REVIEWED THE M.S.D.S. SHEETS THAT ARE NOT PART OF
17 THE PIGGLY WIGGLY MANUAL ON THE DRANO AND THE OTHER
18 COMPOUND, BLEACH AND PINESOL, AND THE DRANO AND
19 BLEACH DO NOT REQUIRE ANY PROTECTIVE RESPIRATORY
20 EQUIPMENT, DO NOT CAUSE ANY TYPE OF IRRITATION OF
21 THE LUNGS IF IT IS USED ACCORDING TO INSTRUCTIONS,
22 NOT MIXED WITH OTHER CHEMICALS AND IS NOT IN AN
23 ENCLOSED ENVIRONMENT. THE BLEACH ON THE OTHER HAND
24 IS A VOLATILE COMPOUND. IT CAN IRRITATE THE LUNG IF
25 IT IS NOT USED IN A VENTILATED AREA. BUT AT SOME

1 TIME, WE WILL DISCUSS THE ACTUAL AREA IN WHICH THE
2 COMPOUNDS WERE USED TO DETERMINE WHAT TYPE OF
3 VENTILATION WAS THERE.

4 Q. AND I GUESS THIS IS PROBABLY A GOOD TIME TO DO THAT.
5 DID YOU HAVE AN OPPORTUNITY TO OBSERVE THE WORK AREA
6 WHERE MS. SOWELL WORKED?

7 A. I DID. YES. I VISITED THE STORE, WHICH IS NOW A
8 CARL'S GROCERY STORE, AND IT'S STILL IN EXISTENCE AS
9 IT WAS WHEN IT WAS A PIGGLY WIGGLY, AND THE STORE I
10 VISITED. I SPENT SEVERAL HOURS THERE, TOOK A LOT OF
11 PICTURES OF THE STORE AND THE DELI AREA, WHICH THOSE
12 PHOTOGRAPHS ARE AVAILABLE. THE DELI AREA IS AN OPEN
13 ENVIRONMENT. THERE ARE NO WALLS OR ENCLOSURES IN
14 THE DELI AREA. IT'S SIMPLY A LARGE OPEN AREA TO THE
15 STORE WITH A DELI COUNTER HALFWAY IN FRONT OF THE
16 DELI AREA. SO, THE AREA IS WELL VENTILATED. IF
17 THERE WERE SOME SORT OR RELEASE OF VAPORS, THEN THEY
18 WOULD PERMEATE THE ENTIRE STORE RAPIDLY, AND THIS IS
19 WHERE YOU HAVE TO BE CONCERNED FROM A TOXICOLOGICAL
20 EFFECT. THAT IF THOSE -- IF ANY DANGEROUS COMPOUNDS
21 THAT ARE VOLATILE ARE USED IN THAT PARTICULAR AREA
22 THAT THEY WOULD IMMEDIATE GO TO THE H.V.A.C. SYSTEM
23 OF THE BUILDING AND WOULD CIRCULATE INTO THE
24 REMAINDER OF THE STORE. THAT'S BAD FROM AN EXPOSURE
25 TO THE GENERAL PUBLIC AND THE REST OF THE EMPLOYEES,

1 BUT IT'S GOOD FROM A STANDPOINT OF EXPOSURE BY THE
2 EMPLOYEES IN THE DELI AREA BECAUSE THOSE VAPORS ARE
3 NOT GOING TO BE ACCUMULATED, AND THEY'RE NOT GOING
4 TO BE IN AN ENCLOSED ENVIRONMENT. THEY ARE GOING TO
5 DISSIPATE RAPIDLY. SO, A PERSON WOULD NOT BE
6 EXPOSED. EVEN IF THE COMPOUNDS WERE USED
7 EXCESSIVELY AND MIXED TOGETHER AND PRODUCED A
8 VOLATILE TYPE OF GAS IN THE AIR, IT'S NOT GOING TO
9 LAST VERY LONG, BECAUSE IT'S A COMPLETELY OPEN
10 ENVIRONMENT, AND EVEN THE FLOOR IS AN OPEN FLOOR TO
11 THE REST OF THE STORE. SO IF THERE WAS A LIQUID ON
12 THE FLOOR THAT WAS NOT GOING DOWN THE DRAIN, IT
13 WOULD SPREAD TO THE REST OF THE STORE, BECAUSE THE
14 FLOOR IS NOT CONTAINED OR SEALED OFF OR WALLED OFF
15 IN ANY WAY AT ALL EITHER. SO, THE MOST THAT A FLUID
16 WOULD GATHER ON THE FLOOR IS JUST THE AMOUNT THAT
17 WOULD ALLOW A PUDDLE TO BE THERE WITH A SIMPLE
18 SURFACE TENSION OF WATER, YOU KNOW, MAYBE AN EIGHTH
19 OF AN INCH THICK OR SOMETHING, ENOUGH TO GET THE
20 BOTTOM OF YOUR FEET WET, AND THAT'S ABOUT IT.
21 ANYTHING MORE THAN THAT WOULD RUN TO THE REST OF THE
22 STORE. SO, I DID NOTICE IN THE RECORDS THAT THERE
23 WAS SOME DISCUSSION ABOUT ANKLE DEEP FLUID. THAT
24 WOULD BE IMPOSSIBLE IN THIS STORE. I'VE VISITED THE
25 STORE. I SAW THE STORE. IT WOULD BE IN NO WAY

1 POSSIBLE FOR ANKLE DEEP ANY KIND OF LIQUID TO OCCUR
2 IN THE DELI AREA, BECAUSE IT'S ALL FLAT AND
3 CONTIGUOUS WITH THE REST OF THE STORE.

4 Q. OKAY. AND BASED ON YOUR OBSERVATIONS OF THE
5 LOCATION OF THE DELI WHERE SHE WORKED AND REVIEWING
6 THE CHEMICALS THAT WERE AT PLAY HERE, CAN YOU
7 PROVIDE AN OPINION AS TO WHETHER OR NOT HER ASTHMA
8 WOULD HAVE BEEN CAUSED BY THE EXPOSURES AT WORK?

9 **BY MR. MCDANIEL:**

10 OBJECTION. THAT CALLS FOR A MEDICAL OPINION,
11 COMMISSIONER.

12 **BY MS. MILLER:**

13 AND I WILL DISAGREE. I THINK THAT'S FROM A
14 TOXICOLOGICAL STANDPOINT. DR. EARLY WAS CONSISTENT
15 WITH THAT WAS PART OF HIS EXPERTISE AND NOT
16 NECESSARILY THE MEDICAL DIAGNOSIS.

17 **BY THE WITNESS:**

18 I DO WANT TO EMPHASIZE THAT TOXICOLOGY IS THE
19 EFFECT OF DRUGS AND CHEMICALS ON THE HUMAN BODY.
20 THAT'S THE DEFINITION.

21 **BY COMMISSIONER JAMES:**

22 I AM GOING TO ALLOW THE QUESTION. OF COURSE, I
23 RESERVE THE RIGHT WHEN I GO BACK THROUGH THIS IF
24 THERE IS SOMETHING THAT IS NOT WITHIN ANY OF THE
25 EXPERT'S FIELDS, I WILL POINT THAT OUT IN MY

1 DECISION.

2 **BY MS. MILLER:**

3 FAIR ENOUGH.

4 **BY MR. MCDANIEL:**

5 COULD WE ASK -- COULD I ASK THAT MADAM COURT
6 REPORTER READ BACK THE EXACT QUESTION. I UNDERSTAND
7 YOUR RULING, COMMISSIONER. I WOULD JUST LIKE TO ---

8 **BY COMMISSIONER JAMES:**

9 _____ I'M GOING TO ASK MS. MILLER TO REPEAT IT.

10 **BY MS. MILLER:**

11 SURE, I'LL BE GLAD TO.

12 **DIRECT EXAMINATION RESUMED BY MS. MILLER:**

13 Q. JUST BASED ON YOUR OBSERVATION OF THE WORK AREA AS
14 WELL AS THE CHEMICALS AT PLAY AS LISTED ON THE
15 M.S.D.S. SHEET THAT YOU WENT THROUGH, CAN YOU
16 PROVIDE AN OPINION AS TO WHETHER OR NOT MS. SOWELL'S
17 ASTHMA WAS CAUSED BY THE EXPOSURES AT WORK?

18 A. BASED ON THE WORK AREA, THE CHEMICALS IN MY OPINION
19 WOULD NOT CAUSE ASTHMA. HOWEVER, YOU HAVE A TWO-
20 PART QUESTION. BASED ON THE CHEMICALS, IF THE
21 QUESTION WAS WHETHER OR NOT IT COULD CAUSE ASTHMA,
22 SO THE ANSWER TO THAT PORTION IS IT COULD. SO, THE
23 WORK AREA, NO. THE CHEMICALS THEMSELVES, POSSIBLY.
24 BUT THAT'S JUST A GENERAL QUESTION BASED ON ASTHMA
25 AS OPPOSED TO HER SPECIFIC FORM OF ASTHMA.

1 Q. FAIR ENOUGH.

2 A. BECAUSE THERE'S TWO DIFFERENT TYPES OF ASTHMA.

3 Q. EXPLAIN THAT, PLEASE.

4 A. WELL, THERE IS CHEMICAL IRRITANT ASTHMA, IN WHICH IF
5 CHEMICAL IRRITANTS ARE BREATHED INTO THE LUNGS, THAT
6 IRRITATION CAN CAUSE AN ASTHMATIC TYPE OF RESPONSE,
7 AND THEN THERE'S IMMUNOLOGICAL ASTHMA CLOSELY
8 RELATED TO WHAT IS SEEN GENETICALLY IN SOMEONE WHO
9 HAS A GENETIC PREDISPOSITION OR DEVELOPS ASTHMA
10 BECAUSE THEIR PARENTS OR SOME PREVIOUS RELATIVE HAS
11 ASTHMA, AND THEY PASSED THAT DISEASE DOWN TO THAT
12 PERSON. THE DIAGNOSIS BETWEEN THE TWO IS RELATED ON
13 DOING SOME TESTS TO -- LABORATORY TESTS TO LOOK AT A
14 PERSON'S IMMUNE RESPONSE, MAINLY LOOKING AT THEIR
15 IMMUNOGLOBULIN LEVELS, AND THIS WAS ACTUALLY DONE IN
16 THIS CASE IN WHICH THE CLAIMANT'S IMMUNOGLOBULIN
17 LEVELS WERE ANALYZED, AND THEY WERE FOUND TO BE
18 ELEVATED ABOVE NORMAL, A LEVEL OF 248 ON THE I.G.E.,
19 WHICH MEANS THAT IF THERE IS A GENETIC OR A
20 IMMUNOLOGICAL COMPONENT TO THE CAUSE OF THE ASTHMA
21 AS OPPOSED TO JUST SIMPLY A CHEMICAL IRRITATION, AND
22 THEREFORE BASED ON THAT, IT APPEARS IN MY OPINION
23 THAT HER ASTHMA IS LEANING MORE TOWARDS A
24 PREDISPOSITION TO ASTHMA BASED ON HER GENETICS. FOR
25 EXAMPLE, I MENTIONED THAT IT'S PASSED DOWN FROM YOUR

1 PARENTS. WELL, THE RECORDS INDICATE HER FATHER HAD
2 ASTHMA. ALSO, IT INDICATES THAT HER DAUGHTER HAD
3 SARCOIDOSIS, AND THAT IS A DISEASE IN WHICH CELLS
4 BECOME INFLAMED AND BECOME GRANULOMA IN FORM, AND
5 THAT CAN OCCUR IN THE LUNGS AS WELL, AND ---

6 **BY MR. MCDANIEL:**

7 COMMISSIONER, I'M GOING TO OBJECT IN THAT THIS
8 IS OBVIOUSLY MEDICAL EVIDENCE IN REFERENCE TO
9 MEDICINE, AND THE STUDY OF MEDICINE AND IN THE AREA
10 OF BIOLOGY AND IN THE AREA OF, YOU KNOW, INHERITED
11 TRAITS, THAT TYPE OF THING. THIS IS CLEARLY MEDICAL
12 TESTIMONY LEADING TO AND IT'S THE SAME THING, IT'S
13 MEDICAL OPINION IN REFERENCE TO -- THIS IS NOT THE
14 TOXICOLOGICAL EFFECT ON THE BODY. THIS IS -- THIS
15 IS THE TESTIMONY CONCERNING, YOU KNOW, IN OTHER
16 WORDS, SPECIFICALLY RELATED TO MEDICINE. IT'S --
17 YOU KNOW, BUT ANYWAY, I OBJECT TO THIS LINE OF HIS
18 TESTIMONY IN THAT REGARD AND ASK THAT IT BE
19 STRICKEN.

20 **BY COMMISSIONER JAMES:**

21 DO YOU HAVE ANYTHING FURTHER IN RESPONSE BEFORE
22 I RULE?

23 **BY MS. MILLER:**

24 I DO. I THINK IT GOES TO THE HEART OF WHAT DR.
25 BENNETT WAS TESTIFYING TO IN TERMS OF THE

1 TOXICOLOGICAL IMPACT ON THE BODY. I SEE THAT
2 PERFECTLY WITHIN HIS FULL EXPERTISE.

3 **BY COMMISSIONER JAMES:**

4 I UNDERSTAND AT THIS POINT THERE'S A DEFINITION
5 WITH REGARDS TO A PARTICULAR CONDITION. I DON'T
6 FIND IT'S REALLY GIVING A MEDICAL OPINION. AT THIS
7 POINT, IT'S A DEFINITION. WITH REGARDS TO SOME OF
8 THE OTHER QUESTIONING, IT SEEMS TO ME THAT -- AND
9 AGAIN, I WILL REVIEW THE TESTIMONY ENTIRELY, BUT IT
10 SEEMS TO BE THAT IN ORDER TO GIVE AN OPINION IN
11 REGARDS TO TOXICOLOGY, THAT YOU MAY VERY WELL HAVE
12 TO BE ABLE TO DISTINGUISH IT FROM OTHER MATTERS.
13 SO, I'M GOING TO ALLOW THE LINE OF QUESTIONING AT
14 THIS POINT IN TIME.

15 SIR, YOU WERE EXPLAINING THE DEFINITION OF THE
16 CONDITION.

17 **THE WITNESS RESUMES ANSWER:**

18 A. YES, THE TWO TYPES OF ASTHMA THAT CAN OCCUR IN
19 RELATION TO THIS CASE, AND IF THE ASTHMA WAS TRULY
20 CAUSED BY THE CHEMICAL IRRITANTS, THEN UPON MEDICAL
21 EXAMINATION, THEN THE PHYSICIAN WOULD FIND AND THEN
22 BE ABLE TO TAKE THAT INFORMATION AND MAKE A
23 DIAGNOSIS, WOULD FIND A DIFFERENCE BETWEEN AN
24 IMMUNOLOGICAL REACTION AND A NON-IMMUNOLOGICAL
25 REACTION, AND IN THIS PARTICULAR CASE, BEING THAT

1 THE I.G.E. WAS ELEVATED INDICATES THAT THERE IS A
2 GENETIC COMPONENT TO THIS CONDITION. AND THEN I
3 MENTIONED HER FATHER HAD ASTHMA AND HER DAUGHTER HAD
4 SARCOIDOSIS, AND THAT'S -- THE SARCOIDOSIS IS NOT
5 ASTHMA; IT'S A DIFFERENT CONDITION, AND DR. HAMMETT
6 I BELIEVE ACTUALLY -- AND I'M JUST QUOTING THE
7 MEDICAL RECORDS, TENDED TO SAY THAT AFTER EVALUATION
8 OF HER MEDICAL CONDITION THAT IT WAS HER OPINION
9 THAT SARCOIDOSIS IS THE CASE HERE RATHER THAN
10 ASTHMA. SO, IN REVIEWING THE MEDICAL RECORDS, I SAW
11 A LOT OF THE PHYSICIANS TRYING TO DETERMINE WHAT
12 CONDITION SHE ACTUALLY HAD, AND THAT'S DIFFICULT FOR
13 A PHYSICIAN TO DO, AND I WORK VERY CLOSELY WITH
14 PHYSICIANS AND PROVIDE MY TOXICOLOGICAL EXPERTISE IN
15 WORKING WITH THESE PHYSICIANS TO TRY TO DETERMINE
16 WHAT CONDITION A PATIENT ACTUALLY HAS, AND IT'S ..
17 DIFFICULT WITH CERTAIN CONDITIONS. THERE ARE
18 CERTAIN CONDITIONS THAT CANNOT BE DIAGNOSED WITH AN
19 OBJECTIVE TEST. FOR EXAMPLE, WITH CHOLESTEROL, YOU
20 CAN DO A TEST, AND YOUR CHOLESTEROL IS ELEVATED.
21 CLEAR CUT, BLACK AND WHITE. HOWEVER, WITH SOME
22 CONDITIONS, IT'S NOT THAT CLEAR. FOR EXAMPLE, THE
23 MOST COMMON ONE IS PAIN. THERE IS NO LABORATORY
24 TEST FOR PAIN. YOU HAVE TO RELY ON THE PATIENT
25 TELLING YOU THEY'RE IN PAIN. ANOTHER ONE IS THESE

1 TYPES OF PULMONARY CONDITIONS. A PERSON TELLS YOU
2 THAT THEY ARE COUGHING AND THEY'RE WHEEZING AND THEY
3 HAVE DIFFICULTY IN BREATHING AND SHORTNESS OF
4 BREATH, AND YOU JUST HAVE TO RELY ON THEM TELLING
5 YOU WHAT'S OCCURRING TO MAKE THE DIAGNOSIS. SO,
6 SOMEONE -- AND I'VE WORKED WITH OTHER PHYSICIANS WHO
7 DEAL WITH PEOPLE WHO PSYCHOLOGICALLY MAKE THEMSELVES
8 SICK. IT'S A PSYCHOSOMATIC TYPE OF ILLNESS. SO,
9 THEY DON'T REALLY HAVE ASTHMA. THEY JUST TELL
10 THEMSELVES THEY DO, AND THEY EXHIBIT ALL THE
11 SYMPTOMS. BECAUSE A PERSON CAN EXHIBIT SYMPTOMS TO
12 FIT THE DISEASE, AND THE DOCTOR HAS TO TREAT THAT.
13 SO, THERE CAN BE SITUATIONS WHERE STRONG MEDICINES
14 ARE GIVEN, A VARIETY OF HELP, RESPIRATORY THERAPY
15 CAN COME INTO PLAY, AND TREATING THE CONDITION ALL
16 BECAUSE THE PERSON SAYS THEY HAVE SHORTNESS OF
17 BREATH AND THEY FEEL LIKE THEY HAVE ASTHMA. SO,
18 THERE'S NO DEFINITIVE OBJECTIVE TEST TO DETERMINE
19 THAT. NOW, THERE CAN BE SOME X-RAYS AND SOME LUNG
20 SCANS, AND THAT WAS DONE IN THIS CASE, BUT I RECALL
21 IN THE RECORDS THAT NOTHING ABNORMAL WAS FOUND.
22 THERE WAS SOME LYMPHADENOPATHY THAT WAS FOUND, BUT
23 THAT'S -- LYMPHADENOPATHY IS A DISEASE OF THE LYMPH
24 NODES, AND THEN THEY WERE IN THE CHEST AREA, BUT IT
25 WASN'T IN THE LUNGS THEMSELVES. SO, AS FAR AS A

1 CHANGE IN THE LUNG STRUCTURE, THERE WAS -- I DID NOT
2 SEE ANY DEFINITIVE MEDICAL RECORDS TO SUPPORT THAT.
3 THE I.G.E. LEVEL THAT WAS FOUND OF 248, THERE IS A
4 PAPER THAT WAS PUBLISHED, AND THIS IS A PEER VIEWED
5 SCIENTIFIC PUBLICATION ENTITLED "EVALUATION OF SERUM
6 IMMUNOGLOBULIN E LEVELS AND BRONCHIAL ASTHMA," AND
7 IT TALKS ABOUT I.G.E. LEVELS, AND A LARGE STUDY WAS
8 DONE, AND A CHART WAS CREATED IN WHICH THE I.G.E.
9 LEVELS WERE RELATED TO THE STRENGTH OF THE ASTHMA OR
10 THE DEGREE OF THE ASTHMA, AND THIS IS A READILY-
11 AVAILABLE PUBLICATION AND AVAILABLE TODAY AS WELL.
12 IN THE NORMAL GROUPS, THE I.G.E. LEVEL WAS AROUND
13 150. IF A PERSON HAD MILD ASTHMA, THERE I.G.E.
14 LEVELS ROSE TO AN AVERAGE OF 460. IN MODERATE
15 ASTHMA, THE I.G.E. LEVELS ROSE TO AN AVERAGE OF 700,
16 AND THEN SEVERE ASTHMA ROSE TO A LEVEL OF GREATER
17 THAN 1000. SO, WITH HER I.G.E. LEVEL BEING 248, AND
18 ACCORDING TO THIS LARGE SCALE STUDY, SHE WAS IN THE
19 MILD ASTHMA CATEGORY.

20 Q. LET ME ASK YOU. THERE WAS A QUESTION AS TO MOLD
21 POSSIBLY BEING IN THE DRAINS, AND I KNOW YOU
22 OBSERVED THIS AREA. DO YOU HAVE ANY TYPE OF
23 TESTIMONY TO ADDRESS THAT ISSUE?

24 A. YES. THERE WAS NO TESTING DONE ACCORDING TO THE
25 RECORDS TO SEE IF THERE WAS ANY MOLD THERE. THERE

1 WAS MENTION OF IT. IN MY OPINION, THAT WAS JUST
2 SPECULATION AS BEST. BEING THAT MOLD CAN GROW IN
3 THE ENVIRONMENT WHERE THE CONDITIONS ARE RIGHT. IN
4 OTHER WORDS, THERE HAS TO BE MOISTURE THERE; THERE
5 HAS TO BE A MEDIUM FOR THE MOLD TO GROW ON, A FOOD
6 SOURCE, AND THE TEMPERATURE HAS TO BE RIGHT. SO,
7 MOLD CAN GROW IF ALL THE CONDITIONS ARE RIGHT;
8 HOWEVER, THIS WAS A SITUATION IN WHICH A VARIETY OF
9 CHEMICALS WERE POURED INTO THE DRAIN: BLEACH AND
10 PINESOL AND THESE CLEANERS, AND BLEACH IN SPECIFIC
11 WILL KILL MOLD, AND SO IN MY OPINION THAT -- THERE
12 MOST LIKELY WOULD NOT BE ANY MOLD IN THAT
13 ENVIRONMENT BECAUSE OF THE CHEMICALS THAT WERE USED.
14 IT WOULD KILL THE MOLD. SO, THE LIKELIHOOD OF MOLD
15 BEING IN THE AREA AND BEING IN THE ENVIRONMENT IN MY
16 OPINION IS VERY LOW IF NOT AT ALL. NOW, CERTAINLY,
17 THERE ARE UNSANITARY CONDITIONS WITH THE FLUID OFF
18 THE FLOOR, AND THERE WAS MENTION OF GREASE AS WELL,
19 AND THERE WAS NOTHING IN THE RECORDS TO POINT OUT
20 WHERE THIS GREASE CAME FROM. GREASE IS NORMALLY NOT
21 IN DRAINS. THE ONLY WAY THE GREASE COULD BE THERE
22 IF SOMEONE POURS THE GREASE IN THERE, WHICH IS
23 SOMETHING THAT MAY HAVE OCCURRED IN A DAILY AREA,
24 AND I'LL HAVE TO THROW OUT SOME COMMON SENSE HERE.
25 I WAS ALWAYS TAUGHT NOT TO POUR GREASE DOWN A DRAIN

1 BECAUSE IT WILL CLOG IT. SO, THERE'S NO WAY TO KNOW
2 WHY THAT GREASE WAS THERE, BUT EVEN WITH GREASE
3 THERE, THAT COULD POTENTIALLY CREATE AN UNSANITARY
4 CONDITION, BUT I DON'T THINK BACTERIA AND MOLDS WERE
5 HERE IN THIS SITUATION BECAUSE OF THE CHEMICALS THAT
6 WERE USED TO GO DOWN THE DRAIN.

7 Q. I KNOW YOU'VE HAD THE OPPORTUNITY TO REVIEW THE
8 DEPOSITION TRANSCRIPT IN THIS CASE, AND YOU WERE
9 AWARE THAT MS. SOWELL -- OR ARE YOU AWARE THAT MS.
10 SOWELL RAN A CATERING BUSINESS DURING THIS TIME
11 PERIOD, CORRECT?

12 A. YES. THERE WAS MENTION IN THE RECORD THAT SHE HAD
13 HER OWN BUSINESS WHERE SHE DID HER OWN CATERING,
14 WHICH INVOLVED COOKING AND PREPARING OF FOOD IN HER
15 HOME ENVIRONMENT.

16 Q. WOULD THERE BE ANY -- TO THE EXTENT THAT THERE IS
17 SOME TYPE OF RELATIONSHIP BETWEEN THE COOKING OR THE
18 CHEMICALS AT WORK, WOULD THERE BE ANY WAY TO TELL
19 WHETHER OR NOT THAT WOULD BE COMING FROM THE
20 CATERING VERSUS HER WORK AT PIGGLY WIGGLY?

21 A. THERE WOULD BE NO WAY TO TELL, AND I DO WANT TO
22 MENTION THAT DR. GORDON EARLY ALSO MENTIONED IN HIS
23 REPORT THAT -- AND I'LL QUOTE THE REPORT, "THE EXACT
24 CAUSE OF THE ASTHMA MAY NEVER BE KNOWN." HE STATES
25 THAT THE -- "THAT THERE' SO WAY TO DETERMINE THE

1 CAUSE OF THE ASTHMA." SO, THE ANSWER TO YOUR
2 QUESTION IS THE SOURCE -- ASSUMING THAT THERE -- FOR
3 A MOMENT THAT THERE IS AN EXPOSURE TO THE CHEMICAL
4 THAT CAUSED HER ASTHMA AS OPPOSED TO BE GENETICALLY
5 CAUSED, THERE IS NO WAY TO TELL WHERE THAT OCCURRED
6 FROM. IF SHE'S IN THE CATERING BUSINESS, SHE'S
7 GOING TO BE EXPOSED TO VERY MUCH SOME OF THE SIMILAR
8 COMPOUNDS THAT SHE WOULD BE EXPOSED TO IN THE WORK
9 ENVIRONMENT AT PIGGLY WIGGLY, AND SHE MAY HAVE EVEN
10 BEEN EXPOSED TO SOME CONDITIONS IN HER HOME. I DID
11 NOTICE IN THE RECORDS AT ONE POINT THAT FOR 18 YEARS
12 THAT SHE USED BIO-MASS FUEL IN A STOVE INSIDE HER
13 HOUSE. THAT'S GOING TO -- IF SHE'S EXPOSED TO THAT
14 TYPE OF POTENTIAL SMOKE, THAT'S GOING TO BE MORE OF
15 A CAUSE FOR ASTHMA THAN ANY OF THESE CLEANING
16 COMPOUNDS THAT ARE REFERRED TO.

17 Q. YOU ALSO HAD THE OPPORTUNITY TO OBSERVE AND CONDUCT
18 A SITE VISIT OF THE PIGGLY WIGGLY IN CHESTERFIELD,
19 IN THE TOWN SHE WORKS; IS THAT CORRECT?

20 A. CORRECT, YES.

21 Q. WHAT WAS YOUR ASSESSMENT OF THAT PARTICULAR STORE?

22 A. WELL, I DID LOOK AT EACH AND EVERY AISLE. I WAS
23 ESCORTED TO THE AREAS BEHIND THE SCENES LOOKING AT
24 THE VARIOUS FREEZERS AND STORAGE AREAS AND
25 MECHANICAL ROOMS AND BATHROOMS AND DID A VERY

1 THOROUGH INVESTIGATION OF THE PIGGLY WIGGLY IN
2 CHESTERFIELD. BASED ON THAT, I WAS FROM A
3 TOXICOLOGICAL STANDPOINT WAS ABLE TO PROVIDE A MAP
4 OF THE AREAS IN THE STORE THAT IF SOMEONE HAS SEVERE
5 ASTHMA, AND AGAIN, WE'VE NOT NECESSARILY DIAGNOSED
6 MS. SOWELL WITH SEVERE ASTHMA, BUT IF SOMEONE HAD
7 SEVERE ASTHMA, THERE ARE CERTAIN AREAS THAT A PERSON
8 WOULD WANT TO STAY AWAY FROM TO AVOID POTENTIALLY
9 TRIGGERING AN ASTHMATIC EPISODE, AND THOSE AREAS ARE
10 THE FREEZER AREAS BECAUSE GOING FROM WARM TO A
11 RELATIVELY COLD ENVIRONMENT CAN TRIGGER AN ASTHMA
12 ATTACK. OF COURSE AVOIDING ANY MECHANICAL ROOMS
13 THAT MIGHT HAVE CHEMICALS IN THE AIR THAT MIGHT
14 WOULD TRIGGER AN ASTHMA, BUT TYPICALLY ONLY THE VERY
15 LIMITED PERSON WHO WOULD HAVE TO ENTER A MECHANICAL
16 ROOM. AVOIDING THE AISLE THAT CONTAINS THE BLEACH
17 AND MAINLY THE WASHING MACHINE CLEANERS BECAUSE OF
18 IN MY EVALUATION OF THOSE TYPES OF PRODUCTS AND
19 THEIR CONTAINERS, THEY CAN EMIT STRONG FRAGRANCES
20 AND ODORS. I'M SURE ALL OF US HAS WALKED DOWN THE
21 AISLE THAT CONTAINS THE BLEACH AND THE WASHING
22 MACHINE POWDERS AND HAS NOTICED A SMELL WHEN YOU'RE
23 DOWN THAT AISLE. PRODUCTS THAT ARE CONTAINED IN
24 CARDBOARD VERSUS SEALED-IN PLASTIC OR GLASS CAN EMIT
25 THE ODORS DIRECTLY THROUGH THE CARDBOARD. IT'S NOT

1 SEALED FOR THOSE VOLATILE COMPOUNDS, SO IT CAN GET
2 INTO THE AIR ON THAT AISLE, BUT IT IS RAPIDLY
3 DISSIPATED BY THE H.V.A.C. SYSTEM OF A STORE, BUT IF
4 SOMEONE HAD SEVERE ASTHMA, THEY WOULD WANT TO AVOID
5 THAT AISLE AS WELL. THERE MAY EVEN BE A CONDITION
6 WHERE SOME SPICES ALTHOUGH THE VOLUME IS A LOT
7 SMALLER AS COMPARED TO CLEANING PRODUCTS, BUT IF THE
8 SPICES THAT ARE ON THE STORE SHELF ARE IN CARDBOARD
9 CONTAINERS THAT WOULD ALLOW THE OMISSION OF THE
10 VOLATILE COMPONENTS OF THE SPICES, THAT POTENTIALLY
11 COULD TRIGGER AN ASTHMA ATTACK IN SOMEONE WITH
12 SEVERE ASTHMA. SO, AS FAR AS THE STORE THAT IS IN
13 CHESTERFIELD, I DID GO THROUGH THAT STORE. I TOOK A
14 FLOOR PLAN OF THAT STORE AND MAPPED OUT THE AREAS
15 THAT HAD THE POTENTIAL TO BE A PROBLEM, AND THEN
16 BASED ON THAT MAP, IT JUST OPENS TO WHAT AREAS OF
17 THE STORE ARE COMPLETELY SAFE IN MY OPINION IN A
18 PERSON WITH ASTHMA TO WORK IN AS MUCH AS THEY WANT.

19 Q. OKAY. AND DO YOU HAVE AN OPINION FROM A
20 TOXICOLOGICAL STANDPOINT AS TO WHETHER MS. SOWELL
21 COULD RETURN TO WORK IN THAT STORE?

22 A. YES, SHE COULD RETURN TO WORK IMMEDIATELY TO THE
23 MAJORITY OF THAT STORE IN A VARIETY OF CAPACITY AND
24 FUNCTION.

25 Q. OKAY. THANK YOU.

1 BY MS. MILLER:

2 THAT'S ALL THE QUESTIONS I HAVE AT THIS TIME.

3 BY COMMISSIONER JAMES:

4 _____ YOUR WITNESS.

5 RE-CROSS EXAMINATION BY MR. MCDANIEL:

6 Q. DOCTOR, I KNOW THAT WAS COINED IN TERMS OF FROM A
7 TOXICOLOGICAL STANDPOINT THAT SHE COULD RETURN TO
8 WORK IN MANY AREAS OF THAT STORE. WHAT IN THE WORLD
9 ARE YOU ACTUALLY SAYING THERE? HOW MUCH DO YOU KNOW
10 ABOUT HER CURRENT CONDITION?

11 A. I'VE READ EXTENSIVE MEDICAL RECORDS.

12 Q. OKAY. BUT YOU SAY YOU'RE NOT A DOCTOR.

13 A. YES, I AM A DOCTOR.

14 Q. IS THAT CORRECT?

15 A. I AM A DOCTOR.

16 Q. YOU'RE NOT A MEDICAL DOCTOR?

17 A. I'M DR. BENNETT, YES.

18 Q. OKAY. YOU'RE NOT A MEDICAL DOCTOR?

19 A. CORRECT, I'M NOT A PHYSICIAN.

20 Q. OKAY, ALL RIGHT. SO, -- AND SO, YOU KNOW WHAT TYPES
21 OF MEDICATIONS SHE'S ON?

22 A. CORRECT.

23 Q. YOU KNOW SHE'S GOT AN EPIPEN?

24 A. CORRECT.

25 Q. YOU KNOW THAT IF SHE GETS EVEN -- EVEN BREATHS OVER

1 -- YOU'VE SEEN ALL THE TESTIMONY; IT'S UNCONTESTED,
2 THAT IF SHE EVEN LOOKS INTO A GARBAGE CONTAINER THAT
3 SHE CAN LOSE HER BREATHE, OR THAT IF SHE GETS
4 EXPOSED TO ANY KIND OF A DUST. SO, YOU'RE SAYING
5 THAT SHE COULD SAFELY RETURN TO WORK FROM A MEDICAL
6 STANDPOINT?

7 A. FROM A TOXICOLOGICAL STANDPOINT, YES.

8 Q. BUT WHAT YOU'RE SAYING IS THAT THERE'S NOT -- WHAT
9 ARE YOU SAYING?

10 A. THERE IS -- THERE IS MORE OF A LIKELIHOOD OF HER
11 DEVELOPING ASTHMA FROM POLLEN AND A WOOD-BURNING
12 STOVE THAN THERE IS IN THE PIGGLY WIGGLY IN
13 CHESTERFIELD.

14 Q. OKAY, ALL RIGHT. SO, THAT'S WHAT -- THAT'S WHAT
15 YOU'RE SAYING IN THAT REGARD?

16 A. CORRECT.

17 Q. SO, WHAT ABOUT THE EXPOSURES THAT SHE HAS RECORDED
18 AND IT'S UNCONTESTED ABOUT WHENEVER SHE GETS AROUND
19 FRYING OIL AND THAT KIND OF THING?

20 A. I'M NOT SURE WHAT YOUR QUESTION IS.

21 Q. WELL, I MEAN, ARE YOU EXPRESSING ANY KIND OF OPINION
22 AS FAR AS WHAT KIND OF EFFECT THAT WOULD HAVE ON
23 HER?

24 A. I'LL SUGGEST THAT SHE NOT FRY OIL. IS THAT WHAT
25 YOU'RE ASKING?

- 1 Q. WELL, THAT SOUNDS GOOD. NOW, LET ME ASK YOU. LET'S
2 GO BACK. TELL ME WHAT IT MEANS WHEN DR. GORDON
3 EARLY SAYS THAT HE IS BOARD CERTIFIED IN MEDICAL
4 TOXICOLOGY?
- 5 A. I ASSUME THAT'S A VOLUNTARY PROGRAM THAT HE DID ON
6 HIS OWN.
- 7 Q. WELL, WHAT DOES IT MEAN BOARD CERTIFIED IN MEDICAL
8 TOXICOLOGY? HE DOESN'T SAY FORENSIC TOXICOLOGY. HE
9 SAYS "MEDICAL TOXICOLOGY." TELL ME THE DIFFERENCE
10 BETWEEN THAT AND YOUR BACKGROUND AND EXPERIENCE AND
11 YOUR QUALIFICATIONS IN TOXICOLOGY?
- 12 A. WELL, IN THIS -- YOU CAN GET CERTIFIED IN ANYTHING
13 YOU WANT. THERE ARE A LOT OF VOLUNTEER
14 ORGANIZATIONS THAT PROVIDE CERTIFICATION. YOU CAN
15 GET -- YOU CAN BE CERTIFIED IN TATTOOING IF YOU WANT
16 TO. YOU CAN GET THAT ONLINE COURSE.
- 17 Q. WELL, LET ME ASK YOU. IS THERE A BOARD
18 CERTIFICATION IN MEDICAL TOXICOLOGY?
- 19 A. THERE'S A CERTIFICATION PROCESS THAT IS REVIEWED BY
20 A BOARD THAT IS PUT TOGETHER IN JUST ABOUT ANYTHING.
- 21 Q. OKAY. LET'S TALK ABOUT TOXICOLOGY. I'M NOT TALKING
22 ABOUT ANYTHING. I'M TALKING ABOUT TOXICOLOGY.
- 23 A. OKAY.
- 24 Q. SO, IS THERE A BOARD CERTIFICATION FOR TOXICOLOGY?
- 25 A. OBVIOUSLY, THERE IS, BECAUSE DR. EARLY HAS GONE

1 THROUGH THAT PROGRAM.

2 Q. DO YOU KNOW OF ANYBODY ELSE THAT IS BOARD CERTIFIED
3 IN MEDICAL TOXICOLOGY?

4 A. NO.

5 Q. OKAY. ALL RIGHT. DO YOU KNOW DR. RUSSELL IN
6 CHARLESTON?

7 A. DR. ROGER RUSSELL?

8 Q. UH-HUH, YEAH.

9 A. VERY WELL.

10 Q. OKAY. HE'S AN M.D.?

11 A. WELL, HE WAS. HE PASSED AWAY.

12 Q. YOU'RE CORRECT. I'M SORRY TO HEAR THAT. I DID NOT
13 KNOW THAT.

14 A. YEAH.

15 Q. BUT HE WAS ACTUALLY BOARD CERTIFIED IN MEDICAL
16 TOXICOLOGY AS WELL. DID YOU KNOW THAT?

17 A. YES.

18 Q. AND YOU KNEW THAT HE WAS A TOXICOLOGIST,
19 SPECIFICALLY A TOXICOLOGIST?

20 A. HE STUDIED TOXICOLOGY, AND HIM AND I WORKED TOGETHER
21 ON MANY CASES.

22 Q. OKAY. NOW, ---

23 A. AND THE REASON WE WORKED TOGETHER SO WELL IS HE
24 FOCUSED ON THE MEDICINE SIDE, AND I FOCUSED ON THE
25 CHEMICAL SIDE.

- 1 Q. ALL RIGHT. AND HE ALSO -- DID HE FOCUS ON THE
2 TOXICOLOGICAL FROM THE STANDPOINT OF MEDICINE, TOO,
3 DIDN'T HE?
- 4 A. ABSOLUTELY.
- 5 Q. OKAY, ALL RIGHT. NOW, THE 248 I.G.E. LEVEL THAT YOU
6 WERE REFERRING TO, WAS THAT OUT OF DR. DAYRIT'S
7 RECORDS?
- 8 A. I CAN POUR THROUGH THE RECORDS AND DETERMINE THAT IF
9 YOU WOULD LIKE.
- 10 Q. WELL, LET ME JUST ASK YOU: DO YOU REMEMBER THAT DR.
11 DAYRIT SAW HER?
- 12 A. UH-HUH.
- 13 Q. IN WHICH THE DEFENDANTS HAVE RELIED ON HEAVILY, AND
14 HE GAVE HER A DIAGNOSIS OF HYPERSENSITIVITY
15 PNEUMONITIS VERSUS OCCUPATIONAL ASTHMA.
- 16 A. OKAY, YES, I REMEMBER THAT.
- 17 Q. FROM A MEDICAL -- AS A MEDICAL DIAGNOSIS.
- 18 A. OKAY.
- 19 Q. AND EVENTUALLY, HE DIAGNOSED HER WITH ASTHMA, AND IN
20 REFERENCE TO THE -- HE CONSTANTLY REFERRED TO THE
21 SENSITIVITY CHEMICALS THAT SHE WAS EXPOSED TO AT
22 WORK. SO TELL ME THE DIFFERENCE BETWEEN
23 OCCUPATIONAL ASTHMA AND ASTHMA IN GENERAL.
- 24 A. WELL, THE MAJORITY OF OCCUPATIONAL ASTHMA THAT OCCUR
25 IS DUE TO EXPOSURE TO A CHEMICAL IN THE ENVIRONMENT.

1 Q. OKAY.

2 A. INDUSTRIAL CHEMICALS ARE WIDESPREAD, AND SOME OF
3 THESE CHEMICALS CAN PRODUCE A VAPOR, AND IF THAT
4 VAPOR IS INHALED SUFFICIENTLY ENOUGH, THEN IT CAN
5 IRRITATE THE LUNGS AND CAUSE SOME SORT OF PULMONARY
6 DISEASE THAT CAN BE CLASSIFIED AS ASTHMA, BECAUSE
7 WHEN A PHYSICIAN SEES A PERSON, THEY HAVE TO
8 CLASSIFY THE SYMPTOMS THAT ARE BEING REPORTED, AND
9 ASTHMA IS KIND OF A CATCH ALL PHRASE FOR A CONDITION
10 WHEN SOMEONE HAS DIFFICULTY BREATHING.

11 Q. AND YOU RECORDED THAT THROUGHOUT; IN OTHER WORDS,
12 HER FAMILY DOCTOR WAS DIAGNOSING HER WITH VARIOUS
13 DIAGNOSES BEFORE SHE WAS FINALLY GIVEN A DIAGNOSIS
14 OF ASTHMA. YOU WOULD -- WOULD YOU AGREE WITH THAT
15 IN REVIEWING THOSE RECORDS?

16 A. YES, THERE WAS ---

17 Q. BRONCHITIS; PNEUMONIA, SARCOIDOSIS, ---

18 A. CORRECT.

19 Q. --- YOU KNOW, CHRONIC SINUSITIS, CHRONIC BRONCHITIS,
20 ALL OF THOSE WERE ENTERTAINED?

21 A. YES, BECAUSE SHE PRESENTED HERSELF WITH SYMPTOMS,
22 AND THE JOB OF THE PHYSICIAN IS BASED ON THESE
23 SYMPTOMS AS WELL AS OBJECTIVE DIAGNOSTIC TESTS TO
24 TRY TO COME UP WITH A DETERMINATION OF WHAT THE
25 DISEASE IS SO IT CAN BE TREATED, AND IN CASES OF

1 PULMONARY TYPE EFFECTS, A PHYSICIAN HAS TO STRONGLY
2 RELY ON WHAT IS BEING REPORTED BY THE PATIENT.

3 Q. CORRECT. AND A LOT OF THIS IS -- ONE OF THE
4 SPECIFIC DIFFERENCES BETWEEN JUST ASTHMA AND
5 OCCUPATIONAL ASTHMA IS THE SOURCE OF THE ASTHMA?

6 A. YES, CORRECT.

7 Q. FROM AN OCCUPATIONAL EXPOSURE?

8 A. YES, THE OCCUPATIONAL IS MORE CHEMICAL RELATED, THE
9 VAST MAJORITY OF THE CASES; WHEREAS, NON-
10 OCCUPATIONAL ASTHMA IS MORE LIKELY CAUSED BY A
11 GENETIC PREDISPOSITION FOR THAT; THEY WERE -- IT WAS
12 PASSED DOWN FROM THEIR ---

13 Q. NOW, TELL ME IN REFERENCE TO ADULT ONSET ASTHMA AT
14 HER AGE OF AROUND 60, TELL ME WHAT -- IS THERE SUCH
15 THINGS AS TRIGGERING FACTORS?

16 A. ABSOLUTELY, YES. SO, A PERSON WHO IS GENETICALLY
17 PREDISPOSED TO ASTHMA, AND EXACERBATION CAUSED BY A
18 CHEMICAL CAN PUT THAT PERSON INTO A STATE WHERE THEY
19 ARE NOT EXPERIENCING MORE SYMPTOMS. A PERSON CAN
20 HAVE ASTHMA EVEN AS A CHILD AND NOT REALLY KNOW IT,
21 BECAUSE IT'S SO MILD THAT THEY ARE JUST OUT OF
22 BREATH BECAUSE THEY ARE OUT OF SHAPE, AND THEY'RE AN
23 OBESE CHILD, AND THEY DON'T -- DON'T -- YOU KNOW,
24 CATCHING THEIR BREATH. SO, THERE EASILY AND QUITE
25 COMMONLY CAN BE CASES WHERE A CHILD WOULD HAVE

1 ASTHMA BUT IT BE MILD ENOUGH TO WHERE IT DOESN'T
2 TRIGGER A RESPONSE BY THE PARENT TO GET IT TREATED.
3 BUT EVEN IN CHILDHOOD, ADOLESCENCE, ADULTHOOD, IF
4 THAT PERSON IS EXPOSED TO SOMETHING THAT MAKES THAT
5 ALREADY EXISTING ASTHMA WORSE, THE PERSON IS GOING
6 TO HAVE MORE SYMPTOMS, AND THEREFORE IT MAY HAVE THE
7 APPEARANCE AT THAT POINT IN TIME THAT OH, YOU
8 DEVELOPED ASTHMA. WELL, MAYBE NOT. MAYBE YOU'VE
9 HAD ASTHMA ALL ALONG, BUT YOU'VE JUST NOW BEEN
10 EXPOSED TO SOMETHING THAT HAS MADE THE SYMPTOMS
11 WORSE, AND THAT COULD BE POLLEN. THAT COULD BE
12 WORKING AT A WOOD-BURNING STOVE. THAT COULD BE
13 RUNNING A CATERING BUSINESS. THAT COULD BE WORKING
14 WITH CHEMICALS AT PIGGLY WIGGLY.

15 Q. OKAY.

16 A. SO, THERE ARE A VARIETY OF CONDITIONS THAT CAN MAKE
17 THAT PROBLEM WORSE, AND AS A PERSON GETS OLDER, THEN
18 THEY'RE NOT AS HEALTHY ENOUGH TO FIGHT OFF THE
19 OCCURRENCE OF THE SYMPTOMS.

20 Q. NOW, EVERYBODY -- YOU TALKED ABOUT THE WOOD-BURNING
21 STOVE FOR A PERIOD OF TIME BEFOREHAND, AND WE TALKED
22 ABOUT THESE VARIOUS THINGS. LET'S TALK ABOUT A
23 COUPLE OF OTHER DISEASES AND SEE IF -- I THINK WE'RE
24 ON THE SAME PAGE WITH THIS, BUT FOR EXAMPLE, WE KNOW
25 THAT DIABETES SKIPS GENERATIONS FROM THE STANDPOINT

1 OF IT BEING SOMETHING OF A GENETICALLY INHERITED
2 CONDITION. I'M NOT TALKING THOSE OTHER TYPES OF
3 DIABETES, TYPE ONE, TYPE TWO. BUT IN OTHER WORDS,
4 DIABETES, YOU CAN HAVE IT AS AN ASYMPTOMATIC NON-
5 CONDITION UNTIL SUCH TIME AS SOMETHING THEN TRIGGERS
6 IT OR CAUSES IT TO BECOME SYMPTOMATIC.

7 A. YEAH. THERE ARE A VARIETY OF DISEASE THAT EXIT ---

8 Q. ALSO, THAT EXISTS FOR EXAMPLE IN THE AREA OF
9 ARTHRITIS?

10 A. RIGHT. THERE ARE A NUMBER OF DISEASES THAT EXIST
11 THAT DON'T BECOME PROMINENT UNTIL THEY ARE --
12 THERE'S A TRIGGER INVOLVED.

13 Q. YOU CAN HAVE A PREDISPOSITION TO ASTHMA, HAVE THAT
14 GENETIC PREDISPOSITION BUT NEVER DEVELOP IT; IS THAT
15 CORRECT?

16 A. WELL, I WANT TO CLARIFY THAT IT'S NOT A CONDITION
17 WHERE YOU DON'T HAVE IT AND THEN YOU HIT A TRIGGER,
18 AND YOU DO HAVE IT.

19 Q. OKAY.

20 A. IT'S -- IT'S NOT THAT DEMARCATED. IT'S MORE OF A
21 CONDITION, YOU HAVE IT, BUT YOU'RE NOT HIGHLY
22 SYMPTOMATIC, AND THEN YOU ARE EXPOSED TO SOME SORT
23 OF A CONDITION, AND THE SYMPTOMS BECOME WORSE TO THE
24 POINT TO WHERE YOU SEEK MEDICAL ATTENTION FOR
25 EXAMPLE.

1 Q. SO, HOW WOULD YOU DESCRIBE A CHILD WHO HAS CHILDHOOD
2 ASTHMA BUT THEN LATER ON THEY HAVE NO PROBLEMS?

3 A. THEY'VE LEARNED TO COPE WITH IT. THEY'VE LEARNED TO
4 ---

5 Q WOULD THAT BE THE SAME TYPE THING; IN OTHER WORDS,
6 IT BECOMES ALMOST ASYMPTOMATIC?

7 A. YEAH, IT CAN WORK BOTH WAYS, ABSOLUTELY. SO, IF YOU
8 STAY AWAY FROM TRIGGERS AND LIVE A HEALTHY
9 LIFESTYLE, YOU CAN REDUCE YOUR SYMPTOMS.

10 Q. NOW, EVERYBODY HAS AGREED; WE'VE HAD AT LEAST FOUR
11 OR FIVE WITNESSES TESTIFY ALREADY THAT UP UNTIL THE
12 SPRING OF 2011, THAT MS. SOWELL HAD ABSOLUTELY NO
13 PROBLEMS WITH ASTHMA OR BRONCHITIS AS FAR AS WE
14 KNOW. IN OTHER WORDS, THERE WAS NO PROBLEMS. MS.
15 QUICK EVEN TESTIFIED SHE WAS HEALTHY, AND EVERYBODY
16 AGREES SO FAR AND WE HAVE FOUND THAT THEY DEVELOPED
17 A PROBLEM WITH THE DRAINS WHERE THE DRAINS WERE
18 BACKING UP. THEY HAD TO ALMOST EVERY COUPLE OF
19 DAYS, THEY WOULD COME IN AND SNAKE OUT THE DRAIN.
20 ARE YOU FAMILIAR WITH WHAT I'M TALKING ABOUT ---

21 A. CORRECT.

22 Q. --- SNAKING OUT A DRAIN?

23 A. CORRECT.

24 Q. AND THEN THEY WOULD USE CHEMICALS BECAUSE IT WOULD
25 START BACKING UP, AND THEY WOULD USE CHEMICALS TO

1 FLUSH IT OUT, AND THEN THEY WOULD HAVE TO CALL THE
2 PLUMBER IN AGAIN AND SNAKE IT OUT AGAIN. THIS WAS A
3 REPEAT BUSINESS, AND EVERYBODY HAS TESTIFIED THIS
4 WENT ON FOR AT LEAST A COUPLE OF YEARS, BUT VERY
5 BADLY IN 2011.

6 A. OKAY.

7 Q. NOW, TELL ME IN REFERENCE -- AND TO COMPENSATE FOR
8 THAT, THAT ON A DAILY BASIS AND REPEATEDLY, THEY
9 WERE USING DRANO AND THESE OTHER CHEMICALS WE'RE
10 TALKING ABOUT, OKAY? WHAT DOES THAT TELL YOU IN
11 REFERENCE TO A TRIGGERING FACTOR AS BEING TO -- AND
12 THOSE CHEMICALS WERE ALL BEING USED AT WORK. WHAT
13 DOES THAT TELL YOU IN REFERENCE TO WHAT YOU'VE
14 TESTIFIED TO EARLIER AND WHAT WE'VE TALKED ABOUT IN
15 REFERENCE TO A TRIGGERING FACTOR?

16 A. ARE YOU SAYING MS. SOWELL WAS DOING THE SNAKING INTO
17 THE DRAIN, AND ---

18 Q. NO, MS. SOWELL WAS DOING THE USE OF THE CHEMICALS.

19 A. OKAY.

20 Q. AND SHE WAS PRESENT WHILE ALL THOSE CHEMICALS WERE
21 BEING USED.

22 A. OKAY. I'M TRYING TO PICTURE THE SCENARIO YOU'RE
23 DESCRIBING.

24 Q. RIGHT.

25 A. SO, SHE WASN'T THE ONE ACTUALLY TRYING TO CLEAR THE

1 DRAIN?

2 Q. RIGHT.

3 A. THERE WERE OTHER PEOPLE THAT WERE DOING THAT.

4 Q. CORRECT.

5 A. HOWEVER, SHE WAS -- DID YOU MAKE THE STATEMENT THAT

6 THESE OTHER PEOPLE WERE USING CHEMICALS AS WELL?

7 Q. NO, NO. THEY WERE -- THEY WERE HAVING THE BACKUP

8 PROBLEM. THEY WOULD USE CHEMICALS TO TRY TO

9 ERADICATE IT, TO STOP IT.

10 A. WHEN YOU SAY "THEY," WHO IS THEY?

11 Q. THE EMPLOYEES OF THE DELI.

12 A. OKAY, ALL RIGHT. OKAY. ALL RIGHT. AND THEN THAT

13 DIDN'T WORK. THEN THEY CALLED PLUMBERS?

14 Q. THEN THEY CALLED PLUMBERS.

15 A. OKAY.

16 Q. I MEAN, IT WAS TO THE POINT THAT THERE WERE FUMES IN

17 THE AIR FROM THE DRANO.

18 A. OKAY.

19 Q. WHAT DOES THAT TELL YOU ABOUT THE AMOUNT OF DRANO

20 THEY WERE USING?

21 A. I HAVE NO IDEA HOW MUCH WAS USED. IF YOU USE A

22 LITTLE OR A LOT, THERE'S GOING TO BE SOME VAPORS

23 FROM BLEACH BUT NOT NECESSARILY FROM THE DRANO.

24 DRANO IS NOT A COMPOUND THAT PRODUCES VAPORS

25 ACCORDING TO THE M.S.D.S. SHEET.

- 1 Q. WELL, LET'S -- IF YOU DON'T MIND, PULL THAT M.S.D.S.
2 SHEET OUT.
- 3 A. I DON'T HAVE IN THE RECORDS THAT WERE PRESENTED, THE
4 M.S.D.S. SHEET FOR DRANO, BECAUSE IT WAS NOT AN
5 APPROVED PRODUCT FOR USE BY PIGGLY WIGGLY.
- 6 Q. OKAY. SO, IF THEY WERE INSTRUCTED AND WERE GETTING
7 DRANO AND WERE USING DRANO, THAT WAS THE CHEMICAL OF
8 CHOICE THEY WERE TRYING TO USE TO FLUSH OUT THE
9 DRAINS -- WHAT DO YOU KNOW ABOUT DRANO?
- 10 A. WELL, IF -- AND I'M TRYING TO GET A -- PICTURING THE
11 SCENARIO OF HOW THE PRODUCT WAS USED. ARE YOU
12 SAYING IT WAS NOT USED BY THE PLUMBERS?
- 13 Q. NO, IT WAS USED BY THE EMPLOYEES FROM MY
14 UNDERSTANDING.
- 15 A. OKAY, ALL RIGHT.
- 16 Q. AMONG OTHER THINGS.
- 17 A. RIGHT. AS FAR AS CLARIFICATION, THE DRANO THAT WAS
18 USED WAS SOMETHING THAT WAS OBTAINED FROM THE STORE
19 SHELF?
- 20 A. I ASSUME IT WAS.
- 21 Q. OKAY, ALL RIGHT.
- 22 A. ALL RIGHT.
- 23 Q. THEY WERE DOING ANYTHING TO STOP THE BACKUP.
- 24 A. OKAY, ALL RIGHT.
- 25 Q. IT WAS BACKING UP ON THEIR FEET. I DON'T KNOW TO

1 WHAT LEVELS. I TELL YOU WHAT LET'S DO. LET'S --
2 BEFORE WE GET INTO THAT, LET'S TALK ABOUT THAT.

3 A. OKAY.

4 Q. YOU ACTUALLY TOOK PICTURES YOU SAID OF THE ENTIRE
5 STORE. IS THAT -- OR TOOK A LOT OF PICTURES?

6 A. YES, I TOOK A NUMBER OF PICTURES.

7 Q. OKAY. AND YOU SAID THAT THE FLOOR WAS SIMILAR AND
8 THAT IT WOULD BACK UP ON THE -- IT WOULD HAVE BACKED
9 UP INTO THE REMAINDER OF THE BUILDING FROM THOSE
10 DRAINS IF IT -- BECAUSE IT'S JUST SLIGHTLY ABOVE
11 LEVEL?

12 A. WELL, IT WOULDN'T -- IT WOULD SPREAD AS FAR AS THE
13 AMOUNT OF LIQUID THAT WAS THERE. IN OTHER WORDS, IT
14 WOULD FILL THE ENTIRE FLOOR AT AN EIGHTH OF AN INCH
15 THICK IF THERE WAS ENOUGH FLUID COMING BACK OUT.

16 Q. WELL, THAT GOES TO MY NEXT QUESTION. WHAT WAS THE
17 FALL ON THAT DRAIN?

18 A. PARDON ME?

19 Q. WHAT WAS THE FALL ON THE DRAIN?

20 A. THE FALL? I DIDN'T UNDERSTAND WHAT YOU SAID.

21 Q. THE FALL ON THE DRAIN.

22 A. CAN YOU SPELL THAT FOR ME? F-A-L-L?

23 Q. F-A-L-L, YEAH, FALL.

24 A. I DON'T KNOW WHAT THAT MEANS.

25 Q. WELL, YOU KNOW A LITTLE BIT ABOUT CONSTRUCTION, I

- 1 ASSUME BECAUSE OF THE CASES ---
- 2 A. OH, THE DIP?
- 3 Q. THE WHAT?
- 4 A. THE DIP AS FAR AS THE LEVEL OF THE FLOOR?
- 5 Q. EXACTLY.
- 6 A. OKAY, ALL RIGHT. NOW, I UNDERSTAND WHAT YOU'RE
- 7 SAYING.
- 8 Q. SO, I MEAN, FOR EXAMPLE, IF YOU'RE GOING TO TRY TO
- 9 DRAIN THIS AREA, YOU DON'T HAVE TO HAVE A PARTICULAR
- 10 LEVEL OF FALL TO GRADE.
- 11 A. RIGHT.
- 12 Q. BUT IF YOU'RE GOING TO DRAIN THIS ENTIRE ROOM AREA,
- 13 YOU ARE -- YOU DO KNOW THAT THE AMOUNT OF AREA
- 14 YOU'VE GOT TO DRAIN HAS TO INCREASE?
- 15 A. CORRECT, YES.
- 16 Q. OKAY. SO, TELL ME WHAT MEASUREMENTS YOU MADE OF THE
- 17 FALL?
- 18 A. OH, I JUST DID VISUAL OBSERVATIONS.
- 19 Q. SO, HOW ARE YOU -- HOW ARE YOU ABLE TO TESTIFY IF IT
- 20 HAD TO BE OVER AN EIGHTH OF AN INCH THICK?
- 21 A. BECAUSE I SAW IT WITH MY OWN EYES.
- 22 Q. WELL, OKAY. DID YOU STAND NEXT TO IT -- SO, YOU
- 23 STOOD NEXT TO THE DRAIN, AND THEN YOU SAW HOW HIGH
- 24 IT WAS UP TO WHERE -- OF COURSE, THERE'S AN AREA
- 25 THAT'S MEANT TO DRAIN INTO THAT DRAIN, CORRECT?

- 1 A. CORRECT.
- 2 Q. AND THEY ALSO HAD FOUR OR FIVE OF THOSE?
- 3 A. UH-HUH.
- 4 Q. AND THE FLOOR WOULD BE SET UP TO WHERE THERE WAS A
- 5 DRAINAGE AREA FOR EACH ONE OF THOSE DRAINS?
- 6 A. RIGHT, BUT THE FALL IS NOT SPREAD FAR FROM THE DRAIN
- 7 ITSELF. IT'S LOCATED IMMEDIATELY AROUND THE DRAIN.
- 8 Q. NO, SIR, THE FALL STARTS FROM THE AREA YOU WANT TO
- 9 START DRAINING ALL THE WAY TO THE DRAIN.
- 10 A. BUT IT'S SO MINUSCULE THAT IT WOULD NOT CREATE DEEP
- 11 WATER.
- 12 Q. SO, DO YOU HAVE ANY IDEA OF PER FOOT HOW MUCH FALL
- 13 YOU HAVE TO USE IN CONSTRUCTION TO MAKE SURE THAT
- 14 THAT PROPERLY DRAINS THROUGH THAT AREA?
- 15 A. NO, SIR, I'M NOT A STRUCTURAL ENGINEER.
- 16 Q. OKAY, ALL RIGHT.
- 17 A. I JUST KNOW WHAT I OBSERVED AND USED MY COMMON
- 18 SENSE.
- 19 Q. OKAY. SO, YOU DON'T -- YOU DON'T BELIEVE IT WOULD
- 20 BE MAYBE AN INCH, INCH AND A HALF, SOMETHING LIKE
- 21 THAT, OVER THE ENTIRE -- IF YOU WOULD HAVE STOOD
- 22 NEXT TO THE DRAIN IN THAT AREA?
- 23 A. WELL, I HAVEN'T DONE ANY ONSITE TESTS TO SEE HOW
- 24 MUCH OF A DEPTH THAT I COULD FORCE TO REOCCUR. I'M
- 25 JUST SAYING THAT THE FLOOR WAS FLAT, AND IT WAS

1 CONTIGUOUS WITH THE REST OF THE FLOOR, AND THAT IF
2 ANY FLOODING OCCURRED, IT WOULD ---

3 Q. NOW, IN FAIRNESS TO YOU, I DON'T THINK YOU WENT
4 THERE TO SPECIFICALLY MEASURE THE FALL AS WE'RE
5 TALKING ABOUT.

6 A. CORRECT.

7 Q. OKAY. AND YOU WERE GENERALLY THERE TO OBSERVE THE
8 CONDITION OF THE STORE AND THE FLOORS AND THAT TYPE
9 OF THING.

10 A. CORRECT.

11 Q. AND IT WAS A DRAINAGE PATTERN AND THAT KIND OF
12 THING; IS THAT CORRECT?

13 A. CORRECT, YEAH.

14 Q. ALL RIGHT. SO, YOU DIDN'T ACTUALLY GET DOWN AND
15 EYEBALL THE AMOUNT OF FALL THERE WAS BETWEEN -- IN
16 OTHER WORDS, THE REASON YOU HAVE A DRAINAGE AREA IS
17 SO THAT IT WILL DRAIN THAT AREA INTO THAT DRAIN, AND
18 SO THAT IT WON'T GO OUT ON TO THE REMAINDER OF THE
19 FLOOR OF THE STORE. YOU WOULD AGREE WITH ME ON
20 THAT?

21 A. CORRECT.

22 Q. THAT'S WHY YOU HAVE DRAINS?

23 A. RIGHT.

24 Q. NOW, WAS THERE ANY DIFFERENCE IN THE TYPE OF FLOOR
25 THAT WAS IN THERE VERSUS THE TYPE OF FLOOR THAT WAS

1 OUT ON THE REGULAR FLOOR OF THE BUILDING?

2 A. TILE VERSUS VINYL.

3 Q. OKAY. SO, IT WAS A DIFFERENT -- DIFFERENT ---

4 A. RIGHT.

5 Q. --- TYPE FLOORING?

6 A. RIGHT.

7 Q. NOW, YOU'VE TESTIFIED ABOUT THE OPENNESS OF THE DELI
8 AREA. WAS THERE A SET -- MS. QUICK HAS TESTIFIED
9 THERE'S A SET OF DOORS THAT GOES BACK INTO THE
10 KITCHEN AREA?

11 A. I DIDN'T SEE THOSE DOORS.

12 Q. OKAY.

13 A. I DIDN'T SEE ANY DOORS GOING INTO A SEPARATE ROOM.

14 Q. NOW, IF I REMEMBER CORRECTLY, YOU TESTIFIED THAT YOU
15 WENT THERE WHENEVER THIS HAD BEEN BOUGHT OUT AND
16 RECENTLY -- IT'S NOW -- WHAT'S THE NAME OF THE
17 STORE?

18 A. CARL'S.

19 Q. CARL'S. SO, YOU DON'T KNOW IF THERE'S BEEN ANY --
20 WHAT TYPE OF MODIFICATIONS THERE'S BEEN TO THE
21 ENTIRE KITCHEN AND DELI AREA?

22 A. I DO NOT KNOW.

23 Q. OKAY. SO, YOU KNOW NOTHING ABOUT THAT DELI -- THAT
24 AREA IN REFERENCE TO THE WAY IT WAS. SO, IF MS.
25 QUICK TESTIFIED THAT THERE WAS A SET OF DOORS THAT

1 TOOK YOU THROUGH AND BACK INTO THE KITCHEN AREA, YOU
2 DIDN'T SEE THOSE?

3 A. CORRECT. I DID NOT KNOW THE CONDITION OF THE
4 CONSTRUCTION OF THE DELI AREA PRIOR TO MY VISIT
5 WITHIN THE PAST MONTH OR SO.

6 Q. OKAY. ALL RIGHT. AND THE REASON I -- THE REASON ---
7 AND I WANT TO BE FAIR TO YOU. IF THERE WAS A SET OF
8 DOORS THAT WENT BACK INTO THE KITCHEN AREA WHERE ALL
9 THE KITCHEN PREPARATION AND ALL WAS DONE, DID YOU
10 SEE THE -- DID YOU SEE THE VENTILATORS -- THE
11 VENTILATORS FOR THE KITCHEN, I MEAN, ALL THE
12 OVERHEAD VENTS FOR THE STOVES?

13 A. I DID SEE -- I BELIEVE I DID SEE THOSE, YES.

14 Q. SO -- AND HOW MUCH OF THE TIME ARE THOSE KEPT ON
15 WHILE IT'S OPERATING?

16 A. I DO NOT KNOW.

17 Q. WELL, I'M ASSUMING BEING IN THE AREA OF TOXICOLOGY
18 THAT YOU WOULD KNOW THAT WHENEVER YOU ARE COOKING
19 AND/OR YOU'RE USING CHEMICALS THAT REQUIRE
20 VENTILATION THAT YOU WOULD BE USING THOSE VENTS?

21 A. THAT WOULD BE COMMON SENSE, YES.

22 Q. OKAY. AND SO WERE THOSE IN OPERATION; WERE THEY
23 DOING ANY COOKING WHILE YOU WERE THERE?

24 A. NO, I DON'T BELIEVE THEY WERE.

25 Q. OKAY, ALL RIGHT. NOW, LET'S TALK ABOUT THE MR.

1 MUSCLE. YOU SAID THAT IS USED AND IS SUPPOSED TO BE
2 USED FOR WHAT?

3 A. IT'S AN OVEN -- OVEN CLEANING.

4 Q. OVEN CLEANING?

5 A. CORRECT.

6 Q. AND YOU SAW OVENS THERE?

7 A. CORRECT.

8 Q. JUST SPECIFICALLY CLOSED OVENS -- HOW DO YOU USE IT?

9 A. WELL, I'VE NEVER USED THE ACTUAL PRODUCT ITSELF, BUT
10 YOU -- IF YOU'RE CLEANING THE OVEN, YOU APPLY THE
11 CHEMICAL AND THEN CLOSE THE DOOR AND TURN ON THE
12 OVEN AND BLOW IT OUT.

13 Q. AND THEN AFTER YOU BLOW IT OUT, WHAT DO YOU DO THEN,
14 CLEAN OUT THE RESIDUE AND ALL THAT?

15 A. CORRECT, YES.

16 Q. AND DO YOU USE IT ON FRYERS AND THAT TYPE OF THING?

17 A. YOU CAN, YES.

18 Q. OKAY. AND SO, YOU CLEAN IT OUT. CAN YOU USE IT; IS
19 IT OKAY TO TOUCH IT?

20 A. SURE.

21 Q. I MEAN, LIKE IF YOU USE GLOVES OR WHATEVER TO CLEAN
22 IT, CLEAN OUT THE FRYERS AND THAT TYPE OF THING?

23 A. YES.

24 Q. OR FRY BASKETS, ANYTHING LIKE THAT, YOU CAN USE THAT
25 MR. MUSCLE FOR THAT, RIGHT?

1 A. CORRECT.

2 Q. 'CAUSE IT'S REALLY A DEGREASER?

3 A. CORRECT.

4 Q. AND SO IT'S APPROPRIATE TO USE IT ON ANYTHING, AND
5 THEN OF COURSE DO YOU MIX IT WITH WATER ORDINARILY
6 OR DO YOU THEN WASH OFF WITH WATER?

7 A. CORRECT. YOU RINSE IT AWAY, YEAH.

8 Q. OKAY. AND THEN OF COURSE THAT WOULD -- ALL OF THAT
9 CLEANING MIXTURE AND THE MR. MUSCLE AND ALL OF THAT
10 WOULD GO INTO THE -- WOULD GO INTO THE COMMERCIAL
11 SINK FOR DISPOSAL, WOULDN'T IT?

12 A. CORRECT.

13 Q. ALL RIGHT. AND THEN THAT OF COURSE WOULD GO DOWN IN
14 TO THE DRAINS, WOULDN'T IT?

15 A. CORRECT.

16 Q. ALL RIGHT. NOW, WHAT DO YOU USE BLEACH FOR IN
17 REFERENCE TO CLEANING IN A DELI OR ANY KIND OF A
18 STAINLESS STEEL AREA?

19 A. THAT'S TO USE IT AS A GENERAL DISINFECTANT.

20 Q. OKAY. THAT'S RIGHT. IT'S USED AS A GENERAL
21 DISINFECTANT LIKE IF YOU'RE USING UNCOOKED MEATS AND
22 COOKED MEATS AND ALL THAT KIND OF STUFF AND
23 VEGETABLES, RAW VEGETABLES, COOKED VEGETABLES, YOU
24 WOULD USE IT AS A DISINFECTANT TO DISINFECT ALL OF
25 THE WHAT -- WHAT ARE YOU DISINFECTING?

- 1 A. WORK SURFACES.
- 2 Q. IN REFERENCE TO, YOU KNOW, LIKE THE BLOOD, THE
- 3 FUNGUS, WHAT ALL COMES FROM ALL THOSE KIND OF
- 4 PRODUCTS? FUNGUS?
- 5 A. THERE'S BACTERIA, MOLD, FUNGUS, JUST ANY TYPE OF
- 6 MICROORGANISM.
- 7 Q. ARE YOU FAMILIAR WITH THE -- ARE YOU FAMILIAR WITH
- 8 OCCUPATIONAL ASTHMA IN THE SETTING OF MEAT CUTTERS?
- 9 A. SOMEWHAT, YES. I'VE DONE SOME READING ON IT.
- 10 Q. ARE YOU FAMILIAR WITH OCCUPATIONAL ASTHMA IN THE
- 11 SETTING OF FARM WORKERS?
- 12 A. SOMEWHAT.
- 13 Q. ARE YOU FAMILIAR WITH THE SETTING OF OCCUPATIONAL
- 14 ASTHMA IN REFERENCE TO FOOD PRODUCTION PEOPLE?
- 15 A. SOMEWHAT, YES.
- 16 Q. ALL RIGHT. ARE YOU -- ARE YOU -- YOU KNOW, I CAN GO
- 17 DOWN A WHOLE -- YOU'RE FAMILIAR THAT THERE IS A
- 18 TREMENDOUS LIST PUBLISHED BY THE NATIONAL INSTITUTE
- 19 OF HEALTH IN REFERENCE TO OCCUPATIONAL ASTHMA AND
- 20 THE TYPES OF OCCUPATIONS FROM WHICH YOU CAN DEVELOP
- 21 IT?
- 22 A. CORRECT, YES, THERE IS.
- 23 Q. AND A LOT OF THOSE HAVE TO DO WITH EXPOSURE TO RAW
- 24 AND COOKED VEGETABLES?
- 25 A. UH-HUH.

- 1 Q. AND RAW AND COOKED MEATS?
- 2 A. CORRECT.
- 3 Q. AND FISH?
- 4 A. CORRECT.
- 5 Q. AND ALL OF WHICH THEY WERE USED IN THAT DELI?
- 6 A. CORRECT.
- 7 Q. AND ALL OF WHICH THE BLOOD AND ALL THE VARIOUS
- 8 FLUIDS AND COOKED AND BY-PRODUCTS AND ALL THE
- 9 VARIOUS ROTTING AND MOLD AND ALL THAT KIND OF STUFF,
- 10 THE WATER AND ALL OF THAT WASTEWATER WENT WHERE?
- 11 A. DOWN THE DRAIN.
- 12 Q. IN THE SINK, AND IT WAS DOWN THE SINK, CORRECT, DOWN
- 13 THE DRAIN?
- 14 A. UH-HUH.
- 15 Q. SO, ALL OF THAT POTPOURRI OF STUFF WOULD HAVE BEEN
- 16 IN THERE?
- 17 A. CORRECT.
- 18 Q. ALL RIGHT. AND SO, THE MR. MUSCLE AND THE BLEACH
- 19 MIXED IN WITH THE WATER WOULD HAVE BEEN IN THOSE
- 20 DRAINS?
- 21 A. CORRECT.
- 22 Q. AND YOU'VE ALREADY TESTIFIED THAT IT WOULD NOT BE A
- 23 GOOD IDEA TO MIX BLEACH -- AS A MATTER OF FACT,
- 24 YOU'RE NOT SUPPOSED TO MIX BLEACH AND MR. MUSCLE?
- 25 A. CORRECT.

1 Q. ALL RIGHT. AND NOW, WE'VE GOT -- AND WE DON'T HAVE
2 THE M.S.D.S. SHEET FOR DRANO. NOW, YOU KNEW FROM
3 DR. EARLY'S REPORT AND THE OTHER REPORTS THAT SPIT
4 FIRE AND PINESOL AND DRANO WERE ALL THE PRODUCTS
5 THEY WERE USING TO TRY TO ERADICATE THIS PROBLEM
6 THEY WERE HAVING WITH THE DRAIN?

7 A. CORRECT.

8 Q. OKAY. BUT YOU DIDN'T LOOK AT THOSE?

9 A. I DID, YES, AND I HAVE THEM ---

10 Q. BUT YOU DIDN'T BRING THEM WITH YOU?

11 A. WELL, I BROUGHT THEM ON A MEMORY STICK.

12 Q. OKAY, ALL RIGHT. BUT ---

13 A. I'M NOT STRONG ENOUGH TO CARRY ALL OF THE FILES AND
14 PAPER THAT I WOULD HAVE NEEDED TO.

15 Q. WELL, LET ME ASK YOU THIS; DID THAT DRANO -- I MEAN,
16 CAN WE AGREE THAT DRANO IS SOMETHING THAT YOU ARE
17 ONLY SUPPOSED TO USE AND YOU ONLY USE LIKE IN A HOME
18 SETTING ABOUT WHENEVER YOU HAVE A DRAIN CLOGGED
19 MAYBE ONCE A MONTH OR SOMETHING LIKE THAT?

20 A. IT'S AVAILABLE ON A RETAIL BASIS FOR USE IN THE
21 HOME, EVEN IN AN ENCLOSED ENVIRONMENT LIKE A SMALL
22 BATHROOM.

23 Q. OH, I FULLY AGREE WITH YOU ON THAT, BUT WE DON'T USE
24 IT ON A DAILY BASIS, DO WE?

25 A. TYPICALLY NOT.

- 1 Q. OKAY. EVEN IN -- I'M NOT SO SURE IT'S EVEN USED ON
2 A DAILY BASIS -- ARE YOU FAMILIAR WITH THE USE OF --
3 I THINK IT PROVIDES THAT YOU ARE SUPPOSED TO BE IN A
4 WELL VENTILATED AREA.
- 5 A. WELL, THAT'S A GENERAL STATEMENT FOR MOST ALL OF
6 THESE CHEMICALS.
- 7 Q. ANY TYPE OF -- ALL OF THESE ITEMS WE'RE TALKING
8 ABOUT COULD BE CORROSIVE TO THE LUNGS AND COULD
9 CAUSE HEALTH PROBLEMS FROM INHALATION OR ABSORPTION?
- 10 A. OH, ABSOLUTELY. IT'S ALL DOSE RELATED.
- 11 Q. AND I'M GLAD YOU MENTIONED THAT, IT'S DOSE RELATED.
12 AND HAVE YOU BEEN FAMILIAR WITH ANY AIR MONITORING
13 PLANTS?
- 14 A. NO, SIR.
- 15 Q. ARE YOU FAMILIAR WITH DOSIMETERS?
- 16 A. YES.
- 17 Q. AND WHERE THE DOSIMETER, A PERSON WEARS THE
18 DOSIMETER, AND THEN THEY GET A SAMPLE OF WHAT
19 THEY'RE ACTUALLY EXPOSED TO?
- 20 A. CORRECT. AND THAT PROVIDES AN ACCUMULATION
21 EXPOSURE.
- 22 Q. EXACTLY, AND THEN YOU HAVE YOUR TIME WEIGHTED
23 AVERAGE FOR THAT?
- 24 A. CORRECT.
- 25 Q. ALL RIGHT. IN REFERENCE TO THAT, CORRECT ME IF I'M

1 WRONG, BUT IF A PERSON IS USING SOME TYPE OF
2 CHEMICALS SUCH AS WE ARE DISCUSSING HERE OR IF WE
3 ARE DISCUSSING SOLIDS, AND THEY'RE STANDING AT THE
4 MACHINE VERSUS THE OTHER DOSIMETERS THAT ARE PLACED
5 AROUND THE PLANT, YOU'RE GOING TO HAVE A HIGH RATING
6 OF EXPOSURE RIGHT THERE?

7 A. CORRECT.

8 Q. SO, IN REFERENCE TO WHAT WE'RE TALKING ABOUT HERE,
9 IF A PERSON IS WORKING OVER AND AROUND THAT DRAIN
10 WHERE IT'S BACKING UP AND WHERE THIS STUFF IS COMING
11 OUT OF AND THE FUMES ARE, ARE THEY GOING TO BE
12 EXPOSED TO A HIGHER LEVEL THAN A PERSON WHO IS
13 STANDING OVER THERE OR OUT FRONT GETTING READY TO
14 SERVE THE DELI MEATS?

15 A. THAT WAS DEFINITELY AT A HIGHER LEVEL.

16 Q. OKAY.

17 A. BUT I HAVE TO ASK, WHY WOULD A PERSON TAKE THAT RISK
18 AND EXPOSE THEMSELVES TO THOSE TYPES OF CHEMICALS
19 THAT ARE BEING EMITTED?

20 Q. WELL, I GUESS YOU COULD ASK THAT ABOUT A LOT OF
21 PEOPLE, BECAUSE I GUESS THEY WANT TO MAKE A LIVING.

22 A. OKAY.

23 Q. AND THEIR JOB WAS TO RUN THAT DELI AND TO KEEP IT
24 CLEAN AND TO MAKE SURE THAT THE -- WHEN THE GUY CAME
25 IN FROM THE INSPECTOR THAT THEY PASSED INSPECTION,

- 1 AND THEIR JOB WAS TO KEEP THAT FILTHY TRASH THAT WAS
2 BACKING UP THROUGH THOSE SEWERS OUT OF THERE.
- 3 A. YES.
- 4 Q. AND SO THEY WERE DOING THAT. THEY WERE DUMPING
5 DRANO IN THERE, OKAY?
- 6 A. OKAY.
- 7 Q. AND THEY WERE PUTTING MR. MUSCLE IN THERE, AND THERE
8 WAS BLEACH IN THERE. SO, I THINK THEY WERE JUST
9 DOING THEIR JOB; WOULD YOU AGREE WITH ME?
- 10 A. NO, I THINK THEY WERE TAKING RISKS FAR BEYOND WHAT
11 THEIR JOB REQUIRED.
- 12 Q. WHO TOLD THEM ABOUT THAT RISK?
- 13 A. PIGGLY WIGGLY MANUAL.
- 14 Q. PIGGLY WIGGLY MANUAL, YOU JUST SAID DRANO WASN'T
15 EVEN IN THERE?
- 16 A. WELL, THE DRANO ITSELF HAS WARNINGS AND PRECAUTIONS
17 AND SAFETY INFORMATION RIGHT ON THE LABEL.
- 18 Q. OKAY, ALL RIGHT.
- 19 A. AND I READ EVERY LABEL OF EVERY CHEMICAL THAT I USE
20 AND NOT BECAUSE I'M A TOXICOLOGIST.
- 21 Q. DOES IT -- DOES IT HAVE -- I WAS GOING TO SAY, LET
22 ME ASK YOU ABOUT THAT. DOES THAT HAVE A LITTLE BIT
23 TO DO ABOUT WHAT YOU'VE SEEN AND ALSO BECAUSE YOU'RE
24 A TOXICOLOGIST?
- 25 A. NO, THAT'S WHAT EVERY PERSON SHOULD DO BEFORE THEY

1 USE A CHEMICAL COMPOUND.

2 Q. AND I KNOW YOU'VE REVIEWED ALL OF THE MEDICAL
3 RECORDS AND ALL OF THAT, AND I BELIEVE IN FAIRNESS
4 TO YOU, YOU TESTIFIED TO THIS REALLY EARLY IN YOUR
5 TESTIMONY, AND I BELIEVE THIS IS -- I'M JUST GOING
6 TO ASK YOU TO CONFIRM IF THIS IS CORRECT THAT YOU
7 WERE TALKING ABOUT THAT EXPOSURE TO THESE CHEMICALS
8 AND EXPOSURE TO BLEACH AND MIXED WITH THE MR. MUSCLE
9 IS NOT SUPPOSED TO BE DONE. YOU ALSO TESTIFIED
10 THAT, YOU KNOW, EXPOSURE TO THESE CAN CAUSE LUNG
11 PROBLEMS. IT CAN CAUSE -- AND WE'VE ALREADY STATED
12 THAT THESE ARE THE TYPES OF CHEMICALS THAT COULD
13 TRIGGER ASTHMA, AND THEN THE QUESTION COMES DOWN TO
14 -- WOULD YOU AGREE WITH ME THE QUESTION COMES DOWN
15 TO MAYBE POSSIBLY THE LEVEL OF EXPOSURE?

16 A. IT'S POSSIBLE.

17 Q. OKAY. WHAT WOULD IT TELL YOU IF THERE WERE -- IF
18 THE -- WHEN THEY WERE USING THIS DRANO ON A DAILY
19 BASIS REPEATEDLY TO TRY TO GET THE DRAINS OPEN AND
20 THAT THE FUMES WERE COMING UP OUT OF THE DRAINS, YOU
21 COULD ACTUALLY -- IT WAS AN UNBELIEVABLY -- IT WAS A
22 VERY STRONG ODOR AND ALSO THAT IT WAS JUST -- YOU
23 COULD LITERALLY SEE THE FUMES AND YOU COULD JUST
24 FEEL ALL THAT COMING OUT OF THESE DRAINS AS BEING
25 AROUND IT, WHAT WOULD THAT TELL YOU IN REFERENCE IN

1 WHAT WAS GOING ON, WHAT WAS IN THOSE FUMES, THAT
2 TYPE OF THING?

3 A. WELL, IF YOU CAN ACTUALLY SEE FUMES, THEN THAT'S A
4 HIGH CONCENTRATION OF FUMES THAT A PERSON SHOULD
5 AVOID.

6 Q. OKAY, ALL RIGHT. DO YOU HAVE THOSE PICTURES WITH
7 YOU?

8 A. I HAVE THEM ON A STICK, YEAH.

9 Q. OH, YOU DON'T HAVE LIKE ACTUAL RUN OUT COPIES?

10 A. NO.

11 BY MS. MILLER:

12 I HAVE THEM.

13 BY MR. MCDANIEL:

14 YEAH, CAN I HAVE JUST A MINUTE, COMMISSIONER?
15 IT MIGHT BE A GOOD POINT TO TAKE A BREAK. I'M
16 PROBABLY FINISHED, BUT I JUST WANT TO -- I WOULD
17 LIKE TO JUST TAKE A LOOK AT THEM.

18 BY COMMISSIONER JAMES:

19 _____OKAY. LET'S TAKE ---

20 BY MR. MCDANIEL:

21 NO, I TELL YOU WHAT. LET ME NOT BELABOR THIS
22 ANYMORE. NOTHING FURTHER, COMMISSIONER.

23 BY COMMISSIONER JAMES:

24 _____ANY RE-DIRECT?

25 BY MS. MILLER:

1 JUST REAL BRIEFLY.

2 **RE-DIRECT EXAMINATION BY MS. MILLER:**

3 Q. DR. BENNETT, IS IT YOUR OPINION THAT THERE IS
4 EVIDENCE IN THIS CASE THAT THE CAUSE OF MS. SOWELL'S
5 ASTHMA IS LINKED TO FACTORS OUTSIDE OF HER WORK WITH
6 PIGGLY WIGGLY? I THINK THAT'S PRETTY MUCH THE
7 ISSUE.

8 A. YEAH, BASED ON THE FACT THAT HER IMMUNOGLOBULIN E
9 LEVELS ARE ELEVATED AND THAT HER FATHER HAS ASTHMA;
10 HER DAUGHTER HAS A PULMONARY CONDITION; THAT IT IS
11 MORE LIKELY THAT IT'S -- HER ASTHMA WAS CAUSED JUST
12 BY HER GENETICS RATHER THAN BEING EXPOSED TO
13 CHEMICALS IN THE WORKPLACE. THAT'S MY OPINION.

14 **BY MS. MILLER:**

15 THANK YOU.

16 **RE-CROSS EXAMINATION BY MR. MCDANIEL:**

17 Q. WELL -- AND I BELIEVE -- I DON'T NECESSARILY MAYBE
18 DISAGREE WITH YOU, DOCTOR. LET ME ASK YOU THIS: WE
19 AGREE THOUGH ALSO THAT CHEMICALS CAN TRIGGER? THAT
20 CAN BE -- I'M GOING TO USE THE TERM, WHICH I'VE
21 REFERRED TO HER THOUSANDS OF TIMES FROM
22 TOXICOLOGISTS AND DOCTORS ASYMPTOMATIC OR IN OTHER
23 WORDS IT IS NOT CAUSING ANY PROBLEM AND THEN SHE IS
24 EXPOSED TO A TRIGGERING FACTOR.

25 A. I THINK THE KEY WORD HERE IS EXACERBATE, AND IT'S MY

1 OPINION THAT THE CHEMICALS THAT -- MAINLY THE
2 BLEACH, THE MAIN CHEMICAL HERE THAT PRODUCES THE
3 MOST VOLATILE TYPE COMPOUNDS IS BLEACH. SO, HER
4 EXPOSURE TO BLEACH POTENTIALLY COULD EXACERBATE HER
5 ASTHMATIC CONDITION.

6 Q. OKAY. AND IT GOES BACK TO OUR EARLIER DISCUSSION
7 ABOUT AND ALSO A LARGE PART OF THAT WOULD BE THE
8 AMOUNT OF -- THE AMOUNT OF EXPOSURE WOULD HAVE A
9 FACTOR ON THAT?

10 A. ABSOLUTELY, THE DOSE IS CRITICAL.

11 BY MR. MCDANIEL:

12 ALL RIGHT. NOTHING FURTHER, COMMISSIONER.

13 BY MS. MILLER:

14 ONE CLARIFICATION.

15 RE-DIRECT EXAMINATION BY MS. MILLER:

16 Q. BUT IN TERMS OF BLEACH BEING USED IN A CATERING
17 BUSINESS VERSUS BLEACH BEING USED AT PIGGLY WIGGLY,
18 IS THERE ANY WAY TO KNOW WHICH ONE CAUSES MORE HARM
19 OR EQUAL?

20 A. WHETHER SHE WAS IN A WORK ENVIRONMENT, CATERING
21 BUSINESS, HOME USE, LAUNDRY USE, THERE'S NO WAY TO
22 DETERMINE WHICH EXPOSURE OR MOST LIKELY AN
23 ACCUMULATION OF ALL OF THOSE EXPOSURES WOULD
24 EXACERBATE ASTHMA.

25 Q. AND IN TERMS OF A TRIGGER, IS DUST AND POLLEN ALSO

1 COULD BE CONSIDERED A TRIGGER?

2 A. ABSOLUTELY.

3 BY MR. MCDANIEL:

4 COMMISSIONER, THAT GOES BEYOND THE SCOPE OF RE-
5 DIRECT -- RE-CROSS. POLLEN, THAT WAS NOT A QUESTION
6 I ASKED.

7 BY COMMISSIONER JAMES:

8 IN THE GENERAL SCOPE OF WHAT'S BEING ASKED, AS
9 DEALING WITH EXACERBATIONS, SO I'M GOING TO ALLOW
10 THE QUESTION.

11 BY MS. MILLER:

12 THANK YOU, YOUR HONOR.

13 BY COMMISSIONER JAMES:

14 _____ WOULD YOU LIKE TO REPEAT THE QUESTION, PLEASE?

15 BY MS. MILLER:

16 SURE.

17 RE-DIRECT EXAMINATION RESUMED BY MS. MILLER:

18 Q. IN TERMS OF TRIGGERS, YOU IDENTIFIED -- WE TALKED
19 ABOUT THE BLEACH. WHAT ABOUT DUST AND POLLEN?

20 A. THE DUST AND POLLEN IS MORE -- IN MY OPINION MORE OF
21 A TRIGGER FOR ASTHMA THAN BLEACH IS. SO, IT'S
22 COMPLETELY UNKNOWN WHAT DUST OR ALLERGENS OR OTHER
23 ASTHMAGENS THAT WERE EXPOSED TO BY THE CLAIMANT.
24 THERE'S NO WAY TO DISTINGUISH WHAT SHE WAS EXPOSED
25 TO WHEN. NOW, AS FAR AS HER ATTORNEY POINTED OUT,

1 THE TIMING OF SUCH IS THAT THE SYMPTOMS OF ASTHMA
2 WORSENERD IN RELATION TO THE TIMING OF THE EXPOSURE
3 TO CHEMICALS IN THE WORKPLACE, AND SO THERE IS A
4 CAUSE AND EFFECT RELATIONSHIP TYING TO BE
5 ESTABLISHED BASED ON THAT, BUT YET THERE ARE TOO
6 MANY OTHER CAUSES TO BE ABLE TO DEFINITELY
7 ESTABLISH IN MY OPINION A CAUSE AND EFFECT
8 RELATIONSHIP PROXIMATE TO THE EXPOSURE TO CHEMICALS
9 AT WORK.

10 Q. THANK YOU.

11 BY MS. MILLER:

12 NOTHING FURTHER, YOUR HONOR.

13 BY MR. MCDANIEL:

14 A QUESTION ON RE-RE-REDIRECT.

15 BY COMMISSIONER JAMES:

16 CROSS.

17 RE-CROSS EXAMINATION BY MR. MCDANIEL:

18 Q. TOO MANY CAUSES. CAN YOU LIST THOSE OTHER CAUSES,
19 WHAT THOSE OTHER CAUSES WERE?

20 A. WELL, THERE ARE SOME OTHER CONDITIONS THAT CAN CAUSE
21 ASTHMA THAT WE HAVEN'T EVEN TALKED ABOUT THAT MS.
22 SOWELL HAS. FOR EXAMPLE, GASTROINTESTINAL REFLUX
23 DISEASE. THAT CAUSES ASTHMA. SHE HAS THAT
24 CONDITION. IT IS DOCUMENTED IN THE LITERATURE. SO,
25 THERE'S NUMEROUS CAUSES, POTENTIAL CAUSES, OF ASTHMA

1 THAT COULD'VE OCCURRED IN HER SITUATION.

2 Q. OKAY. LET'S GO BACK TO SOME OF THOSE I THOUGHT YOU
3 WERE GOING TO REFER TO THAT THERE IS NO EVIDENCE --
4 HAVE YOU BEEN PRESENTED TO ANY EVIDENCE THAT SHE WAS
5 EXPOSED ON A DAILY BASIS TO DRANO, TO SPIT FIRE, TO
6 BLEACH AND/OR TO THE OTHER CHEMICALS WE'VE REFERRED
7 TO: DRANO, BLEACH, MR. MUSCLE, SPIT FIRE, AND
8 PINESOL OUTSIDE ON A DAILY BASIS THAN SHE WAS --
9 LIKE SHE WAS AT PIGGLY WIGGLY?

10 A. I DO NOT HAVE ANY OF THOSE RECORDS.

11 Q. DO YOU HAVE ANY -- BY THE WAY, WHERE DO YOU GET THE
12 FACT THAT SHE WAS FOR 18 YEARS EXPOSED TO A FOSSIL
13 FUEL, IF YOU DON'T MIND?

14 A. YEAH, NOT A PROBLEM.

15 Q. MS. SOWELL SAID SHE NEVER HAD A WOOD-BURNING STOVE.

16 A. IN DR. HAMMETT'S MEDICAL RECORD, AND THIS IS BATE'S
17 305, ---

18 Q. OKAY.

19 A. --- STATES DOWN UNDER THE SOCIAL HISTORY, "SHE HAS
20 REPORTED NO SECONDHAND SMOKE EXPOSURE, NEGATIVE FOR
21 SUBSTANCE ABUSE. SHE HAS AN 18-YEAR HISTORY OF
22 BIOMASS FUEL EXPOSURE. THEY USED WOOD IN A WOOD
23 HEATER."

24 Q. IF THAT'S IN FACT WRONG -- IF THAT'S NOT CORRECT, --

25 -

- 1 A. OKAY.
- 2 Q. --- WOULD THAT -- OF COURSE, THAT WOULD AFFECT --
- 3 DEFINITELY AFFECT YOUR OPINION ABOUT ANY CAUSE AND
- 4 EFFECT RELATIONSHIP BETWEEN THAT?
- 5 A. WELL, THAT WOULD BE ONE CAUSE WE COULD STRIKE OFF
- 6 THE LIST.
- 7 Q. I UNDERSTAND. I UNDERSTAND. AND PRIOR TO -- NOW,
- 8 YOU REFERRED TO GASTRO REFLEX DISEASE. DO YOU HAVE
- 9 ANY EVIDENCE OF THAT BEFORE JUNE OF 2011?
- 10 A. I DON'T RECALL.
- 11 Q. ALL RIGHT.
- 12 A. I WOULD HAVE TO POUR THROUGH THE RECORDS AGAIN TO
- 13 CHECK THAT.
- 14 Q. WELL, ALL THE RECORDS -- THE EARLIEST MEDICAL
- 15 RECORDS I KNOW OF THAT ARE IN THE RECORD OR HAVE
- 16 EVER BEEN PUT INTO EVIDENCE THAT COULD HAVE BEEN
- 17 SUBMITTED TO YOU WOULD HAVE BEEN THE ORIGINAL
- 18 RECORDS IN JUNE OF 2011 WHEN SHE WENT ON AN
- 19 EMERGENCY BASIS TO THE HOSPITAL. SO, ---
- 20 A. BUT THOSE RECORDS REFLECT ACCORDING TO HOSPITAL
- 21 PROCEDURE A REVIEW OF HER PAST HISTORY.
- 22 Q. CORRECT. I AGREE WITH YOU ON THAT. SO, LET'S --
- 23 AND YOU WOULD AGREE THAT SHE LIVED IN THE SAME HOUSE
- 24 FOR 25 YEARS?
- 25 A. OKAY.

1 Q. AND THAT SHE HAD NO PRIOR HISTORY OF ASTHMA,
2 BRONCHITIS?

3 A. THERE'S NO EVIDENCE TO THAT, CORRECT.

4 Q. AND ---

5 A. THAT'S NOT TO SAY THAT IT DIDN'T OCCUR. WE JUST
6 DON'T HAVE ANY RECORD OF IT.

7 Q. WELL, I AGREE WITH YOU ON THAT. A LOT OF TIMES WE
8 TALK ABOUT HISTORY, AREN'T WE?

9 A. UH-HUH.

10 Q. AND WE'RE TALKING ABOUT THE HISTORY OF THE DRAINS
11 SUDDENLY BACKING UP IN JUNE AND AFTER THAT SHE HAS
12 HAD PROBLEMS WITH ASTHMA, AREN'T WE?

13 A. THAT'S WHAT THE CLAIM IS, YES.

14 Q. OKAY. NOW, I DON'T WANT TO BELABOR THIS, BUT LET ME
15 LOOK AT THIS, BECAUSE I REMEMBER -- LET ME SEE, IT
16 MIGHT JUST BE EASIER TO GO TO DR. -- THE - UNDER
17 PAST MEDICAL HISTORY AND UNDER THE SOCIAL HISTORY
18 THAT SHE WAS NOT A SMOKER, SHE NEVER HAD BEEN, SHE
19 HAD -- ALCOHOL USE WAS VERY OCCASIONAL, AND THAT
20 ALSO HER ONLY KNOWN MEDICAL CONDITION AT THAT TIME
21 WAS HIGH BLOOD PRESSURE.

22 A. OKAY.

23 Q. SO, ANY REFERENCE TO ACID REFLUX WOULD BE -- YOU CAN
24 ALSO DEVELOP THAT FROM ALL OF THESE MEDICATIONS,
25 ACID REFLUX?

1 A. THAT'S POSSIBLE AS WELL.

2 Q. ALL RIGHT.

3 BY MR. MCDANIEL:

4 NOTHING FURTHER, COMMISSIONER. I'M NOT GOING
5 TO BELABOR IT. THANK YOU, DOCTOR.

6 BY THE WITNESS:

7 THANK YOU.

8 BY MS. MILLER:

9 NOTHING FURTHER FROM THE DEFENSE, YOUR HONOR.

10 BY COMMISSIONER JAMES:

11 ALL RIGHT. YOU CAN STEP DOWN, SIR. THANK YOU.

12 CAN THIS WITNESS BE EXCUSED? MR. MCDANIEL, CAN
13 THIS WITNESS BE EXCUSED? CAN THE WITNESS BE
14 EXCUSED?

15 BY MR. MCDANIEL:

16 YES.

17 BY COMMISSIONER JAMES:

18 ALL RIGHT. WE WILL TAKE A TWO-MINUTE BREAK AND
19 THEN WE WILL RESUME.

20 (OFF THE RECORD)

21 BY COMMISSIONER JAMES:

22 THE DEFENSE HAS RESTED. MR. MCDANIEL, DO YOU
23 HAVE ANY REBUTTAL WITNESSES?

24 BY MR. MCDANIEL:

25 YES, COMMISSIONER, I WOULD LIKE TO CALL MS.

1 SOWELL FIRST. I'M GOING TO CALL HER BRIEFLY.

2 BY COMMISSIONER JAMES:

3 OKAY. MS. SOWELL, YOU'VE BEEN PLACED UNDER
4 OATH FOR PURPOSES OF THIS BEFORE, SO YOU ARE STILL
5 UNDER OATH.

6 BY THE WITNESS:

7 OKAY, THANK YOU.

8 BY COMMISSIONER JAMES:

9 _____ MR. MCDANIEL, YOUR WITNESS.

10 DIRECT EXAMINATION BY MR. MCDANIEL:

11 Q. MS. SOWELL, YOU HEARD MS. QUICK'S TESTIMONY ---

12 A. UH-HUH.

13 Q. --- IN REFERENCE TO THE FACT THAT SHE KNEW NOTHING
14 ABOUT YOU HAVING -- YOUR PROBLEMS BEING CAUSED FROM
15 WORK PRIOR TO WHEN YOU ASKED HER TO FILL OUT THE 12-

16 A. TELL ME FIRST ABOUT DID YOU HAVE ANY
17 CONVERSATIONS WITH HER -- SHE REMEMBERED AND SAID
18 THAT YOU TALKED TO HER IN NOVEMBER ABOUT THE DOCTORS
19 NEEDING TO TAKE YOU OUT OF WORK. DID Y'ALL HAVE ANY
20 DISCUSSIONS THEN ABOUT THIS?

21 A. YES. I TOLD -- SHE ASKED ME, SHE SAID "DID THEY
22 EVER FOUND OUT WHAT THE PROBLEM IS?" I SAID, "THEY
23 SEEM TO THINK THE STORE WAS MAKING ME SICK." AND
24 SHE SAID, "WELL, WHAT -- WHAT DO YOU THINK IT IS IN
25 THE STORE?" I SAID, "WELL, WHEN I COME IN, YOU

1 KNOW, WE HAD AN OVEN THAT IT STAYED ON ALL THE TIME.
2 IT WOULDN'T -- IT WOULD NOT TURN OFF, BUT IT STAYED
3 ON LOW HEAT, AND THEY LEFT SOME FOOD THERE ONE
4 MORNING AND WHEN I WALKED IN THE DELI TO TURN ON THE
5 OVEN, THE STOVE AND ALL EVERYTHING, IT HIT ME IN MY
6 FACE AND IT MADE ME SICK." SO, I CAME BACK OUT, AND
7 I TOLD HER ABOUT THEY HAD LEFT THE STUFF IN THE
8 OVEN, AND I HAD TO GET MY BREATH AND EVERYTHING AND
9 THAT IT WAS MAKING ME SICK. AND IT WAS SEVERAL
10 OTHER TIMES THAT SHE ASKED ME, AND I SAY -- SHE SAY
11 "WELL, WHAT YOU THINK IT IS?" AND I SAY, "WELL, I
12 KNOW BEFORE I COME IN THE DOOR I'M ALL RIGHT, AND
13 THE MINUTE I GO BACK THERE AND TURN THE OVEN ON AND
14 START SMELLING THE BACON AND THEN THEY START BUFFING
15 THE FLOOR, THE DUST AND THEN YOU GO IN THE BATHROOM,
16 AND THEY HAVE A LOT OF BLEACH IN THE BATHROOM, AND
17 WHEN HE CLEANED -- I HAD TO RUSH TO THE BATHROOM AND
18 USE THE BATHROOM BEFORE THEY CLEANED THE BATHROOM,
19 BECAUSE IT WAS JUST NOTHING BUT BLEACH. IT WAS SO
20 NASTY, YOU GOT TO SMELL IT. IT WAS JUST WHEN I
21 WOULD COME OUT AND I WOULD RUSH, YOU COULD SMELL
22 BLEACH ALL INTO MY CLOTHES."

23 Q. AND THIS IS LIKE IN 2012, 2013 ---

24 A. YEAH.

25 Q. --- WHEN YOUR CONDITION GOT WORSE?

1 A. YEAH. AND I KEPT TELLING HER, AND I CAME OVER THERE
2 WITH THE DOCTOR'S NOTE WHEN THE DOCTOR TOOK ME OUT
3 AND TOLD ME THAT I WAS GOING TO HAVE TO COME OUT
4 BECAUSE THEY HAD TO SEE EXACT IF IT WAS WHAT SHE WAS
5 THINKING IT WAS THE STORE, AND ME AND MY DAUGHTER
6 WENT OVER THERE, AND I TOOK THE DOCTOR'S EXCUSE TO
7 MS. QUICK, AND MS. QUICK WHEN I TOLD HER, SHE SAID
8 "WELL, WHAT DID THE DOCTOR SAY?" I SAID, "HE THINKS
9 IT'S THE STORE IS WHAT WAS MAKING ME SICK."

10 **BY COMMISSIONER JAMES:**

11 _____ I'M SORRY, WHEN IS THIS?

12 **BY THE WITNESS:**

13 THIS WAS BACK IN NOVEMBER -- IT WAS 2013, I
14 THINK.

15 **DIRECT EXAMINATION RESUMED BY MR. MCDANIEL:**

16 Q. THIS WAS RIGHT BEFORE YOU WENT OUT ---

17 A. RIGHT BEFORE I CAME OUT.

18 Q. ALL RIGHT.

19 A. RIGHT BEFORE I CAME OUT. AND MS. QUICK GOT TO WHERE
20 SHE DIDN'T WANT TO HARDLY TALK TO ME, AND I TOLD HER
21 I WAS GOING TO STAY -- STAY UNTIL, YOU KNOW, THE
22 CHRISTMAS HOLIDAYS BECAUSE THEY HAVE A LOT OF
23 ORDERS, AND THEY DIDN'T HAVE NOBODY TRAINED TO TAKE
24 MY POSITION, BECAUSE IT JUST HIT ME ALL OF A SUDDEN
25 THAT I WAS GOING TO HAVE TO COME OUT, AND -- AND I

1 TOLD -- AND HATTIE WAS TAKING OVER. SHE HAD TO HAVE
2 HER LAST VACATION. SO, SHE NEEDED TO GET HER
3 VACATION. HERE IT WAS NOVEMBER; IT WAS A WEEK
4 BEFORE THANKSGIVING, I THINK IT WAS, AND I TOLD HER
5 ABOUT IT, AND I TOLD HER, "I JUST WANT TO WORK
6 UNTIL" -- I SAID "IT'S TWO ALTERNATIVES. THEY'RE
7 GOING TO SCRAPE MY LUNGS AND SEE IF MY LUNGS ARE ALL
8 RIGHT OR WAS IT THE STORE." IF I CAME OUT AND IT
9 GOT BETTER, THEN IT WAS THE STORE THAT WAS CAUSING
10 ME TO BE SICK. AFTER THAT, MS. QUICK ACTED LIKE I
11 HAD THE PLAGUE OR SOMETHING, LIKE I MEAN, SHE DIDN'T
12 WANT TO TALK ABOUT IT. I MEAN, IT WAS JUST NOTHING.
13 SHE DIDN'T ASK ME NO MORE HOW I WAS DOING OR
14 WHATEVER. I MEAN, I SEEN A DIFFERENCE IN HER,
15 BECAUSE SHE KNOWED THEN THAT THEY SAID IT WAS THE
16 STORE, BUT I HAD NO INTENTION OF JUST -- YOU KNOW,
17 JUST TRYING TO DOWN THE STORE, YOU KNOW. IT IS WHAT
18 IT IS.

19 Q. NOW, DID YOU EVER OWN A WOOD-BURNING STOVE?

20 A. NEVER.

21 Q. OKAY.

22 A. NEVER.

23 Q. ALL RIGHT.

24 A. AND MY CATERING THAT I DID WHEN I WAS AT THE STORE,
25 I DID IT FROM THE STORE. NO CATERING WAS DONE OUT

1 OF MY HOUSE UNTIL AFTER, AFTER I CAME OUT OF WORK.

2 Q. WHEN YOU'RE TALKING ABOUT CATERING, YOU MEAN LIKE
3 FRYING ---

4 A. LIKE COOKING -- YEAH, COOKING. NONE OF IT WAS DONE
5 OUT OF MY HOUSE. I BOUGHT IT ALL FROM THE STORE,
6 AND IF YOU PULL THE RECORDS ON THE STUFF THAT WAS
7 BOUGHT FROM THAT TIME, YOU CAN SEE HOW MUCH MONEY I
8 SPENT BUYING STUFF FROM THE STORE, FRIED CHICKEN,
9 EVERYTHING, BAKED CHICKEN, EVERYTHING, GREEN BEANS,
10 WHATEVER THEY HAD, I WOULD GET IT AT THE STORE. SO,
11 NOTHING IN MY HOUSE IN MY CATERING CAUSED ME TO --
12 BECAUSE I WASN'T THERE LONG ENOUGH.

13 Q. OKAY, ALL RIGHT. HOW OFTEN DID MS. QUICK COME BACK
14 TO THE DELI?

15 A. NEVER. NEVER, UNLESS I WENT UP THERE AND GOT HER,
16 OR SHE CAME BACK THERE LOOKING FOR SOME FOOD THAT
17 THEY WERE GOING TO BUY FOR LUNCH. NEVER, AND THAT'S
18 THE GOD IN HEAVEN TRUTH.

19 Q. NOW, THE DOCTOR TESTIFIED THAT HE DIDN'T LOOK AT THE
20 -- HE LOOKED AT THE DRANO, BUT IT WASN'T ON PIGGY
21 WIGGLY -- WHERE DID Y'ALL GET THE DRANO, AND HOW
22 MUCH OF THAT WERE Y'ALL USING?

23 A. WE GOT IT OFF THE SHELF OF THE STORE, THE SHELF. I
24 SENT OLIVER UP THERE TO TELL HER ABOUT THE DRAINS
25 STILL WAS MESSED UP AND EVERYTHING, AND SHE TOLD HIM

1 DO WHATEVER HE NEEDS TO DO TO SEE WHAT HE COULD DO
2 TO FIX IT. SO, HE WOULD CAME BACK WITH A PILE OF
3 DRANO AND ALL THIS DIFFERENT STUFF, AND THAT'S WHAT
4 WE USED.

5 Q. AND Y'ALL USED THAT CONSTANTLY?

6 A. YEAH.

7 Q. YOU'VE ALREADY TESTIFIED -- YOU WOULD AGREE --
8 EVERYBODY AGREES ---

9 A. YEAH.

10 Q. --- THAT ONCE THIS PROBLEM STARTED, IT ---

11 A. IT KEPT ON.

12 Q. AND THEY HAD THE PLUMBERS IN THERE EVERY FEW DAYS OR
13 WEEKS?

14 A. UH-HUH.

15 Q. AND Y'ALL WOULD USE THAT TO TRY TO UNCLOG THE
16 DRAINS? .

17 A. YES.

18 Q. OKAY. HOW WERE THE FUMES COMING OUT OF THERE?

19 A. IT WAS A LOT. IT WAS A LOT, AND THEN BACK TO WHAT
20 YOU SAID, YOU SAID IT WAS DOUBLE DOORS; IT WASN'T
21 DOUBLE DOORS. IT WAS AN OPEN DOOR, BUT IT WAS JUST
22 LIKE A DOOR, JUST A REGULAR DOOR BUT IT WAS OPEN; IT
23 WASN'T DOUBLE DOORS, AND THE WALLS WAS CLOSED IN
24 BACK HERE, BECAUSE WE HAD A FREEZER BACK HERE AND A
25 COOLER BACK HERE IN THE CORNER. THE SINK AND ALL OF

1 THAT IS BACK THERE. THAT'S WHERE THE MAIN DRAIN,
2 ONE OF THE MAIN DRAINS THAT WAS STOPPED UP WAS BACK
3 IN THAT BACK LITTLE CORNER, AND WE HAD OTHER
4 APPLIANCES, A PROOFER AND WARMERS AND STUFF IN THE
5 FRONT OUT THERE.

6 Q. I DON'T THINK IT'S THAT IMPORTANT, BUT TELL ME ABOUT
7 HOW DEEP DO YOU REMEMBER THAT WATER GETTING, OR, YOU
8 KNOW, ---

9 A. IT WOULD COME UP ON ---

10 Q. --- HOW WOULD YOU DESCRIBE IT? I MEAN ---

11 A. IT WOULD COME UP -- IT WOULD COME UP ON OUR SHOES.

12 Q. INCH, INCH-AND-A-HALF, SOMETHING LIKE THAT?

13 A. YEAH, YEAH, IT WAS PRETTY THICK, AND SHE NEVER --
14 AND SHE NEVER CAME BACK THERE. SHE NEVER -- I TOLD
15 HER. SHE NEVER CAME.

16 Q. OKAY.

17 A. DO WHAT YOU GOT TO DO.

18 Q. OKAY. BECAUSE THAT WAS YOUR DEPARTMENT?

19 A. YEAH. BECAUSE IT WAS MY DEPARTMENT.

20 BY MR. MCDANIEL:

21 COMMISSIONER, I WOULD JUST ASK IF YOU CAN --
22 WE'VE BEEN USING OUR FINGERS AND THUMB TO ESTIMATE.
23 I WOULD -- WOULD YOU AGREE WITH ME THAT'S ABOUT AN
24 INCH, SOMEWHERE AROUND BETWEEN AN INCH OR SO, INCH,
25 INCH-AND-A-HALF?

1 BY COMMISSIONER JAMES:

2 _____ I WOULD AGREE IT'S AT LEAST THAT.

3 BY MR. MCDANIEL:

4 OKAY, ALL RIGHT, OKAY.

5 BY COMMISSIONER JAMES:

6 I MEAN, Y'ALL BOTH WERE DOING SOMETHING JUST A
7 LITTLE BIT DIFFERENTLY.

8 BY MR. MCDANIEL:

9 BUT I JUST WANTED -- FOR THE RECORD, I JUST
10 WANTED TO NOTE THAT WE ARE NOT TALKING ABOUT ANKLE
11 DEEP. COMMISSIONER, THAT'S ALL THE QUESTIONS I
12 HAVE.

13 BY MS. MILLER:

14 JUST REAL BRIEFLY.

15 CROSS EXAMINATION BY MS. MILLER:

16 Q. MS. SOWELL, DID YOU EVER REQUEST TO BE MOVED TO
17 ANOTHER DEPARTMENT?

18 A. I ASKED MR. MCLEOD TO TAKE ME -- SEND ME TO THE
19 CHESTERFIELD STORE BECAUSE THE DOCTOR SAID I HAD TO
20 TAKE MY BREATHING TREATMENT EVERY THREE HOURS. THAT
21 WAS ANOTHER THING, AND HE BOUGHT CHESTERFIELD,
22 WHATEVER TIME IT WAS. I CAN'T REMEMBER WHEN HE
23 BOUGHT THE CHESTERFIELD STORE. I ASKED HIM, "WELL,
24 SINCE YOU'RE BUYING THE CHESTERFIELD STORE, THEN CAN
25 I GO TO -- MOVE ME TO THE CHESTERFIELD STORE,"

1 BECAUSE THEN I WOULD BE CLOSER TO HOME. I COULD GET
2 MY BREATHING TREATMENTS AND EVERYTHING I NEED, AND
3 HE STATED THAT THAT GIRL UP THERE AT THAT STORE, "I
4 CAN'T MOVE THAT GIRL FROM THAT STORE." THAT WAS THE
5 END OF THAT.

6 Q. OKAY. I GUESS WHAT I'M TRYING TO ASK YOU IS WHEN
7 DID YOU -- WHEN DID YOU -- WHEN DID YOU HAVE AN
8 APPRECIATION THAT THE WORK IN THE DELI WAS CAUSING
9 YOU SOME HARM OR CAUSING YOU TO HAVE A HARD TIME
10 BREATHING?

11 A. I DON'T KNOW. I WAS SO BUSY TRYING TO GET THE JOB
12 DONE AND DO EVERYTHING AND THEN GO -- I DID WHATEVER
13 I HAD TO DO. AND EVERY DAY, I WAS HOPING -- I WAS
14 HOPING I WAS GOING TO GET BETTER AND GET BETTER, AND
15 IT DIDN'T HAPPEN. THE ONLY TIME IT GOT BETTER IS
16 LIKE WHEN I WENT ON VACATION, BUT I DIDN'T CLUE IT,
17 AND LIKE I SAID, I DIDN'T GO TO THE DOCTOR AND SAY
18 WELL, I GOT BETTER WHEN THIS -- I DIDN'T GIVE THEM A
19 MOTIVE TO SAY THE STORE IS WHAT'S CAUSING ME. THEY
20 CAME TO THAT CONCLUSION. I DID NOT COME TO THAT
21 CONCLUSION, AND WHEN THEY DID TAKE ME OUT, AND I DID
22 GET BETTER, THAT'S WHEN I REALIZED IT WAS THE STORE.

23 Q. LET ME ASK YOU THIS: YOU SAID -- I WANT TO MAKE SURE
24 I'M CLEAR. WAS IT NOVEMBER 2013, IS THAT THE FIRST
25 TIME YOU RECALL HAVING A CONVERSATION WITH MS. QUICK

1 ABOUT "HEY, WHATEVER IS GOING ON IN THAT DELI IS
2 CAUSING ME TO BE SICK"?

3 A. NO, I HAD TOLD HER. I MENTIONED IT A TIME BEFORE
4 THEN, BUT I DON'T KNOW WHEN, BUT I DO KNOW WE
5 SPECIFICALLY HAD THAT TALK, BECAUSE I HAD BEEN TO
6 THE DOCTOR, AND THEY HAD TOLD ME THAT THERE WASN'T
7 NOTHING ELSE THEY COULD DO. THEY WAS GIVING ME -- I
8 WAS UP UNDER ALL OF THE MEDICATION, AND NONE OF THE
9 MEDICATION WAS WORKING AS LONG AS I WAS IN THERE,
10 BUT WHEN I CAME OUT, WITHIN A WEEK, I STARTED
11 GETTING BETTER.

12 Q. AND LASTLY, PRIOR TO NOVEMBER 2013, WAS IT YOUR
13 UNDERSTANDING THAT FROM ANY OF YOUR DOCTORS THAT IT
14 WAS OKAY FOR YOU TO BE WORKING AT PIGGLY WIGGLY?

15 A. YEAH, NOBODY TOLD ME NOT TO WORK AT PIGGLY WIGGLY.
16 NOBODY TOLD ME NOT TO WORK AT PIGGLY WIGGLY, AND
17 LIKE I SAY, IF I HAD KNOWN THAT'S WHAT IT WAS, YES,
18 I WOULD HAVE COME OUT, AND IF I WOULD HAVE KNOWN
19 THAT WOULD HAVE TAKEN CARE OF IT, I WOULD HAVE BUT I
20 DIDN'T KNOW ALL OF THIS.

21 **BY MS. MILLER:**

22 THAT'S ALL I HAVE, YOUR HONOR.

23 **BY COMMISSIONER JAMES:**

24 _____ ANY RE-DIRECT?

25 **BY MR. MCDANIEL:**

1 NONE, COMMISSIONER.

2 BY COMMISSIONER JAMES:

3 ALL RIGHT, YOU CAN STEP DOWN, MA'AM. THANK
4 YOU.

5 BY THE WITNESS:

6 OKAY.

7 BY COMMISSIONER JAMES:

8 _____ ANY FURTHER WITNESSES?

9 BY MR. MCDANIEL:

10 YES, COMMISSIONER, WE ARE GOING TO CALL ONE
11 GENTLEMAN VERY BRIEFLY. MR. OLIVER HARRINGTON.

12 BY COMMISSIONER JAMES:

13 IF YOU CAN COME RIGHT HERE, PLEASE, SIR. RAISE
14 YOUR RIGHT HAND FOR ME.

15 * * * * *

16 THE WITNESS WAS DULY SWORN TO TELL THE TRUTH, THE
17 WHOLE TRUTH, AND NOTHING BUT THE TRUTH CONCERNING THE
18 MATTER HEREIN:

19 OLIVER HARRINGTON

20 BEING FIRST DULY SWORN, TESTIFIED ON HIS OATH AS FOLLOWS:

21 BY COMMISSIONER JAMES:

22 _____ THANK YOU.

23 DIRECT EXAMINATION BY MR. MCDANIEL:

24 Q. MR. HARRINGTON, TELL ME -- DID YOU GIVE YOUR FULL
25 NAME YET? I'M SORRY.

1 A. NO.

2 BY COMMISSIONER JAMES:

3 _____ JUST FOR THE COURT REPORTER.

4 BY MR. MCDANIEL:

5 I'M SORRY?

6 BY COMMISSIONER JAMES:

7 _____ JUST FOR THE COURT REPORTER'S PURPOSE.

8 BY MR. MCDANIEL:

9 OKAY.

10 DIRECT EXAMINATION RESUMED BY MR. MCDANIEL:

11 Q. MR. HARRINGTON, WOULD YOU MIND GIVING ME YOUR FULL
12 NAME FOR THE COURT REPORTER, PLEASE.

13 A. OLIVER HARRINGTON.

14 Q. OKAY. NOW, MR. HARRINGTON, I BELIEVE YOU WORK FOR
15 PIGGLY WIGGLY. WHERE DID YOU GO TO WORK FOR THEM,
16 AND BASICALLY HOW LONG DID YOU WORK FOR THEM
17 APPROXIMATELY?

18 A. AT PIGGLY WIGGLY, WHICH ONE, IN CHERAW OR BOTH?

19 Q. WELL, ACTUALLY I THINK YOU TRANSFERRED FROM CHERAW
20 OVER TO BENNETSVILLE; IS THAT RIGHT?

21 A. RIGHT.

22 Q. ALL RIGHT. SO, TELL ME ABOUT HOW LONG AT BOTH OF
23 THEM, HOW LONG DID YOU WORK THERE?

24 A. I REALLY CAN'T GET DOWN, -- SEVEN OR EIGHT YEARS,
25 SOMETHING LIKE THAT.

1 Q. OKAY. ALL RIGHT. AND YOU TRANSFERRED -- I THINK
2 MS. QUICK SAID THAT YOU TRANSFERRED OVER TO THE
3 BENNETSVILLE STORE AFTER SHE BECAME THE GENERAL
4 MANAGER SOMETIME?

5 A. YES.

6 Q. SHE WAS ALREADY OVER AS THE GENERAL MANAGER IN 2005,
7 IT HAD BEEN AFTER THAT THAT YOU TRANSFERRED TO
8 BENNETSVILLE; IS THAT RIGHT?

9 A. RIGHT.

10 Q. NOW, WE'VE ALL AGREED THAT IN THE SPRING OF 2011 --
11 WELL, I FORGOT TO ASK THIS. WHAT'S YOUR JOB AT
12 PIGGLY WIGGLY?

13 A. BAG BOY AND CUSTODIAN.

14 Q. OKAY. AND YOU DID SOME STOCKING, TOO, I BELIEVE?

15 A. RIGHT.

16 Q. ALL RIGHT. AND WE'VE ALREADY ESTABLISHED AND
17 EVERYBODY AGREES THAT THERE BEGAN A PROBLEM WITH THE
18 DRAINS BACK IN THE DELI AND KITCHEN AREA IN AROUND
19 THE SPRING OF 2011?

20 A. RIGHT.

21 Q. TELL ME IN REFERENCE, JUST TELL ME YOUR OBSERVATIONS
22 ABOUT HOW BAD -- HOW THAT WAS. TELL ME ABOUT IT.

23 A. WHAT YOU WANT TO KNOW?

24 Q. WELL, I WANT TO KNOW ABOUT THE WATER BACKING UP.

25 A. OKAY.

1 Q. I MEAN, WE'VE ALREADY TESTIFIED -- MS. QUICK AND
2 THEM HAVE SAID THAT EVERYBODY WAS COMING IN EVERY
3 FEW DAYS ---

4 **BY MS. MILLER:**

5 OBJECTION, YOUR HONOR. HE HAS TO ASK A
6 QUESTION.

7 **BY MR. MCDANIEL:**

8 OKAY.

9 **BY COMMISSIONER JAMES:**

10 YES, THAT'S LEADING. YOU HAVE TO ASK OPEN-
11 ENDED QUESTIONS.

12 **BY MR. MCDANIEL:**

13 OKAY, ALL RIGHT.

14 **DIRECT EXAMINATION RESUMED BY MR. MCDANIEL:**

15 Q. AFTER THIS PROBLEM DEVELOPED, HOW OFTEN WERE THEY
16 CALLING IN THE PLUMBERS?

17 A. I'D SAY LIKE IF IT STARTED BACKING UP ON THAT MONDAY
18 OR SUNDAY OR WHATEVER DAY IT IS, LIKE TUESDAY OR
19 WEDNESDAY, THEY WOULD CALL THE PLUMBER TO TRY TO
20 UNSTOP THE DRAIN. SO, I COULDN'T UNSTOP IT, AND SO
21 THEN WE HAVE TO CALL SOMEBODY IN TO DRAIN -- TRY TO
22 DRAIN IT, BUT EVERY TIME THEY -- WE TRIED TO GET IT
23 UNSTOPPED, IT WOULD STOP BACK UP. THEN THEY COME IN
24 AND DO A LITTLE WORK. AFTER DOING A LITTLE WORK,
25 THEY STOP -- IT CLOGS BACK UP AGAIN. THEN, I HAVE

1 TO GO OUT THERE AND TRY TO PUMP ALL THAT STUFF BACK
2 OUT OF THERE TO TRY TO GET THAT GREASE AND WATER OUT
3 OF THAT DRAIN, AND THEN EVERYBODY ELSE BACK IN THE
4 BACK OF THE KITCHEN WAS SLIDING AND GOING ON LIKE
5 THIS HERE. SO, I WENT BACK TO THE FRONT AND TOLD --
6 -

7 **BY COMMISSIONER JAMES:**

8 _____ THEY WERE WHAT, SIR?

9 **BY THE WITNESS:**

10 SAY WHAT? SLIPPING AND SLIDING.

11 **BY COMMISSIONER JAMES:**

12 _____ THE PEOPLE IN THE KITCHEN WERE DOING WHAT?

13 **BY THE WITNESS:**

14 SLIPPING AND SLIDING LIKE YOU'RE ON ROLLER
15 SKATES, YOU KNOW, LIKE YOU SLIDE ON GREASE.

16 **BY COMMISSIONER JAMES:**

17 _____ OH, SLIPPING AND SLIDING, THANK YOU, SIR.

18 **BY THE WITNESS:**

19 OKAY.

20 **DIRECT EXAMINATION RESUMED BY MR. MCDANIEL:**

21 Q. SHE JUST DIDN'T UNDERSTAND YOU.

22 A. OKAY, OKAY. SO, THEN WHILE I WAS TRYING TO UNSTOP
23 THE DRAIN, THE LADIES IN THE DELI, THEY WERE TRYING
24 TO PUMP THE WATER SO THEY CAN TRY TO GET THE THINGS
25 OUT, BECAUSE THEY HAD A CERTAIN TIME THEY HAD TO GET

1 THAT WATER OUT OF THERE SO THEY CAN START SERVING
2 THEIR FOOD. RIGHT. BUT EVERYBODY ELSE WAS HELPING
3 ME OUT, AND SO I GO BACK UP THERE TO THE FRONT AND
4 TELL MS. QUICK THAT WE NEED SOME HELP BACK THERE IN
5 THE -- IN THE KITCHEN TO TRY TO GET THAT WATER OFF
6 OF THAT FLOOR, BECAUSE IT'S GOT A LOT OF OIL AND
7 STUFF IN IT. BUT THEN SHE WOULD SAY A FEW WORDS,
8 AND THEN I WAS "OKAY, I'LL JUST GO AHEAD AND TRY TO
9 DO THE BEST I CAN." SO, THEN I WENT OUT ON THE
10 FLOOR AND GOT SOME DRANO, YOU KNOW, TO TRY TO MAKE
11 THE STUFF GO DOWN TO CUT THAT GREASE IT IN. AND
12 AFTER WE WENT AND GOT A COUPLE OF BOTTLES OFF THE
13 SHELF TO PUT DOWN THE DRAIN TO TRY TO GET IT
14 DRAINED. SO, IT WILL START BUBBLING AND BUBBLING
15 AND BUBBLING, SO IN THE BACK WHERE THE MOP AND ALL
16 OF THAT WAS BACKED UP. WATER BE RUNNING OUT THERE
17 IN THE BACK, THE BACK FLOOR IN THE BACK ROOM. SO,
18 THEN WE HAVE TO WAIT, TRY TO PUMP IT OUT AND GET
19 EVERYTHING, YOU KNOW, SO THAT THE WATER WILL BE OUT
20 FROM THE KITCHEN, SO IT WON'T BE SLIPPING AND
21 SLIDING GOING ON LIKE THAT.

22 Q. NOW, LET ME ASK YOU, MR. HARRINGTON, BASED ON THAT
23 WATER BACKUP, ARE YOU SAYING THAT THE DRAINS WERE
24 BACKING UP THAT THEY WOULD BACK UP SO MUCH THAT ---

25 A. OH, YEAH.

1 Q. --- IT WOULD ACTUALLY OVERFLOW OVER TO THE OTHER
2 DRAIN AREAS?

3 A. RIGHT. SEE, WHEN YOU GOT -- YOU'VE GOT THE DRAIN.
4 YOU'VE GOT THREE DRAINS BACK THERE IN THE BACK. ALL
5 RIGHT. WHEN THAT WATER COMES OUT OF THERE, ALL THE
6 DRAINS WILL FILL UP. THEN, YOU'VE GOT THAT MAIN
7 DRAIN THAT GOES BACK TOWARDS THE BACK ROOM. THAT'S
8 WHERE THE WATER IS SUPPOSED TO COME OUT AND MAKE
9 THAT "T." IT'S GOT SOMETHING LIKE A "T" IN IT.
10 IT'S SUPPOSED TO GO BACK TOWARDS THE WHATEVER THEY
11 CALL THAT LITTLE THING THEY'VE GOT BACK IN THE BACK,
12 THE OIL RELEASE OR WHATEVER IT IS, SO THAT'S WHERE
13 IT KEPT STOPPING UP. THEN AFTER THAT, THE GUY CAME
14 BACK FROM THE PLUMBING PLACE AGAIN. ALL RIGHT. I
15 ASKED HIM WHAT WAS WRONG WITH IT. THEN HE TELL ME
16 IT'S GOT A BROKE PIPE. THAT'S WHY IT KEEPS BACKING
17 UP. SO, THEN AFTER IT KEEPS BACKING UP, I HAD TOLD
18 MS. QUICK THAT THEY NEEDED TO TAKE THAT THING UP AND
19 GET THE THING FIXED SO THAT THAT THING WON'T KEEP
20 BACKING UP.

21 Q. NOW, DID YOU HAVE A DISCUSSION WITH MS. QUICK ABOUT
22 THERE BEING A BROKEN PIPE, THAT THAT'S WHAT YOU ---

23 A. YEAH, I TOLD HER THAT THEY HAD A BROKE PIPE. WHEN
24 THE GUY TOLD ME THAT THEY HAD A BROKEN PIPE, I TOLD
25 HER SHE NEEDED TO HAVE THAT FIXED 'CAUSE SOMEBODY IS

1 GOING TO GET HURT BACK IN THAT CAFETERIA, IN THE
2 BACK OF THE KITCHEN. BUT, YOU KNOW, THEY KEPT GOING
3 ON AND GOING ON, SO. I JUST LEFT IT UP -- LET THEM
4 SETTLE THAT PROBLEM. BUT THEN WHEN THEY -- THEY
5 LEFT THE STORE ON ONE -- ONE NIGHT, THEY LEFT THE
6 STOVE ON, AND THEN WE HAD SMOKE LIKE EVERY WAY
7 'CAUSE THE VENTILATION WASN'T REALLY WORKING, THE
8 FAN THAT SUCKS THE SMOKE OUT TO PUT IT ON THE
9 OUTSIDE, THAT WASN'T REALLY WORKING. SO, THEN MS.
10 GENNETTE STARTED GETTING SICK 'CAUSE THAT SMOKE WAS
11 TOO STRONG FOR ANYBODY, YOU KNOW, LIKE WORKING BACK
12 THERE IN THE KITCHEN. SO, SHE TRIED TO DO
13 SOMETHING, BUT I REALLY DON'T KNOW WHAT SHE WAS
14 TRYING TO DO OR WHAT -- WHAT -- TRYING TO PUT THE
15 FAN TO HELP THAT, BUT ANYWAY, MS. GENNETTE KEPT
16 GETTING SICK BECAUSE THE THING WAS KIND OF STRONG
17 FOR -- FOR ANYBODY WORKING BACK THERE, AND THEN THEY
18 HAD SOME LIKE LUNG PROBLEMS OR WHATEVER IT IS OR
19 WHATEVER. THE SMOKE KEPT MAKING HER SICK. SO, THEN
20 I TOLD MS. QUICK, I SAID "I DON'T KNOW. YOU BETTER
21 -- YOU BETTER START DOING SOMETHING, YOU KNOW,
22 BECAUSE ALL OF THAT STUFF BACK THERE, IT AIN'T
23 SUITABLE FOR NOBODY TO BE WORKING IN." OKAY.
24 WHAT'S THE NEXT QUESTION?

25 Q. OKAY. MR. HARRINGTON, TELL ME ABOUT WHEN YOU WERE

- 1 USING THE DRANO AND THESE OTHER CHEMICALS. TELL ME
2 ABOUT, WERE THERE ANY FUMES AND THAT TYPE OF THING?
- 3 A. ANY TIME YOU GOT -- ANYTIME YOU GOT ANY DRANO WITH
4 GREASE AND ALL THAT OTHER STUFF IN THERE, IT'S GOING
5 TO MAKE A FUME IN THERE. I DON'T CARE WHAT IT IS.
6 IF WE POUR BOILED -- POUR ACID IN THERE, IT'S GOING
7 TO MAKE A STINK. SEE, YOU CAN'T PUT ACID AND CLOROX
8 TOGETHER, BECAUSE WHAT IT DO, IT MAKES LIKE A FOAM,
9 LIKE A STRONG FOAM INTO IT. BUT THAT'S ABOUT THE
10 ONLY THING I KNOW ABOUT THAT PART, BUT, I DIDN'T
11 WANT TO HAVE TO BE THE ONE TO CLEAN IT UP.
- 12 Q. YEAH, BUT HOW WERE THE FUMES THOUGH WHEN Y'ALL WERE
13 USING ALL OF THIS STUFF TO TRY TO GET IT CLEANED UP,
14 WERE THEY BAD? I MEAN.
- 15 A. ANY TIME YOU PUT THAT CLOROX -- I MEAN, THAT DRANO
16 GREASE OR WHATEVER WE PUT IN THERE, IT'S GOING TO
17 HAVE A FUME. I DON'T CARE WHAT IT IS. NOW, ANYBODY
18 CAN TELL YOU THAT.
- 19 Q. HOW WAS THE SMELLS?
- 20 A. SOMETIMES IT WOULD BE RAW, AND SOMETIMES IT WOULD
21 BE, I CAN'T, YOU KNOW, LIKE DEAL WITH IT. SOMETIMES
22 YOU HAVE TO WALK OFF AND LET THE -- LIKE LET IT
23 SETTLE DOWN, AND THEN YOU GO BACK AND START DOING
24 THE SAME THING. OKAY.
- 25 Q. NOW, HOW DID MS. GENNETTE'S CONDITION GET OVER IN

1 2012, 2013; DID IT GET WORSE, BETTER?

2 A. NO, NOW, OKAY. NOW, THIS PART -- NOW, WHEN SHE --
3 WHEN SHE STARTED WEARING THAT MASK OVER HER FACE, I
4 KNOW IT WAS GETTING KIND OF WORSE. OKAY. SO, IT --
5 ONLY SHE WORE IT AND YOU AND I WORE IT, BUT IT
6 DIDN'T REALLY BOTHER ME. NOW, IT MIGHT HAVE BEEN
7 BOTHERING ME, BUT I REALLY DIDN'T KNOW IT. BUT AT
8 HER AGE, SHE COULDN'T STAND IT, AND THEN I WOULD GO
9 BACK UP THERE TO THE FRONT. I TOLD MS. QUICK, I
10 SAID "I DON'T -- I THINK YOU SHOULD SEND HER TO THE
11 HOUSE AND LET HER GET HER BREATHING OKAY," AND THEN
12 SHE WOULD COME BACK AND WORK LIKE THREE OR FOUR
13 DAYS, HALF -- LIKE HALF. SHE WOULD WORK LIKE A HALF
14 DAY. SHE STARTED GETTING SICK AGAIN. BUT YOU GOT
15 ALL OF THAT FUMES BACK THERE AND THEN YOU'RE TRYING
16 TO COOK AND WHATEVER, IT WON'T HOLD, AND THAT'S WHAT
17 I...

18 Q. DID YOU HAVE DISCUSSIONS WITH MS. QUICK ABOUT THE
19 FACT THAT MS. GENNETTE WAS GETTING WORSE, AND SHE
20 HAD TO DO -- HAD TO DO SOMETHING?

21 A. NOW, I TOLD HER, I SAY "NOW, MS. GENNETTE'S SICK,
22 MS. QUICK, BUT YOU NEED TO GO BACK THERE AND TALK TO
23 HER OR EITHER TELL HER WHAT TO DO OR WHATEVER OR GO
24 TO THE DOCTOR OR WHATEVER." NOW, WHAT SHE TALKED TO
25 MS. GENNETTE ABOUT, I REALLY DON'T KNOW. BUT

1 ANYWAY, I TOLD HER TO GO BACK THERE AND TALK TO MS.
2 GENNETTE TO SEE HER.

3 **BY MR. MCDANIEL:**

4 NOTHING FURTHER, COMMISSIONER.

5 **BY COMMISSIONER JAMES:**

6 CROSS.

7 **CROSS EXAMINATION BY MS. MILLER:**

8 Q. HOW ARE YOU DOING, MR. HARRINGTON?

9 A. GOOD.

10 Q. I JUST HAVE A COUPLE OF QUESTIONS FOR YOU, OKAY?

11 A. ALL RIGHT.

12 Q. I KNOW YOU TESTIFIED THAT YOU HELPED OUT WITH THE
13 DRAINS, BUT HOW LONG ARE WE TALKING ABOUT? THIS IS
14 LIKE ONE TIME THIS IS HAPPENING, OR ARE YOU TALKING
15 ABOUT THREE YEARS?

16 A. NO, IT'S A DOZEN TIMES, NOW. COME ON NOW. YOU JUST
17 ASKED THAT QUESTION NOT TOO LONG, NOT ME -- BUT HE
18 DID. I TOLD YOU EXACTLY WHAT I KNOW, AND I DONE
19 GAVE THE ANSWER. THAT'S IT.

20 Q. SO, WHAT TIME PERIOD ARE YOU TALKING ABOUT? IS IT
21 IN 2010, '11, '12, '13 OR '14?

22 A. IT WAS -- I DON'T REMEMBER THE EXACT YEAR AND STUFF
23 LIKE THAT, BUT WHEN WE HAD THE PROBLEM, I WAS
24 INVOLVED WITH IT. SO, I JUST DID WHAT I KNOW AND
25 TRIED TO DO THE BEST I CAN TO TRY TO HELP THEM OUT,

1 BUT...

2 Q. YOU WORKED FOR PIGGLY WIGGLY FOR EIGHT YEARS?

3 A. YEAH.

4 Q. EIGHT YEARS, SO TWELVE TIMES, THE CLOG -- THE DRAINS

5 ARE CLOGGED?

6 A. YEAH, IT WAS CLOGGED PRETTY REGULAR.

7 Q. SO, IS THAT EVERY YEAR OUT OF EIGHT YEARS; WHEN ARE

8 WE TALKING -- WHAT TIME PERIOD?

9 A. WAIT A MINUTE. EXPLAIN THAT AGAIN. YOU AIN'T

10 SAYING THAT RIGHT. EXPLAIN THAT AGAIN.

11 Q. IT'S PRETTY CLEAR. YOU WORKED THERE FOR EIGHT

12 YEARS?

13 A. YEAH.

14 Q. IN EIGHT YEARS, TWELVE TIMES THE DRAINS ARE CLOGGED;

15 IS THAT YOUR TESTIMONY?

16 A. EIGHT TIMES THE TWELVE, WHAT?

17 Q. TWELVE TIMES IN EIGHT YEARS; YOU SAID A DOZEN TIMES.

18 A. I QUITE DON'T UNDERSTAND THAT, THAT QUESTION.

19 Q. I'M TRYING TO GET AN INDICATION -- WAS THIS A

20 CONTINUOUS PROBLEM OVER ONE YEAR; WAS IT A

21 CONTINUOUS PROBLEM OVER EIGHT YEARS; WAS IT A

22 CONTINUOUS PROBLEM OVER TWO YEARS?

23 A. IT WAS A CONTINUOUS PROBLEM EVERY COUPLE OF WEEKS,

24 THEY HAD A PROBLEM WITH THE DRAIN.

25 Q. FOR EVERY -- FOR EIGHT YEARS?

- 1 A. NOT EIGHT YEARS. I DON'T KNOW HOW MANY YEARS IT
2 WAS, BUT WE HAD THE PROBLEM. I WAS THERE. BUT I
3 DIDN'T COUNT OR NOTHING LIKE THAT. THAT'S IT. WE
4 HAD THE PROBLEM. WE NEVER DID SOLVE THE PROBLEM, SO
5 THAT WAS IT.
- 6 Q. SO, THE PROBLEM, IT STILL EXISTED WHEN YOU GUYS LEFT
7 THE PIGGLY WIGGLY?
- 8 A. I DON'T KNOW. IT -- THEY BROUGHT ONE CREW IN THERE,
9 TORE THE THING UP TO TRY TO GET THAT PIPE FIXED, BUT
10 AFTER THEN, I DON'T KNOW.
- 11 Q. DO YOU RECALL ANY CUSTOMERS COMPLAINING?
- 12 A. IN THE KITCHEN?
- 13 Q. YES.
- 14 A. YEAH.
- 15 Q. CUSTOMERS.
- 16 A. NO, NOT THE CUSTOMERS. THEY JUST SMELLED THAT ODOR
17 COMING OUT OF THERE.
- 18 Q. DO YOU RECALL ANY OFFICIALS FROM THE GOVERNMENT
19 SHUTTING THE KITCHEN DOWN, SHUTTING THE DELI DOWN?
- 20 A. NOW, I DON'T KNOW ABOUT THAT NOW.
- 21 Q. DID YOU EAT FROM THAT DELI?
- 22 A. SURE I DID, I ATE THAT DAY -- OR EVERY DAY.
- 23 Q. YOU INDICATED THAT MS. SOWELL SAID SHE WAS SICK?
- 24 A. YEAH, I SURE DID.
- 25 Q. DID YOU -- WAS THERE ANY INDICATION THAT YOU TOLD

1 ANY REDIRECT?

2 BY MR. MCDANIEL:

3 NO REDIRECT, COMMISSIONER.

4 BY COMMISSIONER JAMES:

5 ALL RIGHT. YOU CAN STEP DOWN, SIR.

6 BY THE WITNESS:

7 OKAY.

8 BY COMMISSIONER JAMES:

9 ANYTHING FURTHER FROM EITHER PARTY?

10 BY MR. MCDANIEL:

11 NONE -- NONE FROM THE CLAIMANT.

12 BY MS. MILLER:

13 NONE.

14 BY COMMISSIONER JAMES:

15 ALL RIGHT. BEFORE WE CLOSE THE RECORD, IF WE

16 CAN SPEAK FOR JUST A MOMENT.

17 (OFF THE RECORD)

18 BY COMMISSIONER JAMES:

19 AND IN CLOSING WITH REGARDS TO THE RECORD, I AM

20 GOING TO RESTATE WHAT HAS BEEN SUBMITTED TO THE

21 COMMISSION FOR CONSIDERATION BY WAY OF PAPER. THE

22 CLAIMANT'S PAGES 1 THROUGH 221, THE DEFENDANTS'

23 PAGES 219 THROUGH 535 MINUS PAGES 370 THROUGH 394

24 THAT WERE REMOVED BY AGREEMENT. THOSE WERE THE

25 EXHIBIT "C," CORRESPONDENCE FROM PRESTON MCDANIEL TO

1 DR. ROCHELLE HAMMETT. THESE WERE THE ENTIRE
2 NOTEBOOKS THAT WERE SUBMITTED IN THE BEGINNING OF
3 THE HEARING AND SHOULD BE ALSO REFLECTED AT THE
4 BEGINNING OF THIS HEARING, BUT I WANTED TO GO AHEAD
5 AND RESTATE THAT. ALSO SUBMITTED FOR CONSIDERATION
6 AT THE BEGINNING OF THE HEARING IS THE DEPOSITION OF
7 DR. MENDEZ AND DR. EARLY. AS FAR AS WHETHER THERE
8 WERE ANY EXHIBITS THAT WERE SUBMITTED DURING THE
9 TESTIMONY, THE TESTIMONY OF THE PARTIES AND THE
10 RECOLLECTION OR REPORTING OF THE COURT REPORTER
11 WOULD REFLECT THOSE EVEN THOUGH NONE OF THE THREE OF
12 US RECALL ANY AT THIS MOMENT.

13 WOULD THAT BE A CORRECT SUMMARIZATION OF THE
14 EVIDENCE TO YOUR KNOWLEDGE, MR. MCDANIEL?

15 **BY MR. MCDANIEL:**

16 YES, IT WOULD. WE RESOLVED THE COMPENSATION
17 RATE AT THE ---

18 **BY COMMISSIONER JAMES:**

19 _____ AT THE BEGINNING OF THE LAST HEARING, YES.

20 **BY MR. MCDANIEL:**

21 WE DID. AND I JUST -- BECAUSE WE HAD PUT IN
22 SOME EXHIBITS. YES, IT WOULD. YES, YOUR HONOR.

23 **BY COMMISSIONER JAMES:**

24 OKAY. AND, MS. MILLER, WOULD THAT ALSO BE YOUR
25 RECOLLECTION?

1 BY MS. MILLER:

2 YES, YOUR HONOR.

3 BY COMMISSIONER JAMES:

4 ALL RIGHT. THAT CONCLUDES THIS HEARING.

5 (THERE BEING NO FURTHER QUESTIONS, THIS HEARING WAS
6 CONCLUDED AT THE HOUR OF 2:10 P.M.)

CERTIFICATE OF NOTARY PUBLIC
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
COLUMBIA, SOUTH CAROLINA
WCC FILE NO. 1408826

EMPLOYEE/CLAIMANT: **GENNETTE SOWELL**
EMPLOYER: **PIGGLY WIGGLY**
INSURER: **OWNERS INSURANCE COMPANY**

I, JAN L. WHITWORTH, A NOTARY PUBLIC FOR THE STATE OF SOUTH CAROLINA, DULY COMMISSIONED AND QUALIFIED AS SUCH, DO HEREBY CERTIFY THAT THE FOREGOING **139** PAGES REPRESENTS A TRUE AND ACCURATE TRANSCRIPT OF THE FOREGOING HEARING OF **GENNETTE SOWELL** TAKEN ON THE 21ST DAY OF JULY, 2016.

THAT THE WITNESS WAS DULY PLACED UNDER OATH AND ADMONISHED TO SPEAK THE WHOLE TRUTH. THAT THE ORAL HEARING WAS DULY TAKEN AND TRANSCRIBED AS TO THE QUESTIONS PROPOUNDED AND THE ANSWERS GIVEN.

THAT ALL THE OFFERED EXHIBITS, STIPULATIONS AND OBJECTIONS, IF ANY, INVOLVED IN THIS CASE ARE DULY ATTACHED OR INCLUDED HEREIN.

IN WITNESS WHEREOF, I HAVE SET MY HAND THIS 19TH DAY OF AUGUST, 2016.

JAN L. WHITWORTH
NOTARY PUBLIC FOR SOUTH CAROLINA
MY COMMISSION EXPIRES: 2-04-2024

* THIS TRANSCRIPT MAY CONTAIN QUOTED MATERIAL. SUCH MATERIAL IS REPRODUCED AS READ OR QUOTED BY THE SPEAKER.