

Name:

ROBERT E. WEAVER

Employee #:

655517

SSN:

CERTIFICATION REQUESTS

CERTIFICATIONS

EXAMINATION SCORES (%)

Meth	Level	Cert. Date	Expires	Basic	Gen.	Spec.	Prac.	Level III (For Practical Exam)	Comp.	LIMITATIONS/COMMENTS
MT	II	3/29/05	3/29/08	N/A	91.00	93.00	85.00	T. D. CABE	89.70	NONE
RT	II	8/17/05	8/17/08	N/A	75.00	76.00	64.50	JEFFREY L. JONES	81.83	NONE
UT-T	II-L	8/5/04	8/5/07	N/A	80.00	100.0	94.00	ALLEN SEILLARS	91.30	DIGITAL METER ONLY
PT	II	8/10/04	8/10/07	N/A	82.50	80.00	90.00	JEFFREY JONES	84.00	NONE

See page 2:

SUMMARY OF EDUCATION

FORMAL TRAINING HOURS	RT	MT	UT-T	PT	ET	VT	LT	AE	Diploma/GED <input checked="" type="checkbox"/> College <input type="checkbox"/>
Level I	40	0	0	0	0	0	0	0	Other Certifications or Qualifications:
Level II	55	28	8	16	0	0	0	0	CWI <input type="checkbox"/> IRIS <input type="checkbox"/> ACFM <input type="checkbox"/>

See page 2

SUMMARY OF EXPERIENCE

EXPERIENCE HOURS	Total Hours	RT	MT	UT-T	PT	ET	VT	LT	AE	Other comments:
Trainee	900.0	370.0	105.5	111.0	313.5	0	0	0	0	CANDIDATE DOES NOT MEET THE REQUIREMENTS OF NAS 410 REV. 2
Level I	0	0	0	0	0	0	0	0	0	
Level II and III	6811.5	4921.0	553.5	639.0	708.0	0	0	0	0	
Total Hours	7711.5	5291.0	659.0	740.0	1021.5	0	0	0	0	

VISUAL ACUITY

See annual visual acuity record for specific ratings

Date Performed	Expiration Date	Performed By
3/29/05	3/29/06	BETHESDA CARE-SHARONVILLE, OH

REVIEWED AND APPROVED BY JEFFREY JONES, NDT LEVEL 3

Upon approval by a TCM, Level III, this document shall serve as proof of temporary certification for a period not to exceed 30 days.

Once received and reviewed by the Corporate office an official certificate will be issued.

Level III Approval:

Date:

The above named individuals qualification history has been reviewed and found to be acceptable IAW TCM's requirements for certification, 33.G.103-S1, SNI-TC-1A-2001, and any additional certification standards listed in the comments section above.

8/17/05

VISION ACUITY RECORD

 For: **ROBERT E. WEAVER**

 Empl.# **655514**

S/S Number:

RESULTS OF EYE EXAMINATION

Distance Vision	Left Eye	Right Eye
Uncorrected	20/20	20/20
Corrected	20/	20/

Near Vision	Left Eye	Right Eye
Uncorrected	J- <u>1</u>	J- <u>1</u>
	at <u>12</u> in.	at <u>12</u> in.
Corrected	J- _____	_____
	at _____ in.	at _____ in.

COLOR VISION

(Describe method used and any deficiencies noted)

ISHIHARA - PASSED

 ADMINISTERED BY J. WILLIAMS, R.N

DATE: 3/29/05

THE ABOVE EMPLOYEE HAS BEEN EXAMINED AND HAS SATISFACTORY VISION FOR:

	Yes	No
Distance Vision	X	
Near Vision	X	
Color Vision	X	

Brightness Discrimination	
Passed <input checked="" type="checkbox"/>	Failed <input type="checkbox"/> N/A <input type="checkbox"/>
Remarks: <u>TAKEN 3/23/05</u>	
RECORDS ON FILE	

Restrictions: (Write "none" if there are no restrictions)

 Near Vision: NONE

 Far Vision: NONE

 Color Vision: NONE

Examination Performed By

BETHESDA CARE-SHARONVILLE

NDE Level III

3801 HAUCK ROAD
SHARONVILLE, OH 45241

Date:

 Date 3/29/05

Reviewed and Approved By:

 JEFFREY L. JONES

3/29/05

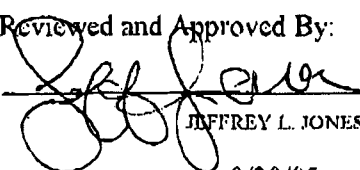
Next Examination Date

3/29/06



APPLICATION FOR PERSONNEL CERTIFICATION
Form 103.8 Rev. 1

Name: JAMES E. BERG		Employee #: 2377		SSN:							
CERTIFICATION REQUESTS											
CERTIFICATIONS		EXAMINATION SCORES (%)									
Method	Level	Cert. Date	Expires	Basic	Gen.	Spec.	Prac.	Level III (For Practical Exam)	Comp.	LIMITATIONS/COMMENTS	
RT	II	1/5/05	1/5/08	N/A	92.50	90.00	72.00	JEFFREY L. JONES	84.00	NONE - NO AEROSPACE	
PT	II	1/5/05	1/5/08	N/A	92.50	90.00	89.00	JEFFREY L. JONES	90.50	NONE - NO AEROSPACE	
MT	II	1/5/05	1/5/08	N/A	90.00	93.00	90.00	T.D. CABE	91.00	NONE - NO AEROSPACE	
See page 2						SUMMARY OF EDUCATION					
FORMAL TRAINING HOURS		RT	MT	UT	PT	ET	VT	LT	AE	Diploma/GED <input checked="" type="checkbox"/> College <input type="checkbox"/>	
Level I		40	0	80	0	0	0	0	0	Other Certifications or Qualifications:	
Level II		55	48	90.5	42	0	80	0	0	CWI <input type="checkbox"/> IRIS <input type="checkbox"/> ACFM <input type="checkbox"/>	
See page 2						SUMMARY OF EXPERIENCE					
EXPERIENCE HOURS		Total Hours	RT	MT	UT	PT	ET	VT	LT	AE	MFE <input type="checkbox"/> PMI <input type="checkbox"/> API- <input type="checkbox"/>
Trainee		0	0	0	0	0	0	0	0	0	Other comments: CANDIDATE MEETS REQUIREMENTS FOR NAS 410 REV. 2.
Level I		0	0	0	0	0	0	0	0	0	CANDIDATE HAS NOT BEEN TESTED TO PERFORM AEROSPACE (NADCAP) RELATED WORK.
Level II and III		8654.0	1645.5	1868.5	2075.0	2148.0	0	917.0	0	0	
Total Hours		8654.0	1645.5	1868.5	2075.0	2148.0	0	917.0	0	0	
VISUAL ACUITY		See annual visual acuity record for specific ratings		Date Performed 9/1/04		Expiration Date 9/14/05		Performed By BETHESDA CARE SHARONVILLE			
Upon approval by a TCM Level III, this document shall serve as proof of temporary certification for a period not to exceed 30 days. Once received and reviewed by the Corporate office an official certificate will be issued.											
The above named individuals qualification history has been reviewed and found to be acceptable IAW TCM's requirements for certification. 33.G. 103-S1, SNT-TC-1A-2001, NAS 410 REV. 2 and any additional certification standards listed in the comments section above.											
Level III Approval:		Signature:		Date: 1/5/05							

TEAM C	Quality System Supplement Corporate	Document #: FORM 103.10	Rev: 1																		
VISION ACUITY RECORD																					
For: BERG, JAMES E.	Empl.# 655506	S/S Number:																			
RESULTS OF EYE EXAMINATION																					
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>Distance Vision</th><th>Left Eye</th><th>Right Eye</th></tr></thead><tbody><tr><td>Uncorrected</td><td>20/20</td><td>20/20</td></tr><tr><td>Corrected</td><td></td><td></td></tr></tbody></table>		Distance Vision	Left Eye	Right Eye	Uncorrected	20/20	20/20	Corrected			<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>Near Vision</th><th>Left Eye</th><th>Right Eye</th></tr></thead><tbody><tr><td>Uncorrected</td><td>J- <u>1</u> at <u>12</u> in.</td><td>J- <u>1</u> at <u>12</u> in.</td></tr><tr><td>Corrected</td><td>J- _____ at _____ in.</td><td>J- _____ at _____ in.</td></tr></tbody></table>		Near Vision	Left Eye	Right Eye	Uncorrected	J- <u>1</u> at <u>12</u> in.	J- <u>1</u> at <u>12</u> in.	Corrected	J- _____ at _____ in.	J- _____ at _____ in.
Distance Vision	Left Eye	Right Eye																			
Uncorrected	20/20	20/20																			
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Near Vision	Left Eye	Right Eye																			
Uncorrected	J- <u>1</u> at <u>12</u> in.	J- <u>1</u> at <u>12</u> in.																			
Corrected	J- _____ at _____ in.	J- _____ at _____ in.																			
COLOR VISION (Describe method used and any deficiencies noted)																					
ISHIHARA - PASSED																					
ADMINISTERED BY <u>J. WILLIAMS, RN</u>		DATE: <u>8/30/05</u>																			
THE ABOVE EMPLOYEE HAS BEEN EXAMINED AND HAS SATISFACTORY VISION FOR:																					
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th></th><th>Yes</th><th>No</th></tr></thead><tbody><tr><td>Distance Vision</td><td style="text-align: center;">X</td><td></td></tr><tr><td>Near Vision</td><td style="text-align: center;">X</td><td></td></tr><tr><td>Color Vision</td><td style="text-align: center;">X</td><td></td></tr></tbody></table>			Yes	No	Distance Vision	X		Near Vision	X		Color Vision	X		<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th colspan="2" style="text-align: center;">Brightness Discrimination</th></tr></thead><tbody><tr><td>Passed <input checked="" type="checkbox"/></td><td>Failed <input type="checkbox"/> N/A <input type="checkbox"/></td></tr><tr><td colspan="2">Remarks: _____</td></tr></tbody></table>		Brightness Discrimination		Passed <input checked="" type="checkbox"/>	Failed <input type="checkbox"/> N/A <input type="checkbox"/>	Remarks: _____	
	Yes	No																			
Distance Vision	X																				
Near Vision	X																				
Color Vision	X																				
Brightness Discrimination																					
Passed <input checked="" type="checkbox"/>	Failed <input type="checkbox"/> N/A <input type="checkbox"/>																				
Remarks: _____																					
Restrictions: (Write "none" if there are no restrictions)																					
Near Vision:	<u>NONE</u>																				
Far Vision:	<u>NONE</u>																				
Color Vision:	<u>NONE</u>																				
Examination Performed By <u>BETHESDA CARE-SHARONVILLE</u> NDE Level III <u>3801 HAUCK ROAD</u> <u>SHARONVILLE, OH 45241</u> Date <u>8/30/05</u>																					
Reviewed and Approved By:  JEFFREY L. JONES Date <u>8/30/05</u> Next Examination Date <u>8/30/06</u>																					



Name:

JOHN BALLARD

Employee #:

655533

SSN:

CERTIFICATION REQUESTS

CERTIFICATIONS

EXAMINATION SCORES (%)

Method	Level	Cert. Date	Expires	Basic	Gen.	Spec.	Prac.	Level III (For Practical Exam)	Comp.	LIMITATIONS/COMMENTS
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MT	II	10/21/02	10/21/05	N/A	82.00	76.66	98.00	KENNETH R. SULLIVAN	85.55	NONE
PT	II	11/14/02	11/14/05	N/A	75.00	76.66	98.00	KENNETH R. SULLIVAN	83.22	NONE
RT	II	5/11/05	5/11/08	N/A	95.00	90.10	87.00	JEFFREY L. JONES	90.70	NONE

SUMMARY OF EDUCATION

FORMAL TRAINING HOURS

For	Level I	Level II	RT	MT	UTT	PT	ET	VT	LT	AE	Other Certifications or Qualifications:
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SUMMARY OF EXPERIENCE

EXPERIENCE HOURS	Total Hours	RT	MT	UT	PT	ET	VT	LT	CP	Other comments:
Trainee	37.0	0	0	0	0	0	37.0	0	0	CANDIDATE IS NOT APPROVED FOR NAS 410 REV. 2 AND MAY NOT PERFORM ANY WORK RELATED TO THE AEROSPACE INDUSTRY
Level I	0	0	0	0	0	0	0	0	0	
Level II and III	10,980.5	2783.0	6530.5	0	1667.0	0	0	0	0	
Total Hours	11,017.5	2783.0	6530.5	0	1667.0	0	37.0	0	0	

VISUAL ACUITY

See annual visual acuity record for specific ratings

Date Performed	Expiration Date	Performed By
5/11/05	5/11/08	BETHESDA CARE SHARONVILLE

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Jeffrey L. Jones

VISION ACUITY RECORD

 For: **JOHN BALLARD**

 Empl.# **655533**

S/S Number:

RESULTS OF EYE EXAMINATION

Distance Vision	Left Eye	Right Eye
Uncorrected	20/30	20/30
Corrected	N/A	N/A

Near Vision	Left Eye	Right Eye
Uncorrected	J- <u>1</u>	J- <u>8</u>
	at <u>12</u> in.	at <u>12</u> in.
Corrected	<u>N/A</u>	<u>N/A</u>

COLOR VISION

(Describe method used and any deficiencies noted)

ISHIHARA

 ADMINISTERED BY J. Appleman, RT Herman K. Hobohm, MD

 DATE: **5/11/05**

THE ABOVE EMPLOYEE HAS BEEN EXAMINED AND HAS SATISFACTORY VISION FOR:

	Yes	No
Distance Vision	X	
Near Vision	X	
Color Vision	X	

Brightness Discrimination	
Passed <input checked="" type="checkbox"/>	Failed <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Remarks: _____	

Restrictions: (Write "none" if there are no restrictions)

 Near Vision: NONE

 Far Vision: NONE

 Color Vision: NONE

Examination Performed By

BETHESDA CARE-SHARONVILLE

NDE Level III

3801 HAUCK ROAD
SHARONVILLE, OH 45241

 Date **5/11/05**

Reviewed and Approved By:

JEFFREY L. JONES

Date:

5/11/05

Next Examination Date

5/11/06