

EMPLOYEE BI-WEEKLY TIME SHEET - WEEK 1

EMP# **158821** EMPLOYEE NAME: **Gary Paul Anderson** Title: **SS III**  
 4/7/2010 TO 4/13/2010 PAY PLAN **14 x 14** Dept **1017310162**  
 (Circle One)  
 CREW CHG DAY **Wednesday** COORDINATOR **Danny Mooney**

revised 09/22/2009 by James D. Harwell

Print sheets  
1 and 2

Pay Period

4/7/2010  
through  
4/20/2010

2nd Week

DATE MM-DD-YY	RECEIVER		MAINTENANCE OR INTERNAL ORDER		ABSENCE/ ATTENDANCE	TOTAL HOURS
	COST CENTER	SALES ORDER	ITEM	Rig Name		
4/7/2010 Wednesday	1017310162	7274088		Nautilus	0618	13
4/8/2010 Thursday	1017310162	7274088		Nautilus	0618	13
4/9/2010 Friday	1017310162	7274088		Nautilus	0618	13
4/10/2010 Saturday	1017310162	7274088		Nautilus	0618	13
4/11/2010 Sunday	1017310162	CSC			0601	13
4/12/2010 Monday	1017310162	CSC			0601	13
4/13/2010 Tuesday	1017310162	CSC			0601	13

Total Hours for Week **91**

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: **4/13/2010**

SUPERVISOR SIGNATURE: Gary Paul Anderson DATE: \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I approve the time data reported on this document and authorize any payment generated due to hours reported.  
 I authorize deductions from my subsequent pay for any adjustment necessary due to the correction of this time data.

- |   |                           |
|---|---------------------------|
| <b>PAY CODES:</b> (Absence/Attendance Column) | <b>NON-PAY CODES</b>      |
| 0601 Regular Work                             | 0316 Jury Duty            |
| 0615 Offshore Time Worked                     | 0302 Vacation             |
| 0654 Working Over                             | 0309 Death in Family      |
| 0121 Scheduled Off (7X7,14X14)                | 0311 Allege On Job Injury |
| 0603 Travel                                   | 0349 Hurricane Evacuation |
| 0606 Training                                 | 0607 Hot Shot             |
| 0304 Sick                                     | 0627 Paid not worked      |
|   | 0116 Involuntary Off      |
|   | 0118 Unavailable for Work |
|   | 0103 Voluntary Off        |
|   | 0323 Scheduled Off        |
|   | 0618 VPO                  |

Pay Codes		(Absence/Attendance Column)	
0601	Regular Work	0316	Jury Duty
0615	Offshore Time Worked	0302	Vacation
0618	VPO	0309	Death in Fa
0654	Working Over	0311	Allege On
0121	Scheduled Off (7X7, 14X14)	0349	Hurricane E
0603	Travel	0607	Hot Shot
0606	Training	0627	Paid not wo
0304	Sick		

Code	Cost Center
1017310003	Houma Ser Center
1017310160	CMT SVC-Piece Equip
1017310161	CMT SVC-Fed Shelf
1017310162	CMT SVC-Fed DeepWater
1017210003	Lafayette Ser Center
1017210159	CMT SVC Inland Barge

Offshore	Land
Tom Broussard	Keith Savoie
Matt Dazatt	Mike Watkins
Danny Mooney	Jay Beldon
Mike Stidham	Sid Servant
Cory Carrere	
Collis Odom	

Add or Remove names above:

5928  
 Exhibit No. \_\_\_\_\_  
 Worldwide Court  
 Reporters, Inc.

NON-PAY CODES

	0116	Involuntary Off
	0118	Unavailable for Work
Family	0103	Voluntary Off
Job Injury	0323	Scheduled Off
Evacuation		
Worked		

Employee Title

OA II
OA II
SO II
SO II
SS I
SS II
SS III
SL

Add if needed

EMPLOYEE BI-WEEKLY TIME SHEET - WEEK 2

revised 09/22/2009 by James D. Harwell

EMP# **158821** EMPLOYEE NAME **Gary Paul Anderson** Title: **SS III**  
 WEEK **4/14/2010** TO **4/20/2010** PAY PLAN **14 x 14** Dept **1017310162**  
(Circle One)  
 NEW CHG DAY **Wednesday** COORDINATOR **Danny Mooney**

Pay Period  
**4/7/2010**  
 through  
**4/20/2010** **1st Week**

DATE MM-DD-YY	RECEIVER		MAINTENANCE OR INTERNAL ORDER		ABSENCE/ ATTENDANCE	TOTAL HOURS
	COST CENTER	SALES ORDER	ITEM	Rig Name		
4/14/2010 Wednesday	1017310162	CSC			0601	13
4/15/2010 Thursday	1017310162	CSC			0601	13
4/16/2010 Friday	1017310162	7286889		Horizon	0618	19
4/17/2010 Saturday	1017310162	7286889		Horizon	0618	19
4/18/2010 Sunday	1017310162	7286889		Horizon	0618	19
4/19/2010 Monday	1017310162	7286889		Horizon	0618	19
4/20/2010 Tuesday	1017310162	7286889		Horizon	0618	19

Pay Codes (Absence/Attendance Column)

0601	Regular Work	0316	Jury Duty
0615	Offshore Time Worked	0302	Vacation
0618	VPO	0309	Death in Fa
0654	Working Over	0311	Allege On
0121	Scheduled Off (7X7, 14X14)	0349	Hurricane E
0603	Travel	0607	Hot Shot
0606	Training	0627	Paid not w
0304	Sick	0	0

Code	Cost Center
1017310003	Houma Ser Center
1017310160	CMT SVC-Piece Equip
1017310161	CMT SVC-Fed Shelf
1017310162	CMT SVC-Fed DeepWater
1017210003	Lafayette Ser Center
1017210159	CMT SVC Inland Barge
0	0

Total Hours for Week **121**  
 Total Pay Period **212**

EMPLOYEE SIGNATURE: Gary Paul Anderson DATE: 4/20/2010

SUPERVISOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I approve the time data reported on this document and authorize any payment generated due to hours reported.  
 I authorize deductions from my subsequent pay for any adjustment necessary due to the correction of this time data.

- |   |                           |
|---|---------------------------|
| <b>PAY CODES:</b> (Absence/Attendance Column) | <b>NON-PAY CODES</b>      |
| 0601 Regular Work                             | 0316 Jury Duty            |
| 0615 Offshore Time Worked                     | 0302 Vacation             |
| 0654 Working Over                             | 0309 Death in Family      |
| 0121 Scheduled Off (7X7,14X14)                | 0311 Allege On Job Injury |
| 0603 Travel                                   | 0349 Hurricane Evacuation |
| 0606 Training                                 | 0607 Hot Shot             |
| 0304 Sick                                     | 0627 Paid not worked      |
|   | 0116 Involuntary Off      |
|   | 0118 Unavailable for Work |
|   | 0103 Voluntary Off        |

NON-PAY CODES

	0116	Involuntary Off
	0118	Unavailable for Work
Family	0103	Voluntary Off
Job Injury	0323	Scheduled Off
Evacuation	0	0
	0	0
Worked	0	0
	0	0



**GOM CEMENTERS Time Sheet**

EMP# **158729** EMPLOYEE NAME: **Vincent Tabler** Title: **SS III**  
 WEEK **9/8/2010 TO 9/14/2010** PAY PLAN **14 x 14** Dept **1017310162**  
 CREW CHG DAY **Wednesday** COORDINATOR **Danny Mooney**

DATE MM-DD-YY	RECEIVER COST CENTER	RECEIVER SALES ORDER	RECEIVER ITEM	MAINTENANCE OR INTERNAL ORDER		ABSENCE/ ATTENDANCE	TOTAL HOURS
				Rig Name	ACT		
9/8/2010 Wednesday	1017310162	7604932		DD-3		0618	13
9/9/2010 Thursday	1017310162	7604932				0618	15
9/10/2010 Friday	1017310162	7604932				0618	13
9/11/2010 Saturday	1017310162	7604932				0618	16
9/12/2010 Sunday	1017310162	7604932				0618	17
9/13/2010 Monday	1017310162	7604932				0618	13
9/14/2010 Tuesday	1017310162	7604932				0618	13
Total Hours for Week							<b>100</b>

Note: Time Sheet to be submitted before 2pm on Payroll Day

EMPLOYEE SIGNATURE: *Vincent Tabler* DATE: 7/14/2010

I authorize deductions from my subsequent pay for any adjustment necessary due to the correction of this time data.

SUPERVISOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

I approve the time data reported on this document and authorize any payment generated due to hours reported.

Comments:

revised 07/07/2010 by James D. Harwell

Pay Period

9/8/2010  
9/21/2010

Pay Codes		(Absence/Attendance Column)		NON-PAY CODES	
Code	Description	Code	Description	Code	Description
0601	Regular Work	0316	Jury Duty	0116	Involuntary Off
0615	Offshore Time Worked	0302	Vacation	0118	Unavailable for Work
0618	VPO	0309	Death in Family	0103	Voluntary Off
0654	Working Over	0364	Allege On Job Injury	0121	Scheduled Off (7X7, 14
0603	Travel	0349	Hurricane Evacuation		
0606	Training	0607	Hot Shot		
0361	Sick	0627	Co Appv Community S		

Employee Title

Code	Cost Center	Employee Title
1017310003	Houma Ser Center	OA I
1017310160	CMT SVC-Piece Equip	OA II
1017310161	CMT SVC-Fed Shelf	SO I
1017310162	CMT SVC-Fed DeepWater	SO II
1017270300	Lafayette Ser Center	SS I
1017210159	CMT SVC Inland Barge	SS II
1017210003	Lafayette Trucks	SS III

Coordinators

Offshore	Land
Glenn Thibodeaux	Keith Savoie
Matt Dauzat	Mike Watkins
Danny Mooney	Jay Beldon
Mike Stidham	Sid Servant
Cory Carrere	
Foster Foran	
Add or Remove names as needed.	

Add Title if needed

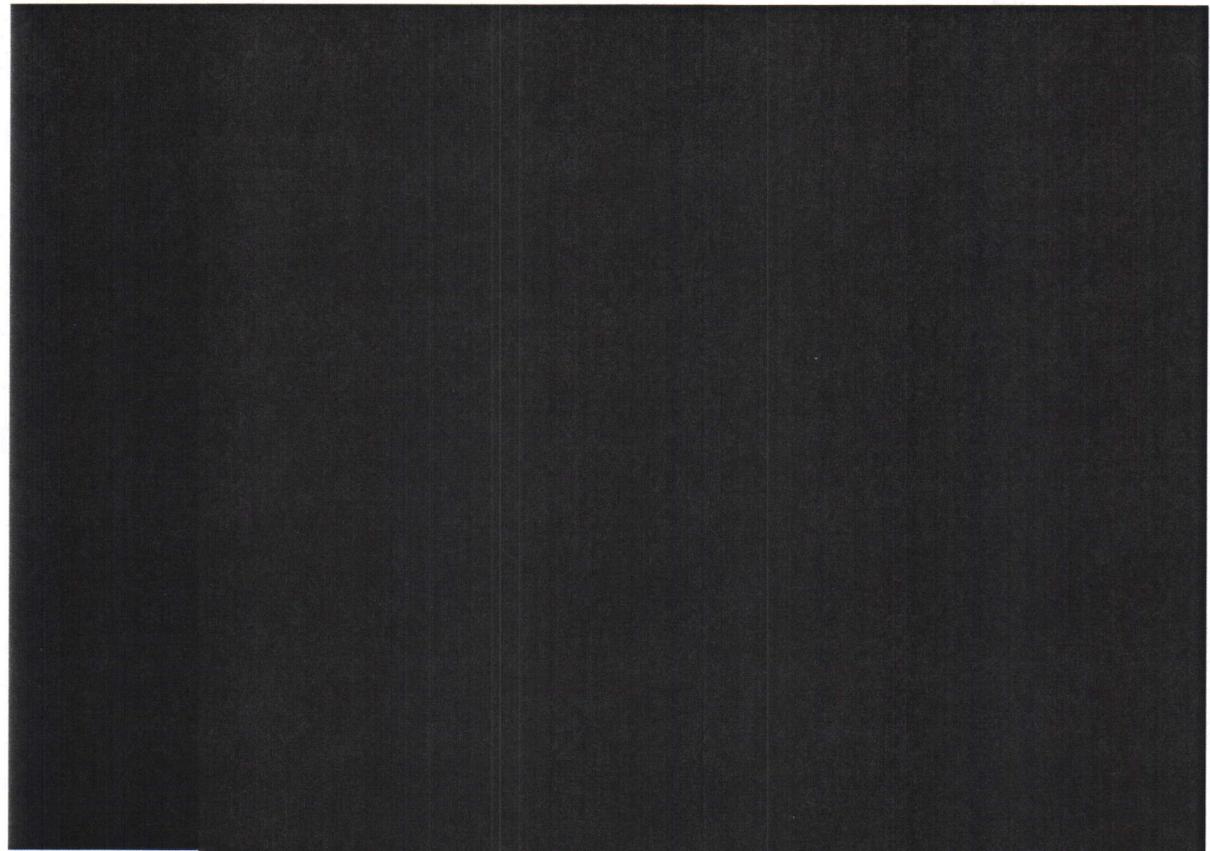
**PAY CODES: (Absence/Attendance Column)**

0601 Regular Work  
0615 Offshore Time Worked  
0618 VPO  
0654 Working Over  
0603 Travel  
0606 Training  
0361 Sick

0316 Jury Duty  
0302 Vacation  
0309 Death in Family  
0364 Allege On Job Injury  
0349 Hurricane Evacuation  
0607 Hot Shot  
0627 Co Apprv Community Srv

**NON-PAY CODES**

0116 Involuntary Off  
0118 Unavailable for Work  
0103 Voluntary Off  
0121 Scheduled Off  
(7X7, 14x14)



**GOM CEMENTERS Safety Participation**

EMP# 158729 EMPLOYEE NAME: Vincent Tabler Title: SS III  
 WEEK 9/8/2010 TO 9/14/2010 PAY PLAN 14 x 14 Dept 1017310162  
 CREW CHG DAY Wednesday COORDINATOR Danny Mooney

Enter the quantity in the box corresponding to the program and the date of participation.

Safety track required for each week worked.

Program Participation	9/8/2010 Wednesday	9/9/2010 Thursday	9/10/2010 Friday	9/11/2010 Saturday	9/12/2010 Sunday	9/13/2010 Monday	9/14/2010 Tuesday
BBP							
JSA (1 per Task)							
HOC							
CPI- Prevention & Improvement							
Safety Huddle (documented)							
Near Miss							
Tap root investigation							
STOP							
Stop Work Authority							
Risk Analysis							
Smith Driving							

**Operational Excellence Rules:**

- Know what is expected of you.
- Understand the customer's expectations.
- Understand the job, the procedures and objectives.
- Make sure you have the tools you need.
- Check your equipment and make sure you are confident they will work as expected.
- Address any and all risks for the job.
- Know when and who to call for help, and have their contact information ready and available.

**Safety Participation Required:**

**GOM CEMENTERS Time Sheet**

EMP# 158729 EMPLOYEE NAME: Vincent Tabler Title: SS III  
 WEEK 9/15/2010 TO 9/21/2010 PAY PLAN 14 x 14 Dept 1017310162  
 CREW CHG DAY Wednesday COORDINATOR Danny Mooney

revised 07/07/2010 by James D. Harwell

Pay Period

9/15/2010  
9/28/2010

DATE MM-DD-YY	RECEIVER COST CENTER	RECEIVER SALES ORDER	ITEM	MAINTENANCE OR INTERNAL ORDER		ABSENCE/ ATTENDANCE	TOTAL HOURS
				Rig Name	ACT		
9/15/2010 Wednesday	1017310162	7604932		DD-3		0618	13
9/16/2010 Thursday	1017310162					0121	0
9/17/2010 Friday	1017310162					0121	0
9/18/2010 Saturday	1017310162					0121	0
9/19/2010 Sunday	1017310162					0121	0
9/20/2010 Monday	1017310162					0121	0
9/21/2010 Tuesday	1017310162					0618	0
						Total Hours for Week	13
						Total Pay Period	113

Note: Time Sheet to be submitted before 3pm on Payroll Day

EMPLOYEE SIGNATURE: *Vincent Tabler* DATE: 9/21/2010

I authorize deductions from my subsequent pay for any adjustment necessary due to the correction of this time data.

SUPERVISOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 I approve the time data reported on this document and authorize any payment generated due to hours reported.

Comments:

Pay Codes		(Absence/Attendance Column)		NON-PAY CODES	
Code	Description	Code	Description	Code	Description
0601	Regular Work	0316	Jury Duty	0116	Involuntary Off
0615	Offshore Time Worked	0302	Vacation	0118	Unavailable for Work
0618	VPO	0309	Death in Family	0103	Voluntary Off
0654	Working Over	0364	Allege On Job Injury	0121	Scheduled Off (7X7, 1
0603	Travel	0349	Hurricane Evacuation		
0606	Training	0607	Hot Shot		
0361	Sick	0627	Co Apprv Community		

Cost Center	
Code	Description
1017310003	Houma Ser Center
1017310160	CMT SVC-Piece Equip
1017310161	CMT SVC-Fed Shelf
1017310162	CMT SVC-Fed DeepWater
1017270300	Lafayette Ser Center
1017210159	CMT SVC Inland Barge
1017210003	Lafayette Trucks

PAY CODES: (Absence/Attendance Column)

0601 Regular Work  
0615 Offshore Time Worked  
0618 VPO  
0654 Working Over  
0603 Travel  
0606 Training  
0361 Sick  
0316 Jury Duty  
0302 Vacation  
0309 Death in Family  
0384 Allege On Job Injury  
0349 Hurricane Evacuation  
0607 Hot Shot  
0627 Co Apprv Community Sv

NON-PAY CODES

0116 Involuntary Off  
0118 Unavailable for Work  
0103 Voluntary Off  
0121 Scheduled Off  
(7X7, 14x14)

0604 Single On Job Injury  
0606 Hurricane Evacuation  
0607 Hot Shot  
0627 Co Apprv Community Sv  
0606 Description  
0116 Involuntary Off  
0118 Unavailable for Work  
0103 Voluntary Off  
0121 Scheduled Off (7X7, 14x14)

Sunday  
Monday  
Tuesday  
Wednesday  
Thursday  
Friday  
Saturday  
7 X 7

**GOM CEMENTERS Safety Participation**

EMP# 158729 EMPLOYEE NAME: Vincent Tabler Title: SS III  
 WEEK 9/15/2010 TO 9/21/2010 PAY PLAN 14 x 14 Dept 1017310162  
 CREW CHG DAY Wednesday COORDINATOR Danny Mooney

Enter the quantity in the box corresponding to the program and the date of participation.

**Safety track required for each week worked.**

Program Participation	9/15/2010 Wednesday	9/16/2010 Thursday	9/17/2010 Friday	9/18/2010 Saturday	9/19/2010 Sunday	9/20/2010 Monday	9/21/2010 Tuesday
BBP							
JSA (1 per Task)							
HOC							
CPI- Prevention & Improvement							
Safety Huddle (documented)							
Near Miss							
Tap root investigation							
STOP							
Stop Work Authority							
Risk Analysis							
Smith Drwing							

**Operational Excellence Rules:**

- Know what is expected of you.
- Understand the customer's expectations.
- Understand the job, the procedures and objectives.
- Make sure you have the tools you need.
- Check your equipment and make sure you are confident they will work as expected.
- Address any and all risks for the job.
- Know when and who to call for help, and have their contact information ready and available.

**Safety Participation Required:**







EMPLOYEE TIME SHEET

Week 2

SS III

Title:

Vincent Tabler

EMP# 158729

Dept 1017310162

14 x 14  
(Circle One)

PAY PLAN

3/27/2010 TO 4/2/2010

COORDINATOR

Tuesday

Danny Mooney

CREW CHG DAY

DATE MM-DD-YY	RECEIVER COST CENTER	RECEIVER SALES ORDER	ITEM	MAINTENANCE OR INTERNAL ORDER		ABSENCE/ ATTENDANCE	TOTAL HOURS
				Rig Name	ACT		
3/27/2010 Tuesday	1017310162	7286889				0618	13
3/28/2010 Wednesday						0121	0
3/29/2010 Thursday						0121	0
3/30/2010 Friday						0121	0
3/31/2010 Saturday						0121	0
4/1/2010 Sunday						0121	0
4/2/2010 Monday						0121	0
Total Hours for Week							13
Total Pay Period							104

DATE: 4/2/2010

Vincent Tabler

EMPLOYEE SIGNATURE:

DATE:

SUPERVISOR SIGNATURE:

Comments:

I approve the time data reported on this document and authorize any payment generated due to hours reported.  
I authorize deductions from my subsequent pay for any adjustment necessary due to the correction of this time data.

PAY CODES: (Absence/Attendance Column) 0316 Jury Duty  
 0601 Regular Work 0302 Vacation  
 0615 Offshore Time Worked 0309 Death in Family  
 0618 VPO 0311 Allege On Job Injury  
 0654 Working Over 0349 Hurricane Evacuation  
 0121 Scheduled Off (7X7,14X14) 0607 Hot Shot  
 0603 Travel

NON-PAY CODES  
 0116 Involuntary Off  
 0118 Unavailable for Work  
 0103 Voluntary Off

revised 12/10/2009 by James D. Harwell

Pay Period

3/20/2010 through 4/2/2010

1st Week

Pay Codes	(Absence/Attendance Column)	NON-PAY CODES
0601 Regular Work	0316 Jury Duty	0116 Involuntary Off
0615 Offshore Time Worked	0302 Vacation	0118 Unavailable for Work
0618 VPO	0309 Death in Family	0103 Voluntary Off
0654 Working Over	0311 Allege On Job Injury	0323 Scheduled Off
0121 Scheduled Off (7X7, 14X14)	0349 Hurricane Evacuation	
0603 Travel	0607 Hot Shot	
0606 Training	0627 Paid not worked	
0304 Sick		

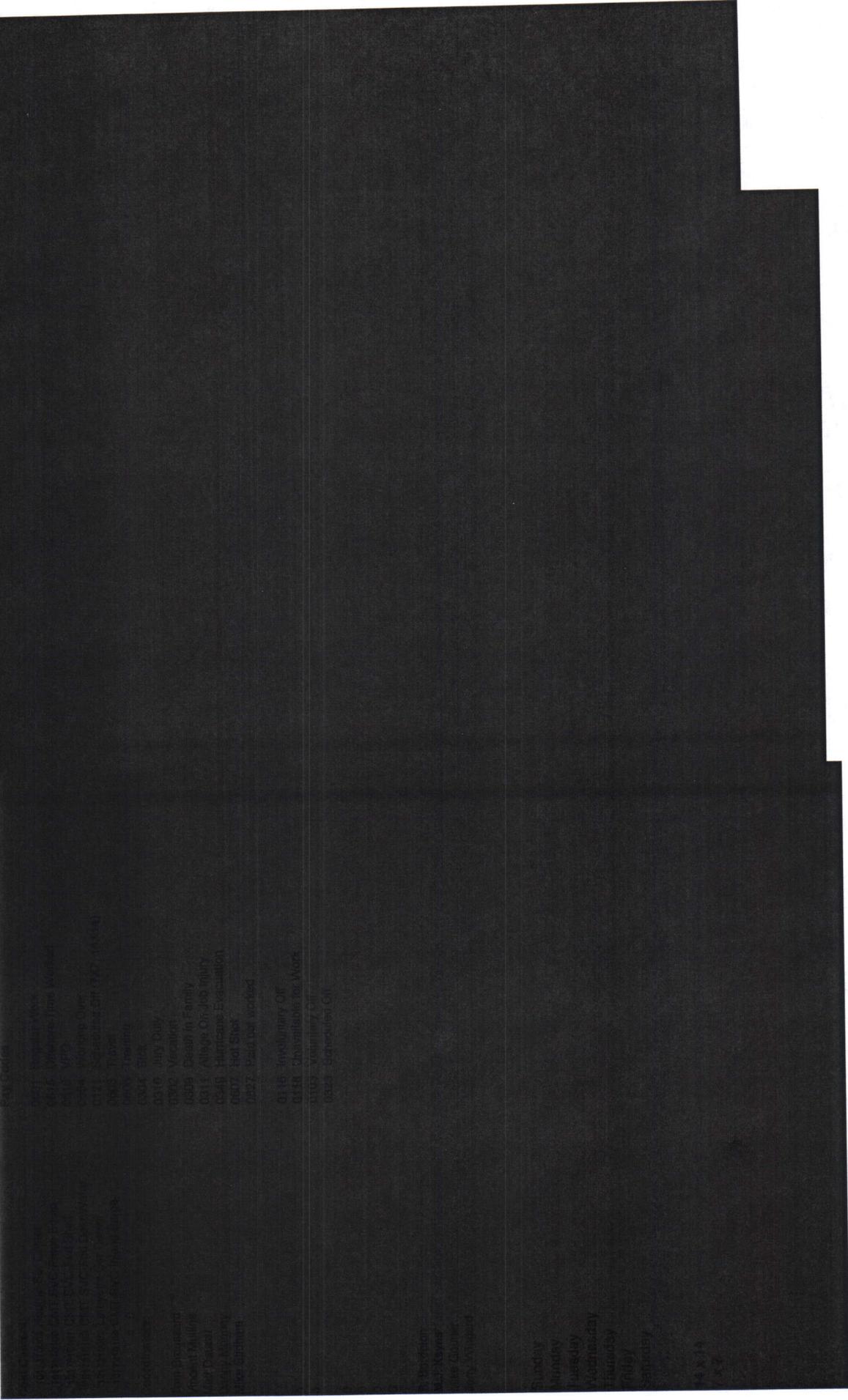
Code

Cost Center

1017310003	Houma Ser Center
1017310160	CMT SVC-Piece Equip
1017310161	CMT SVC-Fed Shelf
1017310162	CMT SVC-Fed DeepWater
1017210003	Lafayette Ser Center
1017210159	CMT SVC Inland Barge
0	0

0606 Training  
0304 Sick

0627 Paid not worked





## GOM CEMENTERS Time Sheet

EMP# 229787 EMPLOYEE NAME: Jason Fleming Title: SS III  
 WEEK 7/28/2010 TO 8/3/2010 PAY PLAN 14 x 14 Dept 1017310162  
 CREW CHG DAY Wednesday COORDINATOR Danny Mooney

DATE MM-DD-YY	RECEIVER	RECEIVER		MAINTENANCE OR INTERNAL ORDER		ABSENCE/ ATTENDANCE	TOTAL HOURS
	COST CENTER	SALES ORDER	ITEM	Rig Name	ACT		
7/28/2010 Wednesday	1017310162	7509092		DD III		0618	16
7/29/2010 Thursday	1017310162	7509092		DD III		0618	13
7/30/2010 Friday	1017310162	7509092		DD III		0618	13
7/31/2010 Saturday	1017310162	7509092		DD III		0618	13
8/1/2010 Sunday	1017310162	7509092		DD III		0618	17
8/2/2010 Monday	1017310162	7509092		DD III		0618	13
8/3/2010 Tuesday	1017310162	7509092		DD III		0618	18

Note: Time Sheet to be submitted before 2pm on Payroll Day

Total Hours for Week **103**

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SUPERVISOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PAY CODES:** (Absence/Attendance Column)

- |                           |                             |
|---------------------------|-----------------------------|
| 0601 Regular Work         | 0316 Jury Duty              |
| 0615 Offshore Time Worked | 0302 Vacation               |
| 0618 VPO                  | 0309 Death in Family        |
| 0654 Working Over         | 0364 Allege On Job Injury   |
| 0603 Travel               | 0349 Hurricane Evacuation   |
| 0606 Training             | 0607 Hot Shot               |
| 0361 Sick                 | 0627 Co Apprv Community Srv |

**NON-PAY CODES**

- 0116 Involuntary Off
- 0118 Unavailable for Work
- 0103 Voluntary Off
- 0121 Scheduled Off  
(7X7, 14x14)

**GOM CEMENTERS Safety Participation**

EMP# 229787 EMPLOYEE NAME: Jason Fleming Title: SS III  
 WEEK 7/28/2010 TO 8/3/2010 PAY PLAN 14 x 14 Dept 1017310162  
 CREW CHG DAY Wednesday COORDINATOR Danny Mooney

Enter the quantity in the box corresponding to the program and the date of participation.

**Safety track required for each week worked.**

Program Participation	7/28/2010	7/29/2010	7/30/2010	7/31/2010	8/1/2010	8/2/2010	8/3/2010
	Wednesday	Thursday	Friday	Saturday	Sunday	Monday	Tuesday
BBP					2		
JSA (1 per Task)	2	1	1		1	1	
HOC							
CPI- Prevention & Improvement							
Safety Huddle (documented)			1		1	1	
Near Miss							
Tap root investigation							
STOP							
Stop Work Authority							
Risk Analysis							
Smith Driving							
Written Tink Plan	2	1	1		1	1	
Transocean Pressure Policy			1		1	1	

**Operational Excellence Rules:**

- Know what is expected of you.
- Understand the customer's expectations.
- Understand the job, the procedures and objectives.
- Make sure you have the tools you need.
- Check your equipment and make sure you are confident they will work as expected.
- Address any and all risks for the job.
- Know when and who to call for help, and have their contact information ready and available.

**Safety Participation Required:**

## GOM CEMENTERS Time Sheet

EMP# 229787 EMPLOYEE NAME: Jason Fleming Title: SS III  
 WEEK 8/4/2010 TO 8/10/2010 PAY PLAN 14 x 14 Dept 1017310162  
 CREW CHG DAY Wednesday COORDINATOR Danny Mooney

DATE MM-DD-YY	RECEIVER	RECEIVER		MAINTENANCE OR INTERNAL ORDER		ABSENCE/ ATTENDANCE	TOTAL HOURS
	COST CENTER	SALES ORDER	ITEM	Rig Name	ACT		
8/4/2010 Wednesday	1017310162			Crew Change		0615	13
8/5/2010 Thursday	1017310162					0121	0
8/6/2010 Friday	1017310162					0121	0
8/7/2010 Saturday	1017310162					0121	0
8/8/2010 Sunday	1017310162					0121	0
8/9/2010 Monday	1017310162					0121	0
8/10/2010 Tuesday	1017310162					0121	0

Note: Time Sheet to be submitted before 2pm on Payroll Day

Total Hours for Week	13
Total Pay Period	116

EMPLOYEE SIGNATURE:  DATE: 8/10/2010

SUPERVISOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PAY CODES:** (Absence/Attendance Column)

- |                           |                             |
|---------------------------|-----------------------------|
| 0601 Regular Work         | 0316 Jury Duty              |
| 0615 Offshore Time Worked | 0302 Vacation               |
| 0618 VPO                  | 0309 Death in Family        |
| 0654 Working Over         | 0364 Allege On Job Injury   |
| 0603 Travel               | 0349 Hurricane Evacuation   |
| 0606 Training             | 0607 Hot Shot               |
| 0361 Sick                 | 0627 Co Apprv Community Srv |

**NON-PAY CODES**

- 0116 Involuntary Off
- 0118 Unavailable for Work
- 0103 Voluntary Off
- 0121 Scheduled Off  
(7X7, 14x14)

**GOM CEMENTERS Safety Participation**

EMP# 229787 EMPLOYEE NAME: Jason Fleming Title: SS III  
 WEEK 8/4/2010 TO 8/10/2010 PAY PLAN 14 x 14 Dept 1017310162  
 CREW CHG DAY Wednesday COORDINATOR Danny Mooney

Enter the quantity in the box corresponding to the program and the date of participation.

**Safety track required for each week worked.**

Program Participation	8/4/2010	8/5/2010	8/6/2010	8/7/2010	8/8/2010	8/9/2010	8/10/2010
	Wednesday	Thursday	Friday	Saturday	Sunday	Monday	Tuesday
BBP							
JSA (1 per Task)							
HOC							
CPI- Prevention & Improvement							
Safety Huddle (documented)							
Near Miss							
Tap root investigation							
STOP							
Stop Work Authority							
Risk Analysis							
Smith Driving	1						
Transocean Task Specific							
Transocean Safety Meeting							

**Operational Excellence Rules:**

- Know what is expected of you.
- Understand the customer's expectaions.
- Understand the job, the procedures and objectives.
- Make sure you have the tools you need.
- Check your equipment and make sure you are confident they will work as expected.
- Address any and all risks for the job.
- Know when and who to call for help, and have their contact information ready and available.

**Safety Participation Required:**