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# DANE-PIERRE WEDDERBURN


## Details

	Whole Body Monitoring	Ring Monitoring	Wrist Monitoring
Name: DANE-PIERRE WEDDERBURN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Status: ACTIVE			
Gender: Male			
Date Of Birth:			
National ID:			
Address:			
Work:			
Contact:			
Avatar:			
			

## Roles

## Training Programmes

DR. CHRISTINA L. BENNETT-BARNETT

Details			
	Whole Body Monitoring	Ring Monitoring	Wrist Monitoring
Name: DR. CHRISTINA L. BENNETT-BARNETT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Status: ACTIVE			
Gender: Male			
Date Of Birth:			
National ID:			
Address:			
Work:			
Contact:			
Avatar:			
Roles			
Training Programmes			

DR. MICHAEL L. SEALY

Details			
	Whole Body Monitoring	Ring Monitoring	Wrist Monitoring
Name: DR. MICHAEL L. SEALY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Status: ACTIVE			
Gender: Female			
Date Of Birth:			
National ID:			
Address:			
Work:			
Contact:			
Avatar:			
Roles			
Training Programmes			

# ENGRED M. SMITH

Details			
	Whole Body Monitoring	Ring Monitoring	Wrist Monitoring
Name: ENGRED M. SMITH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Status: ACTIVE			
Gender: Female			
Date Of Birth:			
National ID:			
Address:			
Work:			
Contact:			
Avatar:			
Roles			
Training Programmes			

DR. DONALD ELLIS

Details			
	Whole Body Monitoring	Ring Monitoring	Wrist Monitoring
Name: DR. DONALD ELLIS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Status: ACTIVE			
Gender:			
Date Of Birth:			
National ID:			
Address:			
Work:			
Contact:			
Avatar:			
Roles			
Training Programmes			

JAYE - ANNE OCONNOR

Details			
	Whole Body Monitoring	Ring Monitoring	Wrist Monitoring
Name: JAYE - ANNE OCONNOR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Status: ACTIVE			
Gender:			
Date Of Birth:			
National ID:			
Address:			
Work:			
Contact:			
Avatar:			
Roles			
Training Programmes			

KEVIN K. PALMER

Details			
	Whole Body Monitoring	Ring Monitoring	Wrist Monitoring
Name: KEVIN K. PALMER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Status: ACTIVE			
Gender:			
Date Of Birth:			
National ID:			
Address:			
Work:			
Contact:			
Avatar:			
Roles			
Training Programmes			



# KRISTYN E.D. CHANDON

Details			
	Whole Body Monitoring	Ring Monitoring	Wrist Monitoring
Name: KRISTYN E.D. CHANDON	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Status: ACTIVE			
Gender:			
Date Of Birth:			
National ID:			
Address:			
Work:			
Contact:			
Avatar:			
Roles			
Training Programmes			

# Mellanie R. Didier

Details			
	Whole Body Monitoring	Ring Monitoring	Wrist Monitoring
Name: Mellanie R. Didier	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Status: ACTIVE			
Gender:			
Date Of Birth:			
National ID:			
Address:			
Work:			
Contact:			
Avatar:			
Roles			
Training Programmes			

# NICKEISHA T. WILLIAMS

Details			
	Whole Body Monitoring	Ring Monitoring	Wrist Monitoring
Name: NICKEISHA T. WILLIAMS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Status: ACTIVE			
Gender:			
Date Of Birth:			
National ID:			
Address:			
Work:			
Contact:			
Avatar:			
Roles			
Training Programmes			

OPAL RIDDELL

Details			
	Whole Body Monitoring	Ring Monitoring	Wrist Monitoring
Name: OPAL RIDDELL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Status: ACTIVE			
Gender:			
Date Of Birth:			
National ID:			
Address:			
Work:			
Contact:			
Avatar:			
Roles			
Training Programmes			

PETER B. JOHNSON

Details			
	Whole Body Monitoring	Ring Monitoring	Wrist Monitoring
Name: PETER B. JOHNSON	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Status: ACTIVE			
Gender:			
Date Of Birth:			
National ID:			
Address:			
Work:			
Contact:			
Avatar:			
Roles			
Training Programmes			

RANJAE L. OSBOURNE

Details			
	Whole Body Monitoring	Ring Monitoring	Wrist Monitoring
Name: RANJAE L. OSBOURNE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Status: ACTIVE			
Gender:			
Date Of Birth:			
National ID:			
Address:			
Work:			
Contact:			
Avatar:			
Roles			
Training Programmes			

# RICHARD COLE

Details			
	Whole Body Monitoring	Ring Monitoring	Wrist Monitoring
Name: RICHARD COLE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Status: ACTIVE			
Gender:			
Date Of Birth:			
National ID:			
Address:			
Work:			
Contact:			
Avatar:			
Roles			
Training Programmes			

RODEAN A. RHODEN

Details			
	Whole Body Monitoring	Ring Monitoring	Wrist Monitoring
Name: RODEAN A. RHODEN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Status: ACTIVE			
Gender:			
Date Of Birth:			
National ID:			
Address:			
Work:			
Contact:			
Avatar:			
Roles			
Training Programmes			



SASHANA L. HOWELL

Details			
	Whole Body Monitoring	Ring Monitoring	Wrist Monitoring
Name: SASHANA L. HOWELL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Status: ACTIVE			
Gender:			
Date Of Birth:			
National ID:			
Address:			
Work:			
Contact:			
Avatar:			
Roles			
Training Programmes			

# SHAKERIA EDWARDS

Details			
	Whole Body Monitoring	Ring Monitoring	Wrist Monitoring
Name: SHAKERIA EDWARDS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Status: ACTIVE			
Gender:			
Date Of Birth:			
National ID:			
Address:			
Work:			
Contact:			
Avatar:			
Roles			
Training Programmes			

# SHANNON R. CREED

Details			
	Whole Body Monitoring	Ring Monitoring	Wrist Monitoring
Name: SHANNON R. CREED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Status: ACTIVE			
Gender:			
Date Of Birth:			
National ID:			
Address:			
Work:			
Contact:			
Avatar:			
Roles			
Training Programmes			

JAMIE M. THOMPSON

Details			
	Whole Body Monitoring	Ring Monitoring	Wrist Monitoring
Name: JAMIE M. THOMPSON	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Status: ACTIVE			
Gender:			
Date Of Birth:			
National ID:			
Address:			
Work:			
Contact:			
Avatar:			
Roles			
Training Programmes			

# CT ROOM (DRAX)

Details			
	Whole Body Monitoring	Ring Monitoring	Wrist Monitoring
Name: CT ROOM (DRAX)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Status: ACTIVE			
Gender:			
Date Of Birth:			
National ID:			
Address:			
Work:			
Contact:			
Avatar:			
Roles			
Training Programmes			

# X-RAY ROOM (DRAX)

Details			
	Whole Body Monitoring	Ring Monitoring	Wrist Monitoring
Name: X-RAY ROOM (DRAX)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Status: ACTIVE			
Gender:			
Date Of Birth:			
National ID:			
Address:			
Work:			
Contact:			
Avatar:			
Roles			
Training Programmes			

# CT ROOM (DRAX)

Details			
	Whole Body Monitoring	Ring Monitoring	Wrist Monitoring
Name: CT ROOM (DRAX)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Status: ACTIVE			
Gender:			
Date Of Birth:			
National ID:			
Address:			
Work:			
Contact:			
Avatar:	<div></div>		
Roles			
Training Programmes			

X-RAY ROOM (DRAX)

Details			
	Whole Body Monitoring	Ring Monitoring	Wrist Monitoring
Name: X-RAY ROOM (DRAX)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Status: ACTIVE			
Gender:			
Date Of Birth:			
National ID:			
Address:			
Work:			
Contact:			
Avatar:			
Roles			
Training Programmes			