

# QUALIFICATIONS RECORD

## Structure Inspection Program

Wisconsin Department of Transportation  
DT2001 2003 s.84.17 Wis. Stats.

Applicant Name Peter C. Daniels	Area Code - Telephone Number - Home (414) 546-2849	
Address 11831 W. Arthur Avenue	Area Code - Telephone Number - Work (414) 302-8374	
City West Allis	State WI	ZIP Code 53227
E-Mail Address psdaniel@execpc.com	Employer City of West Allis	

Refer to the Wisconsin DOT Structure Inspection Manual for required qualifications. Forward two completed copies of this form to the Statewide Structure Inspection Program Manager via the District Program Manager or directly at 4802 Sheboygan Ave., Room 601, PO Box 7916, Madison, WI 53707-7916. One copy will be returned to you with an assigned number if deemed qualified.

### PART I - REGISTRATION/TRAINING - Complete All Information

Wisconsin Registered Professional Engineer - Yes Reg. No.: 27260 - Emphasis: Structural  
NICET Level III or IV - Yes Reg. No.: If Yes, Attach Copy of Certificate  
NHI Based 80-Hour Training Course - Yes Date: 11/92 If Yes, Attach Copy of Certificate

Pertinent Inspection Related Training Courses Completed

NHI Safety Inspection of In-service Bridges 10/26/92 - 11/06/92  
Element Based Bridge Inspection (PONTIS) 2/29/96  
Bridge Inspection Manual Update Training 5/19/04  
Additional Specialized Certifications

### APPROVAL: FOR WISDOT PROGRAM MANAGER USE ONLY! DO NOT WRITE BELOW THIS LINE.

☒ Visual Acuity Certificate Attached ☒ Experience Reviewed/Verified  
☒ NHI Based 80-Hour Training Course Certificate Attached ☐ Reference Letter Attached

Qualified As ☒ Program Manager  
☒ Team Leader

Reviewed By Program Manager <i>[Signature]</i>	Date 6-7-04
<input type="checkbox"/> Central Office <input type="checkbox"/> District <input type="checkbox"/> County	
Assigned Number 2514	Assigned By <i>[Signature]</i>
Assigned Date 6/10/04	Date Copy Returned to Applicant 6/10/04

RECEIVED

JUN 04 2004

## INSPECTOR VISUAL ACUITY RECORD

## Structure Inspection Program

Wisconsin Department of Transportation  
DT2005 2003 s.84.17 Wis. Stats.CITY OF WEST ALLIS  
ENGINEERING DEPT.

Name of Inspector/Number Peter C. Daniels	Date 5/24/04
Address 11831 W. Arthur Avenue	Area Code - Telephone Number - Home (414) 546-2849
E-Mail Address psdaniel@execpc.com	Area Code - Telephone Number - Work (414) 302-8374

## TO ALL WISDOT BRIDGE INSPECTION TEAM LEADER CERTIFICATION CANDIDATES

Please use the services of an Ophthalmologist, Optometrist, Ophthalmic Technician, Medical Doctor, Registered Nurse, or Certified Physician's Assistant to administer your **required** eye examination. The examination results are good for 24 months from the date the examination was administered. Please send the original form completed by the eye examiner to WisDOT and **keep a copy for your files**. Every Bridge Inspection Team Leader must be re-examined at the end of the 24-month period and resubmit their examination results to WisDOT in order to remain certified as a Team Leader.

All candidates must pass an eye examination, **with or without** corrective lenses, to prove near vision acuity on Jaeger J2 at 12-17 inches. Eye examination results shall be submitted on forms furnished by WisDOT.

WisDOT will not accept a visual acuity record that does not comply with these requirements. Applicants may submit completed visual acuity records to the Statewide Structure Inspection Program Manager at 4802 Sheboygan Ave., Room 601, PO Box 7916, Madison, WI 53707-7916.

TEST RESULTS

Candidate Name Peter C. Daniels	Eye Exam Date August 12, 2003
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Does the candidate possess near vision acuity of Jaeger J2 (letters 0.37 mm in size) at a distance of 12-17 inches?

- ☐ Yes  
☒ Yes, but with corrective lenses

Does the candidate possess color perception (using pseudoisochromatic plates)?

- ☐ Yes  
☐ No

Does the candidate possess the ability to differentiate between red and green?

- ☐ Yes  
☐ No


(CANDIDATE HAS RED-GREEN  
COLOR DEFICIENCY AS  
MEASURED BY PSEUDOISCHROMATIC  
PLATES. HE DOES HAVE  
COLOR PERCEPTION, BUT NOT  
FOR EVERY SUBTLE HUE.  
IT IS DOUBTFUL THIS WOULD HAVE  
ADVERSE IMPACT ON HIS JOB)

Please identify your professional level by checking one of the following:

- ☐ Optometrist ☐ Medical Doctor ☒ Ophthalmologist ☐ Ophthalmic Technician ☐ R.N. ☐ P.A.

Eye Examiner Name GREGORY R LOCHEN	State License Number 18333
Professional Address 201 N. MAYFAIR RD, SUITE 525	City, State, ZIP Code WATKINSON, W. 53226
Area Code - Telephone Number 414-259-1420	

I certify that I, the undersigned, administered an eye examination which demonstrated the vision capabilities of the named candidate indicated above.

  
 (Eye Examiner Signature)

6/1/04  
 (Date)



U.S. Department  
of Transportation  
**Federal Highway  
Administration**

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# National Highway Institute *Certificate of Training*

*Peter Daniels*

*has satisfactorily completed training in  
Safety Inspection of In-Service Bridges*

*conducted by  
Michael Baker Jr., Inc.*

*Location: Waukesha, Wisconsin*

*Hours of instruction: 80*

*Date: October 26 — November 6, 1992*

*Continuing Education Units: 8.0*

*Edward J. Adamczyk*

*Instructor*

*George M. Schreier*

*Director, National Highway Institute*

*Dave J. Ke*

*Coordinator*

*W. J. P.*

*Federal Highway Administrator*