Special Exposure Cohort Petition under the Energy Employees Occupational Illness Compensation Act

U.S. Department of Health and Human Services Centers for Disease Control and Prevention National Institute for Occupational Safety and Health

Special Exposure Cohort Petition - Form B

Expires: 05/31/2007 QMB Number: 0920-0639

Page 1 of 7

General instructions on Completing this Form (complete instructions are available in a separate packet):

Except for signatures, please PRINT all information clearly and neatly on the form.

Please read each of Parts A --- G in this form and complete the parts appropriate to you. If there is more than one petitioner, then each petitioner should complete those sections of parts A - C of the form that apply to them. Additional copies of the first two pages of this form are provided at the end of the form for this purpose. A maximum of three petitioners is allowed.

If you need more space to provide additional information, use the continuation page provided at the end of the form and attach the completed continuation page(s) to Form B.

If you have questions about the use of this form, please call the following NIOSH toll-free phone number and request to speak to someone in the Office of Compensation Analysis and Support about an SEC petition: 1-800-356-4674.

| A Representative (of a current or former Energy Employee), Start at A on Page 1 Representative Information — Complete Section A if you are authorized by an Employee Survivor(s) to petition on behalf of a class. | |
|--|-------------------|
| A Representative (of a current or former Energy Employee), Start at A on Page 1 Representative Information — Complete Section A if you are authorized by an Employee Survivor(s) to petition on behalf of a class. | |
| Representative Information — Complete Section A if you are authorized by an Employed Survivor(s) to petition on behalf of a class. | |
| Survivor(s) to petition on behalf of a class. | |
| | ;`or` |
| Are you a contact person for an organization? D Yes (Go to A.2) D No (Go to A.3 |) |
| Organization Information: | |
| Name of Organization | |
| Position of Contact Person | |
| Name of Petition Representative: | |
| Mr./Mrs./Ms. First Name Middle initial Last Name | |
| Address: | |
| Street Apt # P.O. Box | |
| City State . Zip Code | |
| Telephone Number: () | |
| Email Address: | |
| Check the box at left to indicate you have attached to the back of this form written authoriz petition by the survivor(s) or employee(s) indicated in Parts B or C of this form. An authorit | ation 1 zation |

| under i Illness | the Energy Employees Compensation Act | s Occupational | | | s for Diseau e for Occup | ational Safety and Heal |
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| Spac | lal Exposure Col | nort Petition F | orm B | OMB Number: 0920 | 0-0639 | Expires: 05/31/200 Page 2 of |
| B | | | ete Section B if you | are a Survivor or | represe | |
| B.1 | Name of Sur ' | | . / | | | |
| | <u> </u> | | - | | | |
| | | irst Name | Middle Inf | tial | Last Na | |
| B.2 | - | Number of Sun | /ivor: | | A ADDRESS | 13 |
| B.3 | Ad- | | | | | |
| | Street | | | Apt # | 39. | P.O. Box |
| | City | Stat | te _ | Zlp Code | | |
| B.4 | Telephone Nun | nber of Survivor: | · | 2 | | |
| B.5 | Email Address | of Survivor: | | ***** | | · |
| 3.6 | Relationship to | Employee: | Grandparent | C Son/Daug | | Parent |
| | | | | | u ಬಗ್ ಸ್ಟ್ರಾಮ್ | |
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| 5 0.1 | Employee Inform Name of Emplo | | | | oor organ | ization. |
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Name or Social Security Number of First Petitioner:

| under | the Energy Employees Occupational Compensation Act | | and Human Services are Control and Preventio upational Safety and Healt |
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| Spec | ial Exposure Cohort Petition — Form B | OMB Number: 0920-0639 | Expires: 05/31/200 Page 3 of |
| D | Labor Organization Information — Complete S | ection D ONLY if you are a l | |
| D.1 | Labor Organization Information: | · · · | · . |
| | Name of Organization | | |
| | Position of Contact Person | ······································ | |
| D.2 | Name of Petition Representative: | | |
| D.3 | Address of Petition Representative: | | • <u> </u> |
| | Street | Apt # | P.O. Box |
| | City State | Zip Code | |
| D.4 | Telephone Number of Petition Representative: | · · · · · · · · · · · · · · · · · · · | |
| D.5 | Email Address of Petition Representative: | | |
| D.6 | Period during which labor organization represe (please attach documentation): Start | ented employees covered by End | y this petition |
| D.7 | Identity of other labor organizations that may r employees (if known): | epresent or have represente | d this class of |
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| <u>i pristi est</u> | | and the second state of th | The second s |

| 658 (| the Energy Employees (Compensation Act | ort Petition Docupational | | | isease Control and Prevention occupational Safety and Health |
|-------|---|------------------------------------|-------------------------|--|---|
| * | al Francisco Ocho | | | OMB Number: 0920-063 | |
| | al Exposure Coho | | | ered by Petition — Complete | Page 4 of 7 |
| | | | | KRICE LABOROTOR | |
| 1 | Name of DOE or | - | | 0 | y |
| 2 | Locations at the | Facility releval | nt to this peti | tion: | |
| | 412 PA | WIT OAKI | RICE, TE | INESSEE | |
| 3 | List job titles and name any Individ included in this (| duals other that | n petitioners | included in the class. In a Identified on this form who | you believe should be |
| | PLL | ····· | | | |
| Ļ | Employment Dat | es relevant to t | his petition: | | |
| | Start | đ | End | | |
| | Start | | End | | • |
| | <u>.</u> | | End | | |
| 5 | is the petition ba recorded exposu | | | itored, unrecorded, or inade | quately monitored or |
| 5 | recorded exposu | re incidents?: | C) Yes | | |
| 5 | recorded exposu If yes, provide th | re incidents?; e date(s) of the | C) Yes | D No | |
| j | recorded exposu If yes, provide th | re incidents?: e date(s) of the | I Yes incident(s) a | Ind a complete description (| attach additional pages |
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Special Exposure Cohort Petition under the Energy Employees Occupational likness Compensation Act

F.2

U.S. Department of Health and Human Services Centers for Disease Control and Prevention National Institute for Occupational Safety and Health

Special Exposure Cohort Petition - Form B

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F Basis for Proposing that Records and Information are Inadequate for Individual Dose -Complete Section F.

Complete at least one of the following entries in this section by checking the appropriate box and providing the required information related to the selection. You are not required to complete more than one entry.

F.1 We have attached either documents or statements provided by affidavit that indicate that radiation exposures and radiation doses potentially incurred by members of the proposed class, that relate to this petition, were not monitored, either through personal monitoring or through area monitoring.

(Attach documents and/or affidavits to the back of the petition form.)

Describe as completely as possible, to the extent it might be unclear, how the attached documentation and/or affidavit(s) indicate that potential radiation exposures were not monitored.

| LIS A SCHOUDE, L CAR ONLY TELL OF THE | Ł |
|---|---|
| CONVERSATIONS MY KUSBAND AND I KADD. HE TOLD | Ł |
| ME HE WOULD CHRAIGE CLOTHES DEFORE LEQUING 185 | l |
| WORK PREND. HE SDOHE OF LEDUNG HIS LUNCH BOY | L |
| OUTSIDE THE WORK DREND, DUT WAS DUNWED TO BRING | |
| IT HOME, SOMETIMES HE WAS ALLOWED TO WEDD HIS STREET | |
| SHOPES, BUT HOD TO COVER THEM. THERE WAS A BOILER ENPLOSED | Þ |
| IN WHICH I DE RECEIVED D BURN, I REMEMBER IT DEING | Į |
| GRAGE IN BOT COUSE, HE WAS SEEN AT THE WORK CLINIC AND | ł |
| SCALA IN COLOC, HE WAS SEEN OF THE WORK CLINIC ANA STURY SOME SALVE. THE BUCK ON APAL. I We have attached either documents of statements provided by affidavit that indicate that | |
| | Ł |

radiation monitoring records for members of the proposed class have been lost, faisified, or destroyed; or that there is no information regarding monitoring, source, source term, or process from the site where the employees worked.

(Attach documents and/or affidavits to the back of the petition form.)

Describe as completely as possible, to the extent it might be unclear, how the attached documentation and/or affidavit(s) indicate that radiation monitoring records for members of the proposed class have been lost, altered illegally, or destroyed.

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| under the | | Cohort Petition yees Occupational t | U.S. Department of Health a Centers for Disea National Institute for Occu | se Control and Prevention |
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| Specia | Exposure | Cohort Petition Form B | OMB Number: 0920-0639 | Expires: 05/31/2007 Page 6 of 7 |
| F.3 | radiation radiation belleving | dose reconstruction documenting exposures at the facility, as relevant these documented limitations mices of the class under 42 CFR Part & | physicist or other individual with ex the limitations of existing DOE or ant to the petition. The report spec pht prevent the completion of dose 2 and related NIOSH technical im | AWE records on Ifies the basis for reconstructions for |
| | (Attach r | eport to the back of the petition for | m.) . | |
| F.4 | Executive Commiss journal, t of monite | e Branch of Government or the Ge sion, or the Defense Nuclear Facili hat identifies dosimetry and relate | I report, issued by a government a eneral Accounting Office, the Nuck tiles Safety Board, or published in d information that are unavailable ecords) for estimating the radiation | ear Regulatory a peer-reviewed (due to either a lack |
| | (Attach n | eport to the back of the petition for | דה.) | |
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| ::: 3 | Signaturo of | Person(s) Submitting this Petit | | the state of the second se |
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| i i i i i i i i i i i i i i i i i i i | tioners sho Signature Signature Signature Any p fact o knowi admin crimin provid s form to: | erson who knowingly makes any f r any other act of fraud to obtain c ngly accepts compensation to whi istrative remedies as well as felon al provisions, be punished by a fin led on this form is accurate and tru SEC Petition Office of Compensation A NIOSH 4676 Columbia Parkway, Cincinnati, OH 45226 | A maximum of three persons ma Date Date Date Talse statement, misrepresentation ompensation as provided under El ch that person is not entitled is sul by criminal prosecution and may, us e or imprisonment or both. I affirm le. Analysis and Support MS-C-47 | , concealment of EOICPA or who oject to civil or nder appropriate that the information |

Special Exposure Cohort Petition under the Energy Employees Occupational liness Compensation Act U.S. Department of Health and Human Services Centers for Disease Control and Prevention National Institute for Occupational Safety and Health

Special Exposure Cohort Petition — Form B

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Public Burden Statement

Public reporting burden for this collection of information is estimated to average 300 minutes per response, including time for reviewing instructions, gathering the information needed, and completing the form. If you have any comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, send them to CDC Reports Clearance Officer, 1600 Clifton Road, MS-E-11, Atlanta GA, 30333; ATTN:PRA 0920-0639. Do not send the completed petition form to this address. Completed petitions are to be submitted to NIOSH at the address provided in these instructions. Persons are not required to respond to the information collected on this form unless it displays a currently valid OMB number.

Privacy Act Advisement

In accordance with the Privacy Act of 1974, as amended (5 U.S.C. § 552a), you are hereby notified of the following:

The Energy Employees Occupational Illness Compensation Program Act (42 U.S.C. §§ 7384-7385) (EEOICPA) authorizes the President to designate additional classes of employees to be included in the Special Exposure Cohort (SEC). EEOICPA authorizes HHS to implement its responsibilities with the assistance of the National Institute for Occupational Safety (NIOSH), an Institute of the Centers for Disease Control and Prevention. Information obtained by NIOSH in connection with petitions for including additional classes of employees in the SEC will be used to evaluate the petition and report findings to the Advisory Board on Radiation and Worker Health and HHS.

Records containing identifiable information become part of an existing NIOSH system of records under the Privacy Act, 09-20-147 "Occupational Health Epidemiological Studies and EEOICPA Program Records. HHS/CDC/NIOSH." These records are treated in a confidential manner, unless otherwise compelled by law. Disclosures that NIOSH may need to make for the processing of your petition or other purposes are listed below.

This notice applies to all forms and informational requests that you may receive from NIOSH in connection with the evaluation of an SEC petition.

Use of the NIOSH petition forms (A and B) is voluntary but your provision of information required by these forms is mandatory for the consideration of a petition, as specified under 42 CFR Part 83. Petitions that fail to provide required information may not be considered by HHS.

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| or Petitioner 2. , or his or her repres information for Parts | Appendix Petitioner sentative, should complete the s A, B, or C. a page provided at the end of form. |
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| or Petitioner 2. , or his or her repres information for Parts use the continuation o Form B. | sentative, should complete the s A, B, or C. |
| or his or her repres information for Parts use the continuation Form B. | s A, B, or C. 1 page provided at the end of form. |
| information for Parts use the continuation Form B. | s A, B, or C. 1 page provided at the end of form. |
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| nergy Employee), | Start at A |
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| Spec | cial Exposure Cohort Petition F | Of B | MB Number: 0920-0639 | Expires: 05/31/2007 Appendix — Petitioner 2 |
| Β. | Survivor Information Compl | | e a Survivor or repr | |
| B.1 | Name-of Surviv | | | ~~~~~~ |
| | Mr./Mrs./Ms. First Name | Middle Initia | l Las | t Name |
| B.2 | Social Security Number of Sur | vivor: | | |
| B.3 | Address 6 Comments | | | |
| | Street | | Ant # | P.O. Box |
| | | and an and a second | A)) # | F.0. B0X |
| | City Sta | te | I Jue | |
| B.4 | Telephone Number of Survivor | • | | |
| B.5 | Email Address of Survivor: | | | |
| B.6 | Relationship to Employee: | Spouse Grandparent | Son/D <u>aughte</u> r | Parent |
| | | Selfer with D | | |
| <u>1999</u> C | | | | <u></u> |
| C.1 | Employee Information — Comp Name of Em | lete Section C. | | |
| | | | | |
| | | | | |
| | Mr./Mrs./Ms. First Name | Middle Initia | Last | Name |
| C.2 | Mr./Mrs./Ms. First Name Former Name of Employee (e.g. | | | Name |
| 0.2 | | ., maiden name/legal na | ame change/other): | Name |
| C.2 C.3 | Former Name of Employee (e.g. Mr./Mrs./Ms. Fuscinguis | ., maiden name/legal na Middle Initia | ame change/other): | |
| | Former Name of Employee (e.g. | ., maiden name/legal na Middle Initia | ame change/other): | |
| 0.3 | Former Name of Employee (e.g. Mr./Mrs./Ms. Fust Manue Social Security Number of Emp Address of Employee (if living): | ., maiden name/legal na Middle Initia | ame change/other): | Name |
| 0.3 | Former Name of Employee (e.g. Mr./Mrs./Ms. Fuscination Social Security Number of Emp | ., maiden name/legal na Middle Initia | ame change/other): | |
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| C.3 C.4 C.5 C.5 C.6 | Former Name of Employee (e.g. Mr./Mrs./Ms. Fust memo Social Security Number of Emp Address of Employee (if living): Street City Stat Telephone Number of Employee Email Address of Employee: Employment information Relate | Middle Initia Middle Initia Ioyee: e e e : () d to Petition: | Apt # | Name |
| C.3 C.4 C.5 C.5 C.6 C.7 C.7 C.7 C.7 C.7 | Former Name of Employee (e.g. Mr./Mrs./Ms. That means Social Security Number of Emp Address of Employee (if living): Street City Stat Telephone Number of Employee Email Address of Employee: Employment Information Relate Employee Number (if known): Dates of Employment: | Middle Initia Middle Initia Ioyee: e e e : () d to Petition: | Apt # | Name |
| С.3 С.4 С.5 С.5 С.6 С.7 С.7а С.7а | Former Name of Employee (e.g. Mr./Mrs./Ms. That means Social Security Number of Emp Address of Employee (if living): Street City Stat Telephone Number of Employee Email Address of Employee: Employment information Relate Employee Number (if known): Dates of Employment: | Middle Initia Middle Initia Ioyee: e e e c t c f to Petition: | Apt # | Name |
| C.3 C.4 C.5 C.5 C.7 C.7a C.7a C.7b C.7c | Former Name of Employee (e.g. Mr./Mrs./Ms. Fraction Social Security Number of Emp Address of Employee (if living): Street City Stat Telephone Number of Employee Email Address of Employee: Employment Information Relate Employee Number (if known): Dates of Employment: Star Employer Name: MUST Work Site Location: 412 F | Middle Initia Middle Initia Ioyee: e e e c t c f to Petition: | Apt # | Name |

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| Spec | ial Ex | posure | Cohort Petition - | - Form B | OMB Number: | 0920-0639 | Expires: 05/31/20 Appendix Petition |
| | 4.58 196-95 | | o des casos E presentes e | | DER CONTRACTOR STRUCTURE | | |
| | | | ι | Jse this Appendix | for Petitioner 3. | | |
| | | | is to be used as i him or her. | needed. Petitioner: | 3, or his or her repr | resentative, | should complete the |
| Refe | r to the | Genera | al Instructions on (| completing petitione | r information for Pa | arts A, B, or | C. |
| | | | | Iditional Information Intinuation page(s) t | | ion page pro | vided at the end of |
| Exce | pt for s | ignature | es, please PRINT | all information clear | ty and neatly on th | e form. | |
| | | () An E | Energy Employee | (current or former), | | | Start at C . |
| lf you | u are: | C A Su | irvivor (of a forme | r Energy Employee |), | | Start at B |
| | | | epresentative (of a | a current or former E | Energy Employee), | | Start at A |
| А | | | ive Information - o petition on bel | Complete Section half of a class. | en A if you are aut | lhorized by | an Employee or |
| A.1 | Аге | you a co | ontact person fo | r an organization? | Yes (Go to A. | 2) 🖬 . 1 | No (Go to A.3) |
| A.2 | | | n information: | · | | | |
| | Nam | e of Org | anization | • | • | | |
| | Posit | ion of Co | ontact Person | · · · | ······ | | |
| A.3 | Nam | e of Peti | ition Represente | itive: | | `` | |
| | Mr./N | rs./Ms. | First Name | Middle | e Initial | Last N | ame |
| ۹.4 | Addr | ess: | , | | | | |
| | Stree | t | | | Apt # | | P.O. Box |
| | City | | S | tate | Zlp Code | | |
| 1.5 | | | umber: () | | | | |
| \6 | | Addres | | | | | |
| .7 | | | | cate you have attac r employee(s) indica | | | |
| | | | is purpose is prov | | | ` | |

| under Mnoss | Lai Exposure Cohort Petition the Energy Employees Occupational Compensation Act | U.S. D | | and Human Services asse Control and Preventior upational Safety and Health |
|---|---|---|----------------------|--|
| - Spec | al Exposure Cohort Petition For | m B OM | 8 Number: 0920-0639 | Expires: 05/31/2007 Appendix — Petitioner 3 |
| B | Survivor Information Complete | | a Survivor or repre- | |
| B.1 | Name of Survivor: | | | · · · · · · · · · · · · · · · · · · · |
| | Mr./Mrs./Ms. First Name | Middle Initial | Last | Name |
| B.2 | Social Security Number of Surviv | юг | | |
| B.3 | Address of Survivor: | · . | | |
| | Street | · | Apt # | P.O. Box |
| | City State | | Zip Code | |
| B.4 | Telephone Number of Survivor: | <u></u> | | |
| B.5 | Email Address of Survivor: | | | |
| B.6 | Relationship to Employee: | Spouse Grandparent | Son/Daughter | Parent |
| | | | | |
| | Employee Information — Complete | te Section C . | : *_** <u>_*</u> | |
| 0.1 | Name of Employee: | | | |
| | Mr./Mrs./Ms. First Name | Middle Initial | Last | Name |
| C.2 | Former Name of Employee (e.g., r | naiden name/legal nan | ne change/other): | |
| | Mr./Mrs./Ms. First Name | Middle Initial | Last | Name |
| 0.3 | | | | |
| | Social Security Number of Employ | yee: | | |
| C.4 | Social Security Number of Employ Address of Employee (if living): | yee: | | |
| C.4 | • | yee: | Apt # | P.O. Box |
| 0.4 | Address of Employee (if living): | yee: | Apt # Zip Code . | P.O. Box |
| C.4 | Address of Employee (if living): Street | () | Zip Code | P.O. Box |
| | Address of Employee (if living): Street City State | () | Zip Code | |
| 0.5 | Address of Employee (if living): Street City State Telephone Number of Employee: | () | Zip Code | |
| 2.5 2.8 2.7 | Address of Employee (if living): Street City State Telephone Number of Employee: Email Address of Employee: Employment Information Related Employee Number (if known): | () | Zbp Code | |
| C.5 C.8 C.7 C.7a | Address of Employee (if living): Street City State Telephone Number of Employee: Email Address of Employee: Employment Information Related Employee Number (if known): | to Petition: | Zbp Code | |
| C.5 C.7 C.7 C.7a C.7b | Address of Employee (if living): Street City State Telephone Number of Employee: Email Address of Employee: Employment Information Related Employee Number (if known): Dates of Employment: Start Employer Name: Work Cite Leasting | to Petition: | Zip Code | |
| C.5 C.7 C.7 C.7a C.7b C.7c | Address of Employee (if living): Street City State Telephone Number of Employee: Email Address of Employee: Employment Information Related Employee Number (if known): Dates of Employment: Start Employer Name: Work Cite Leasting | to Petition: | Zip Code | |

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| Special Exposure Cohort Petition under the Energy Employees Occupational Illness Compensation Act | U.S. Department of Health and Human Services Centers for Disease Control and Prevention National Institute for Occupational Safety and Health |
|--|---|
| Special Exposure Cohort Petition Form B | OMB Number: 0920-0639 Expires: 05/31/2007 Appendix Continuation Page |
| Continuation Page Photocopy and complete | |
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Name or Social Security Number of First Petitioner:

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Special Exposure Cohort Petition under the Energy Employees Occupational **liness** Compensation Act

| U.S. Department of Health a | |
|------------------------------|----------------------------|
| Centers for Disea | se Control and Prevention |
| National Institute for Occup | pational Safety and Health |
| OMB Number: 0920-0639 | Expires: 05/31/2007 |

09-

Page 1 of 7

Special Exposure Cohort Petition --- Form B

General instructions on Completing this Form (complete instructions are available in a separate packet):

Except for signatures, please PRINT all information clearly and neatly on the form.

Please read each of Parts A --- G in this form and complete the parts appropriate to you. If there is more than one petitioner, then each petitioner should complete those sections of parts A - C of the form that apply to them. Additional copies of the first two pages of this form are provided at the end of the form for this purpose. A maximum of three petitioners is allowed.

If you need more space to provide additional information, use the continuation page provided at the end of the form and attach the completed continuation page(s) to Form B.

if you have questions about the use of this form, please call the following NIOSH toll-free phone number and request to speak to someone in the Office of Compensation Analysis and Support about an SEC petition: 1-800-356-4674.

| | C A Labor Organization, | | Start at D | on Page 3 |
|----------------|---|--------------------------------------|-------------------------------|---|
| lf you | C An Energy Employee (current or former), | | Start at C | on Page 2 |
| are: | TA Survivor (of a former Energy Employee), | | Start at B | on Page 2 |
| | A Representative (of a current or former Energy) | Start at A | on Page 1 | |
| A ⁻Rē Su | epresentative Information — Complete Section A i irvivor(s) to petition on behalf of a class. | f you are autho | prized by ai | Employce or |
| 4.1 Ar | re you a contact person for an organization? | res (Go to A.2) | | o (Go to A.3) |
| 4.2 Or | rganization Information: | | | |
| Ne | ame of Organization | | | · · · · · · · · · · · · · · · · · · · |
| Po | osition of Contact Person | , | | |
| A.3 Na | ame of Petition Representative: | | | |
| Mr | r./Mrs./Ms. First Name Middle Initi | al | Last Nar | me |
| L4 Ad | ldress: | | | |
| Str | reet | Apt # | F | .O. Box |
| Cit | ty State | Zip Code | | |
| L5 Tel | lephone Number: () | | | |
| .6 Em | nall Address: | | | |
| .7 🖸 | Check the box at left to indicate you have attached to petition by the survivor(s) or employee(s) indicated in | o the back of th n Parts B or C o | is form writt f this form. | en authorization to An authorization |
| | to the territorial investor and the state of the second state | | STEREACT | |
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|---|--|--|--|---|---|
| Rea | al Exposure Cohort Petition - | Form P | ON | B Number: 0920-0839 | Expires: (|
| B | Survivor Information — Con | | tion B if you are | a Survivor or repr | A DESCRIPTION OF THE OWNER OF THE |
| B.1 | Nam | ipiete bee | uon o n you ure | a our ropi | search g a oa |
| | | | | | |
| | Mr./Mrs./Ms. First Name | | Middle Initial | Las | t Name |
| B.2 | Social Security Number of S | survivor: | 0000 | | |
| B.3 | Address of Survivor: | | 12 | | |
| | Str | <u>+</u> | R.R. Str. | Apt # | P.O. Box |
| | Čny i | DIBIO | | | |
| 3.4 | Telephone Number of Surviv | or: | | 8 | |
| 3.5 | Email Address of Survivor: | * | | | |
| 3.6 | Relationship to Employee: | | Spouse Grandparent | Son/Daughter | D Parent |
| | | | Believ Provi C | | |
| | | | | | |
| | Employee Information Con | mplete Sec | ction C UNLESS | S you are a labor or | ganization. |
| 2.1 | Employee Information — Con Name of Emp | mplete See | ction C UNLESS | 5 you are a labor or | ganization. |
| | | mplete See | ction C UNLESS | | Name |
| 2,1 | Name of Emr Mr./Mrs./Ms. First Name Former Name of Employee (e Some | | Middle Initial | Last | |
| .1 | Name of Emr Mr./Mrs./Ms. First Name Former Name of Employee (e | | Middle Initial | Last me change/other): | |
| .1 .2 .3 | Name of Emr Mr./Mrs./Ms. First Name Former Name of Employee (e Some | a.g., maidei | Middle Initial n name/legal nar | Last me change/other): | Name |
| .1 | Name of Emr Mr./Mrs./Ms. First Name Former Name of Employee (e DOME Mr./Mrs./Ms. First Name | a.g., maidei mployee: | Middle Initial n name/legal nar | Last me change/other): | Name |
| .1 .2 | Name of Emp Mr./Mrs./Ms. First Name Former Name of Employee (e Some Mr./Mrs./Ms. First Name Social Security Number of Em | a.g., maidei mployee: | Middle Initial n name/legal nar | Last me change/other): | Name |
| .1 .2 3 | Name of Emp Mr./Mrs./Ms. First Name Former Name of Employee (e SOME Mr./Mrs./Ms. First Name Social Security Number of En Address of Employee (if living Street | a.g., maidei mployee: | Middle Initial n name/legal nar | Last me change/other): Last | Name |
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| under | tial Exposure Cohort Petition the Energy Employees Occupational Compensation Act | | and Human Services asse Control and Prevention upstional Safety and Health |
|------------|--|--------------------------------------|--|
| Sner | ial Exposure Cohort Petition — Form B | OMB Number: 0920-0639 | Expires: 05/31/2007 Page 3 of 7 |
| D | Labor Organization Information — Comple | te Section D ONLY if you are a L | |
| D.1 | Labor Organization Information: | | |
| | Name of Organization | | |
| { | Position of Contact Person | | · · |
| D.2 | Name of Petition Representative: | | |
| D.3 | Address of Petition Representative: | | |
| | Street . | Apt # | P.O. Box |
| | City State | Zip Code | |
| D.4 | Telephone Number of Petition Representat | ive: () | |
| D.5 | Email Address of Petition Representative: | | |
| D.6 | Period during which labor organization rep (please attach documentation): Start | resented employees covered by End | this petition |
| D.7 | Identity of other labor organizations that m employees (if known): | ay represent or have represente | d this class of |
| | | | |

| lie lie a a | the Energy Employees Occupational Compensation Act | National Institute for Occupational Safety and Health |
|-------------|--|---|
| Spec | ial Exposure Cohort Petition I | OMB Number: 0920-0639 Expires: 05/31/2007 Form B Page 4 of 2 |
| E | Proposed Definition of Employ | yee Class Covered by Petition - Complete Section E. |
| E.1 | Name of DOE or AWE Facility: | ORK RIDGE LABORATORY |
| E.2 | Locations at the Facility releva | <i>v v</i> |
| | 412 ADUT OD | K RIDGE, TN. |
| E.3 | name any individuals other the | s of employees included in the class. In addition, you can list by an petitioners identified on this form who you believe should be |
| | n.1 | |
| E.4 | Employment Dates relevant to | this petition: |
| | Start _ | End |
| | Start | End |
| | | |
| E.5 | | End more unmonitored, unrecorded, or inadequately monitored or |
| E.5 | Is the petition based on one or recorded exposure incidents? | more unmonitored, unrecorded, or inadequately monitored or |
| E.5 | Is the petition based on one or recorded exposure incidents? If yes, provide the date(s) of th | r more unmonitored, unrecorded, or inadequately monitored or : I Yes I No |
| E.5 | Is the petition based on one or recorded exposure incidents? If yes, provide the date(s) of th | r more unmonitored, unrecorded, or inadequately monitored or : I Yes I No |
| E.5 | Is the petition based on one or recorded exposure incidents? If yes, provide the date(s) of th | r more unmonitored, unrecorded, or inadequately monitored or : D Yes D-No is incident(s) and a complete description (attach additional pages |
| E.5 | Is the petition based on one or recorded exposure incidents? If yes, provide the date(s) of th | r more unmonitored, unrecorded, or inadequately monitored or : D Yes D-No is incident(s) and a complete description (attach additional pages |
| E.5 | Is the petition based on one or recorded exposure incidents? If yes, provide the date(s) of th as necessary): | r more unmonitored, unrecorded, or inadequately monitored or : D Yes D-No is incident(s) and a complete description (attach additional pages |
| E.5 | Is the petition based on one or recorded exposure incidents? If yes, provide the date(s) of th as necessary): | r more unmonitored, unrecorded, or linadequately monitored or Pres P-No Incident(s) and a complete description (attach additional pages |
| E.5 | Is the petition based on one or recorded exposure incidents? If yes, provide the date(s) of th as necessary): | r more unmonitored, unrecorded, or linadequately monitored or Pres P-No Incident(s) and a complete description (attach additional pages |
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| E.5 | Is the petition based on one or recorded exposure incidents? If yes, provide the date(s) of th as necessary): | r more unmonitored, unrecorded, or linadequately monitored or : D Yes D-No is incident(s) and a complete description (attach additional pages |

| Speci | al Exposure Cohort Petition — Form B | OMB Number: 0920-0639 | Expires: 05/31/2007 Page 5 of 7 |
|----------------|--|---|------------------------------------|
| F | Basis for Proposing that Records and Infor Complete Section F. | mation are Inadequate for Individu | |
| Comp the re | Nete at least one of the following entries in this quired information related to the selection. You | section by checking the appropriate l are not required to complete more th | oox and providing an one entry. |
| F.Ì | I/We have attached either documents or s radiation exposures and radiation doses p that relate to this petition, were not monito monitoring. | otentially incurred by members of the | proposed class, |
| | (Attach documents and/or affidavits to the | back of the petition form.) | |
| F.2 | Describe as completely as possible, to the documentation and/or affidavit(s) indicate AS A SUCIUIAC, I CAU ONLY MY ADA AUA I HOA. Ide I CLUTHES AEFORE LEADING SPAHE OF METAL UNERAL AUT OF HAS HOMA DUR I HOAS ON EURIS. AFOND DUR I HOAS ON EURIS TO THAT THE SITE WHERE THE EMPLOYEES WORKED. (Attach documents and/or affidavits to the Describe as completely as possible, to the documentation and/or affidavit(s) indicate the proposed class have been lost, altered illegender. | that potential radiation exposures we <u>TEU OF THE CONVERS</u> <u>UD ME HE LUTION</u> <u>CHES DEINC POLLED</u> <u>O FORCE FIELS, THEC</u> <u>O FORCE FIELS, THEC</u> <u>O FORCE FIELS, THEC</u> <u>O FORCE FIELS, THEC</u> <u>O FORCE FIELS</u> , THE <u>O FORCE</u> , FIELS, THE <u>O FORCE</u> , THE <u>O FORCE</u> , FIELS, THE <u>O FORCE</u> , FIELS, THE <u>O FORCE</u> , THE <u>O FORCE, THE <u>O FORCE</u>, THE <u>O FORC</u></u> | re not monitored. |
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| Specia | al Exp | posure Coh | ort Petition — Form B | OMB Number: 0920-0639 | Expires: 05/31/2007 Page 6 of 7 |
| F.3 | 1 1 1 1 | radiation dos radiation exp believing the | se reconstruction docume posures at the facility, as ase documented limitation | ealth physicist or other individual with e enting the limitations of existing DOE or relevant to the petition. The report spe us might prevent the completion of dos Part 82 and related NIOSH technical in | ÀWE records on cifies the basis for reconstructions for |
| | (| (Attach repo | rt to the back of the petitic | on form.) | |
| F.4 | E (j | Executive Br Commission ournal, that of monitoring | ranch of Government or th , or the Defense Nuclear identifies dosimetry and r | hnical report, issued by a government the General Accounting Office, the Nuc Facilities Safety Board, or published ir elated information that are unavailable s of records) for estimating the radiatio | lear Regulatory a peer-reviewed (due to either a lack |
| | 4 | Attach repor | rt to the back of the petitic | on form.) | |
| | | | 이야 한 것이 같이 한 것 같아요. 이야지? | | |
| | | | | | |
| - <u>1767-</u> 3 | Sign | ature of Pe | rson(s) Submitting this | Petition - Complete Section G | |
| | | | | Petition — Complete Section G. | ay sign the petition. |
| | | | | Petition — Complete Section G. on. A maximum of three persons m | ay sign the petition. |
| | tition | | | | ay sign the petition. |
| | tition Sign | ers shouid | | on. A maximum of three persons m | ay sign the petition. |
| G All Pe | tition Sign | ers shouid ature ature | | on. A maximum of three persons m Date | ay sign the petition. |
| | Signa Signa Signa | ers should ature ature ature Any perso fact or an knowingly administra criminal p | sign and date the petition on who knowingly makes y other act of fraud to obt y accepts compensation to ative remedies as well as | Date Date Date Date Date Date Date Date | n, concealment of EOICPA or who ibject to civil or under appropriate |
| All Pe | Signa Signa Signa | ers should ature ature ature Any perso fact or an knowingly administra criminal p provided of | on who knowingly makes y other act of fraud to obt accepts compensation to ative remedies as well as provisions, be punished by on this form is accurate a SEC Petition | Date Date Date Date Date Date Date Date | n, concealment of EOICPA or who ibject to civil or under appropriate |

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Special Exposure Cohort Petition under the Energy Employees Occupational liness Compensation Act U.S. Department of Health and Human Services Centers for Disesse Control and Prevention National Institute for Occupational Safety and Health

OMB Number: 0920-0639 Expires: 05/31/2007 Page 7 of 7

Special Exposure Cohort Petition - Form B

Public Burden Statement

J burden for this collection of information is estimated to average 300 minutes per response, including time for reviewing instructions, gathering the information needed, and completing the form. If you have any comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, send them to CDC Reports Clearance Officer, 1600 Clifton Road, MS-E-11, Atlanta GA, 30333; ATTN:PRA 0920-0639. Do not send the completed petition form to this address. Completed petitions are to be submitted to NIOSH at the address provided in these instructions. Persons are not required to respond to the information collected on this form unless it displays a currently valid OMB number.

Privacy Act Advisement

In accordance with the Privacy Act of 1974, as amended (5 U.S.C. § 552a), you are hereby notified of the following:

The Energy Employees Occupational Illness Compensation Program Act (42 U.S.C. §§ 7384-7385) (EEOICPA) authorizes the President to designate additional classes of employees to be included in the Special Exposure Cohort (SEC). EEOICPA authorizes HHS to implement its responsibilities with the assistance of the National Institute for Occupational Safety (NIOSH), an Institute of the Centers for Disease Control and Prevention. Information obtained by NIOSH in connection with petitions for including additional classes of employees in the SEC will be used to evaluate the petition and report findings to the Advisory Board on Radiation and Worker Health and HHS.

Records containing identifiable information become part of an existing NIOSH system of records under the Privacy Act, 09-20-147 "Occupational Health Epidemiological Studies and EEOICPA Program Records. HHS/CDC/NIOSH " These records are treated in a confidential manner, unless otherwise compelled by law. Disclosures that NIOSH may need to make for the processing of your petition or other purposes are listed below.

NIOSH may need to disclose personal identifying information to: (a) the Department of Energy, other federal agencies, other government or private entities and to private sector employers to permit these entities to retrieve records required by NIOSH; (b) identified witnesses as designated by NIOSH so that these individuals can provide information to assist with the evaluation of SEC petitions; (c) contractors assisting NIOSH; (d) collaborating researchers, under certain limited circumstances to conduct further investigations; (e) Federal, state and local agencies for law enforcement purposes; and (f) a Member of Congress or a Congressional staff member in response to a verified inquiry.

This notice applies to all forms and informational requests that you may receive from NIOSH in connection with the evaluation of an SEC petition.

Use of the NIOSH petition forms (A and B) is voluntary but your provision of information required by these forms is mandatory for the consideration of a petition, as specified under 42 CFR Part 83. Petitions that fail to I provide required information may not be considered by HHS.

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|---------------------------|--|---|---|---|---|---|--|--|
| Snor | Nal Evi | O C U FA | Cohort Per | tition — Form | | OMB Number: | | Expires: 05/31/2 Appendix Petition |
| 1 × × - | 1 m | | | | المتحاصين ويرجع ليستوجح المحاص المراجع | 2010-00-00-00-00-00-00-00-00-00-00-00-00- | i de la secono Obrazione de la secono | Appendix - Paulo |
| | | | | | | | | ter finde delse felles <u>e</u> . Fræderigerer av sæder |
| | | | | Use this | Appendix for | Petitioner 2. | | |
| | | | is to be us him or her. | ed as needed. | . Petitioner 2, or | his or her repr | resentative, | should complete th |
| Refe | er to the | Genera | al Instructio | ns on complet | ting petitioner.inf | ormation for Pa | arts A, B, o | r C. |
| | | | | | <u>l information</u> , use ion page(s) to Fe | | ion page pr | ovided at the end o |
| Exce | ept for s | ignature | s, please l | PRINT all Infor | mation clearly a | nd neatly on th | e form. | |
| | | 🛛 An E | Energy Emp | oloyee (curren | t or former), | | | Start at C |
| lf yo | u are: | DA SI | urvivor (of a | former Energ | ry Employee), | | | Start at B |
| | | D A Re | presentati | ve (of a curren | nt or former Ener | gy Employee), | | Start at A |
| A | | | | ation — Com on behalf of a | | if you are au | thorized by | an Employee or |
| | | vor(s) | o pennion | on penali or i | a ciass, | | | |
| A.1 | Аге | you a c | ontact per | son for an on | ganization? | Yes (Go to A. | 2) 🖸 | No (Go to A.3) |
| A.1 A.2 | Аге | you a c | | son for an on | | Yes (Go to A. | 2) 🖸 | No (Go to A.3) |
| | Are y Orga | you a co Inizatio | ontact per | son for an on | | Yes (Go to A. | 2) 🗆 | No (Go to A.3) |
| | Are y Orga Nam | you a co inizatio e of Org | ontact per n informat | son for an or ion: | | Yes (Go to A. | 2) 🗆 | No (Go to A.3) |
| | Are Orga Nam Posit | you a co inizatio e of Org ion of C | ontact per n Information ganization | son for an or ion: | | Yes (Go to A. | 2) 🗆 | No (Go to A.3) |
| A.2 | Are Orga Nam Positi Nam | you a co inizatio e of Org ion of C e of Pet | ontact per n Information ganization | son for an on ion: son resentative: | | | | No (Go to A.3) |
| A.2 | Are Orga Nam Positi Nam | you a contraction e of Org ion of Contraction e of Performance firs./Ms. | ontact per n information ganization contact Per tition Repr | son for an on ion: son resentative: | ganization? 🗅 | | | |
| A.2 A. 3 | Are y Orga Nam Positi Nam | you a contraction e of Org ion of Contraction e of Performance firs./Ms. ess: | ontact per n information ganization contact Per tition Repr | son for an on ion: son resentative: | ganization? 🗅 | | | |
| A.2 A. 3 | Are y Orga Nam Positi Nam Mr./N Addr | you a contraction e of Org ion of Contraction e of Performance firs./Ms. ess: | ontact per n information ganization contact Per tition Repr | son for an on ion: son resentative: | ganization? 🗅 | itial | Last I | Name |
| A.2 A. 3 | Are y Orga Nam Positi Nam Mr./M Addr Stree City | you a contraction of Org ion of O e of Per frs./Ms. ess: t | ontact per n information ganization contact Per tition Repr | son for an or ion: son esentative: ne | ganization? 🗅 | itial Apt # | Last I | Name |
| A.2 A. 3 A.4 | Are y Orga Nam Positi Nam Mr./N Addr Stree City Teler | you a contraction of Org ion of O e of Per frs./Ms. ess: t | ontact per n Information iontact Per tition Repr First Nan | son for an or ion: son esentative: ne | ganization? 🗅 | itial Apt # | Last I | Name |
| A.2 A.3 A.4 | Are y Orga Nam Positi Nam Mr./M Addr Stree City Telep Emai | you a contraction e of Org ion of C e of Perf frs./Ms. ess: t hone N hone N hock the otition by | ontact per n information janization contact Per tition Repr First Nan First Nan | son for an on ion: son esentative: ne State) to indicate yo | ganization? C | tial Apt # Zip Code | Last I | Name |

| under | cial Exposure Cohort Petition r the Energy Employees Occupational s Compensation Act | _ | U.S. | · c | enters for Dis | h and Human Service bease Control and Preventic cupational Safety and Heat |
|-------------|--|------------|-----------------------------------|-------------------|----------------|--|
| Spe | cial Exposure Cohort Petition — I | Form E | 3 | MB Number: | 0920-0639 | Expires: 05/31/200 Appendix — Petitioner |
| B.1 | Name of Survivor | | | | | |
| | Mr./Mrs./Ms. mist warne | | Midd'- I-itia | al | Last | Name |
| 8.2 | Social Security Number of Sur | vivor: | | | | |
| B.3 | Address of Survivor: | | | | | |
| | Stree | | | · · • | | P.O. Box |
| | City Sta | ite | · | 7in Code | , | |
| B.4 | Telephone Number of Survivo | - | | | | |
| B.5 | Email Address of Survivor: | - | | | | |
| B.6 | Relationship to Employee: | ٥ | Spouse Grandparent | D Son/I D-Gran | | D Parent |
| [C.1 | Name of Employee: Mr./Mr. I soc Ivallie Former Name of Employee (e.g. | , maid | Middle Initia en name/legal na | | | Name |
| | Mr./Mrs./Ms. First Name | | Middle Initia | ľ | Last | Name |
| C.3 | Social Security Number of Emp | loyee: | | | | |
| C.4 | Address of Employee (if living): | | | | | |
| | City Stat | 9 | | Zip Code | * <u></u> | |
| C.5 | Telephone Number of Employee | : <u> </u> | | | | - |
| C.6 | Email Address of Employee: | | | | | |
| C.7 C.7a | Employment Information Relate Employee Number (if known): | d to Po | etition: | | | |
| С.7Ь | Dates of Employment: - Start | | | En | d | |
| C.7c_ | Employer Name: | ~ | | | | |
| C.7d | Work Site Location: | | مىي. ر | | | |
| C.7e | Supervisor's Name: | A1.70 | / | | | |

| | s Compensation Act | | National Instit OMB Number: 09/ | ute for Occupational Safety an 20-0639 Expires: 05/3 |
|-------------------|---|---|------------------------------------|--|
| Spe | cial Exposure Cohort Petitio | n — Form B | | Appendix — Peti |
| | มา ให้สาราชการการการการการการการการการการการการการก | istantia di Gunda di Nationalia di Gunda di Sala | n dinen kan New Year | सिंग के क्रिस्ट अग्रेस्ट में तो व्यसित्य केर प्राप्त कि प्रदर्भनी क |
| | | Use this Appendix for | Petitioner 3. | |
| | appendix form is to be used a s applicable to him or her. | s needed. Petitioner 3, or | his or her repres | entative, should complete |
| Refe | er to the General Instructions o | n completing petitioner inf | formation for Parts | s A, B, or C. |
| | u need more space to provide orm and attach the completed | | | page provided at the end |
| Exce | opt for signatures, please PRIN | IT all information clearly a | nd neatly on the f | om. |
| | C An Energy Employe | e (current or former), | | Start at C |
| lf yo | u are: D A Survivor (of a for | mer Energy Employee), | | Start at B |
| | A Representative (c | of a current or former Ener | gy Employee), | Start at A |
| A | Representative Information Survivor(s) to petition on I | n — Complete Section A behalf of a class. | , if you are autho | rized by an Employee c |
| | | | | |
| A.1 | Are you a contact person | for an organization? 🛛 | Yes (Go to A.2) | D . No (Go to A.3) |
| A.1 A.2 | | for an organization? 🛛 | Yes (Go to A.2) | D . No (Go to A.3) |
| | Are you a contact person | for an organization? 🛛 | Yes (Go to A.2) | D . No (Go to A.3) |
| | Are you a contact person Organization Information: | for an organization? 🛛 | Yes (Go to A.2) | D . No (Go to A.3) |
| | Are you a contact person Organization Information: Name of Organization | for an organization? | Yes (Go to A.2) | D . No (Go to A.3) |
| A.2 | Are you a contact person Organization Information: Name of Organization Position of Contact Person | for an organization? | | D . No (Go to A.3) |
| A.2 | Are you a contact person Organization Information: Name of Organization Position of Contact Person Name of Petition Represen | for an organization? | | |
| A.2 A.3 | Are you a contact person Organization Information: Name of Organization Position of Contact Person Name of Petition Represent Mr./Mrs./Ms. First Name | for an organization? | | |
| A.2 A.3 | Are you a contact person Organization Information: Name of Organization Position of Contact Person Name of Petition Represen Mr./Mrs./Ms. First Name Address: | for an organization? | itial | Last Name |
| A.2 A.3 | Are you a contact person Organization Information: Name of Organization Position of Contact Person Name of Petition Represen Mr./Mrs./Ms. First Name Address: Street | for an organization? D | itial Apt # | Last Name |
| A.2 A.3 A.4 | Are you a contact person Organization Information: Name of Organization Position of Contact Person Name of Petition Represen Mr./Mrs./Ms. First Name Address: Street City | for an organization? D | itial Apt # | Last Name |

| nder t | al Exposure Cohort Petition the Energy Employees Occupational Compensation Act | 8.U | Centers 1 | ealth and Human Servi or Disease Control and Preven or Occupational Safety and He |
|--------------------------------|---|---|---------------------|---|
| Spec | al Exposure Cohort Petition For | | OMB Number: 0920- | 639 Expires: 05/31/2 Appendix Petition |
| 3 | Survivor Information — Complete | e Section B if you a | are a Survivor or r | epresenting a Survivor |
| 3.1 | Name of Survivor: | | | , |
| | Mr./Mrs./Ms. First Name | Middle Init | ial ' | Last Name |
| 3.2 | Social Security Number of Surviv | /or: | | ····· |
| 3.3 | Address of Survivor: | | | |
| | Street | | Apt # | P.O. Box |
| | City State | | Zip Code | |
| 3.4 | Telephone Number of Survivor: | Land Land | | |
| 3.5 | Email Address of Survivor: | | | , |
| 8.6 | Relationship to Employee: | Spouse Grandparent | Son/Daugh | |
| | | | | |
| | Employee Information — Complet | | | <u>a a taken kenneder sin</u> di |
| | Name of Employee: | | | |
| | Name of Employee. | | | |
| | Mr./Mrs./Ms. First Name | Middle Initi | al | Last Name |
| .2 | Former Name of Employee (e.g., n | naiden name/legal i | name change/othe |): |
| | Mr./Mrs./Ms. First Name | Middle Initi | al . | Last Name |
| .3 | Social Security Number of Employ | yee: | | |
| .4 | Address of Employee (if living): | | | |
| | Street | | Apt # | P.O. Box |
| | City State | | Zip Code | |
| | | | | |
| 5 | Telephone Number of Employee: | L | | |
| | Telephone Number of Employee: Email Address of Employee: | | | |
| 8 7 | Email Address of Employee: Employment Information Related | | | |
| .8 .7 .7a | Email Address of Employee: Employment Information Related (Employee Number (if known): | to Petition: | | |
| .5 .7 .7a .7b | Email Address of Employee: Employment Information Related (Employee Number (if known): Dates of Employment: Start | to Petition: | End _ | |
| .7 .7a .7b .7c | Email Address of Employee: Employment Information Related (Employee Number (if known): Dates of Employment: Start Employer Name: | to Petition: | End | |
| .7 .7 .7a .7b | Email Address of Employee: Employment Information Related (Employee Number (if known): Dates of Employment: Start | to Petition: | End | |
| .7 .7a .7b .7c .7d | Email Address of Employee: Employment Information Related (Employee Number (if known): Dates of Employment: Start Employer Name: | to Petition: | End | |

Name or Social Security Number of First Petitioner:

тн 1

| Special Exposure Cohort Petition under the Energy Employees Occupational liness Compensation Act | | U.S. Department of Health and Human Services Cénters for Disease Control and Prevention National Institute for Occupational Safety and Health |
|--|--|---|
| Special Exposure Cohort Petition | Form B | OMB Number: 0920-0639 Expires: 05/31/2007 Appendix Continuation Page |
| Continuation Page — Photocopy and | | |
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Name or Social Security Number of First Petitioner:

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AFFIDAVIT State of Tennessee, County of Sever 2015 MAR 28 AF 11 15

BEFORE ME, the undersigned Notary, Vira K. Jones, , on this 24rd day of <u>March</u>, 20<u>05</u>, personally appeared BETTY LOU WHITTAKER DUVALL_, known to me to be a credible person and of lawful age, who being by me first duly sworn, on HER oath, deposes and says:

Due to the fact that DOE has not or cannot produce biological monitoring records for my claim # claim # or I feel that they were not monitored properly, and dosimeter badges were not being checked.

[signature of affiant]

[name of affiant]

[address of affiant] V

Subscribed and sworn to before me, this <u>24</u> th day of <u>March</u>, 2005.

[Notary Seal:]

[signature of Notary]

NERAK JONES [name of Notary]

NOTARY PUBLIC

My commission expires: <u>3-29</u>, 2005.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

SEC Tracking Number

National Institute for Occupational Safety and Health Robert A. Taft Laboratories 4676 Columbia Parkway Cincinnati, OH 45226-1998 Phone: 513-533-6825 Fax: 513-533-6825

April 29, 2005

Dear

The attachment to this letter summarizes the telephone conversations in which we discussed with you your Special Exposure Cohort (SEC) submission, and provided consultation to assist you in meeting the requirements of the SEC Rule. As you know from the submission receipt letter sent to you previously, the National Institute for Occupational Safety and Health's (NIOSH) SEC Tracking Number for your submission is:

SEC

As required in the SEC Rule (42 C.F.R. §§ 83.7 through 83.9) and outlined in the "Instructions for Completing Special Exposure Cohort Submission – Form B," certain elements are required to qualify a submission for evaluation. During the SEC qualification phase, each submission is carefully examined to verify that it meets the requirements of the SEC Rule. We found that there were questions regarding your submission that we needed to discuss with you for clarification.

A list of the issues we discussed with you is attached. For each of these items we have included remarks to summarize our conversation. Please respond with any corrections, if you believe such corrections are necessary, within the time frame for response on the selected items. Any correspondence should be addressed to:

SEC Office of Compensation Analysis and Support NIOSH MS-C-47 4676 Columbia Parkway Cincinnati, OH 45226

Based on the review of all of the documentation associated with your submission, we want to inform you that the National Institute for Occupational Safety and Health's (NIOSH) Office of Compensation Analysis and Support (OCAS) has completed the qualification process for your submission, SEC[•] NIOSH has determined that your submission qualifies for evaluation as a petition for inclusion into the SEC.

The evaluation process begins with this notification to you and the Advisory Board on Radiation and Worker Health (the Board). In addition, a summary of your petition will be posted on the OCAS web site (<u>http://www.cdc.gov/niosh/ocas</u>). The evaluation process focuses on determining whether enough information is available to support dose reconstruction, if possible, through evaluation of existing records and documents currently in NIOSH's possession. In some cases, we will also request data from the Department of Energy, an Atomic Weapons Employer, or from other sources, balancing our need for information against the need for a timely consideration and evaluation of the petition. In cases in which we were to determine that there is not sufficient information to support dose reconstruction, we will also evaluate the degree of potential health endangerment.

When we have completed the evaluation, we will provide you and the Board with a copy of the evaluation report, which will be considered by the Board during its review. You will be invited to present to the Board during its review, should you so desire. (Your participation in the Board review is entirely voluntary, and does not have to be done in person.) After the Board makes a recommendation concerning your petition, the Director of NIOSH will propose a decision on whether or not to add one or more classes of employees to the SEC based upon your petition. The Secretary of Health and Human Services will make final determinations on these matters after you have had the opportunity to contest a proposed decision to deny adding a class to the SEC or concerning a health endangerment determination. If the Secretary of HHS designates a class to be added to the SEC, the class will be added after 30 days, unless Congress acts beforehand either to reverse or expedite the decision.

During the evaluation process, if you have any questions regarding your petition, please contact OCAS toll-free at 1-800-35-NIOSH (1-800-356-4674), directly at 513-533-6800, or by email at <u>ocas@cdc.gov</u>. You can also contact our contractor toll-free at 1-800-322-0111. Additional information about OCAS and the SEC procedure can be found on the OCAS web site at <u>http://www.cdc.gov/niosh/ocas</u>.

Sincerely, omid S. Sundui Fr/Larry J. Elliott, MSPH, CIH

Larry J. Elliott, MSPH, CIH Director Office of Compensation Analysis and Support

Attachment

(43) Qualifies for Evaluation Letter Incl Consult (Final) - (04-29-2005)

Qualification Phone Call Discussion and Agreements

A qualification phone call was conducted by interviewer Pat K, Health Physicist Tim A., and Health and Human Services representative Rob M. on April 6, 2005 with ' and ______ A detailed review of this phone call follows. The questions/statements made by the interviewer or Health Physicist are stated first and the responses of the interviewer, Health Physicist, and the applicant are stated in italics.

1. Clarification. You and your son have each provided separate submissions (separate Form B's naming ; and ; as Energy Employees), that are identical except for your names on them. For simplification of our accounting and tracking purposes we intend to treat these as a single submission (SEC and would like to use a single Form B (listing both of you as applicants).

You both agreed this was satisfactory and that will be the primary point of contact for this submission. As discussed, you have 10 days from the date on this letter to document any disagreement with this action or statement by writing to the address given on the second page of this letter.

 Deficiency. In Section E, Item E.1 is intended to identify the facility that you wish to have included in the class definition. In item E.1 you have identified the "Oak Ridge Laboratory" as the facility to include in the class definition. Based on other information included in Form B, it appears that you mean to identify the Y-12 Plant as the facility.

> You both agreed to change the facility designation to Y-12. As discussed, you have 10 days from the date on this letter to document any disagreement with this action or statement by writing to the address given on the second page of this letter.

3. Clarification. In Section E, Item E.2 and Item E.3, you have indicated facility locations and job titles/duties relevant to this submission as being "Y-12 Plant Oak Ridge, Tennessee" and "All," respectively. This description could be interpreted to mean your proposed class would include anyone who worked at any location at Y-12 during the time period you have included for this submission.

You both agreed to list only the job titles/duties held by both and The agreed upon job titles for this submission are Steamfitters, Pipefitters and Plumbers. As discussed, you have 10 days from the date on this letter to document any disagreement with this action or statement by writing to the address given on the second page of this letter. 4 Deficiency. In Section E, Item E.4, you have included a time period of through The employment period that you have listed in Section C, Item C.7b, for was also through However, the employment period that you listed in Section C, Item C.7b, for was through The employment periods listed for the former Energy Employees must fall within the time period listed in Section E, Item E.4.

> We asked if you would like to expand the employment time period listed in Section E, Item E.4 to encompass both 's and verified employment periods that we have on file. We discussed that in addition to the previously discussed dates, we had verification of Y-12 employment for · from to You both agreed that you would like to have the class time period encompass the times that JII and vorked at Y-12, making the class time period from through As discussed, you have 10 days from the date on this letter to document any disagreement with this action or statement by writing to the address given on the second page of this letter.

5. Deficiency. In Section F you indicated, by marking Item F.1 as your basis, that you had either attached documents or statements by affidavit that indicate that radjation exposures and radiation doses potentially incurred by members of the proposed class that relate to this submission, were not monitored, either through personal monitoring or through area monitoring, but you have not attached or included any documentation or affidavit(s). Additionally, you included a statement below Item F.1 that failed to support this basis.

On March 28, 2005, after the consultation call questions had been finalized, but before the actual call, the submitted a signed, notarized affidavit for this submission. Acknowledgement of receipt of this affidavit was made during the consultation call. As discussed, you have 10 days from the date on this letter to document any disagreement with this action or statement by writing to the address given on the second page of this letter.

In Summary: Based on this consultation, the worker class definition that will be included in this submission is: All Steamfitters, Pipefitters, and Plumbers who worked at Y-12 from October, 1944 through December, 1957.

As discussed, you have 10 days from the date on this letter to document any disagreement with this action or statement by writing to the address given on the second page of this letter.