

Special Exposure Cohort Petitionunder the Energy Employees Occupational
Illness Compensation Program 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: 07/31/2016

Page 1 of 7

**Use of this form is voluntary. Failure to use this form will not result in
the denial of any right, benefit, or privilege to which you may be entitled.****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 sections 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.**For Further Information:** 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 Division of Compensation Analysis and Support about an SEC petition: 1-877-222-8570.**If you
are:****A. Representative Information — Complete Part A if you are authorized by an Energy Employee or Survivor(s) to petition on behalf of a class.**

A.1 Are you a contact person for an organization?

A.2 Organization Information:

Name of Organization _____

Position of Contact Person _____

A.3 Name of Petition Representative:

Mr./Mrs./Ms. _____

FIRST NAME

MIDDLE INITIAL

LAST NAME _____

A.4 Address of Petition Representative:

Street _____

Apt # _____

P.O. Box _____

City _____

State _____

Zip Code _____

A.5 Telephone Number of Petition Representative: (_____) _____

A.6 Email Address of Petition Representative: _____

A.7 Check the box at left to indicate you have attached to the back of this form written authorization to petition by the survivor(s) or energy employee(s) indicated in Parts B or C of this form.**If you are representing a Survivor, go to Part B;
if you are representing an Energy Employee, go to Part C.**

B. Survivor Information — Complete Part D if you are a Survivor or representing a Survivor.

B.1 Name of Survivor:

Mr./Mrs./Ms. First Name Middle Initial Last Name

B.2 Address of Survivor:

Street Apt # P.O. Box

City State Zip Code

B.3 Telephone Number of Survivor: ()

B.4 Email Address of Survivor:

B.5 Relationship to Energy Employee: Spouse Son/Daughter Parent
 Grandparent Grandchild

Go to Part C.

C. Energy Employee Information — Complete Part C UNLESS you are a labor organization.

C.1 Name of Energy Employee:

Mr./Mrs./Ms. First Name Middle Initial Last Name

C.2 Former Name of Energy Employee (e.g., maiden name/legal name change/other):

Mr./Mrs./Ms. First Name Middle Initial Last Name

C.3 Address of Energy Employee (if living):

Street Apt # P.O. Box

City State Zip Code

C.4 Telephone Number of Energy Employee: ()

C.5 Email Address of Energy Employee:

C.6 Employment Information Related to Petition:

C.6a Energy Employee Number (if known):

C.6b Dates of Employment: Start 1962 End 1995

C.6c Employer Name:

C.6d Work Site Location: Argonne National Laboratory - West in
Scottville, ID.

C.6e Supervisor's Name:

Go to Part E.

Special Exposure Cohort Petitionunder the Energy Employees Occupational
Illness Compensation Program 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: 07/31/2016

Page 3 of 7

D. Labor Organization Information — Complete Part D ONLY if you are a labor organization.**D.1 Labor Organization Information:**_____
Name of Organization_____
Position of Contact Person**D.2 Name of Petition Representative:**_____
Mr./Mrs./Ms. First Name Middle Initial Last Name**D.3 Address of Petition Representative:**_____
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 represented energy employees covered by this petition (please attach documentation):**

Start _____ End _____

D.7 Identity of other labor organizations that may represent or have represented this class of energy employees (if known):

Go to Part E.

E. Proposed Definition of Energy Employee Class Covered by Petition — Complete Part E.

E.1 Name of DOE or AWE Facility: Argonne National Laboratory West

E.2 Locations at the Facility relevant to this petition: in scoville Idaho

All workers in all areas of the facility

E.3 List job titles and/or job duties of energy employees included in the class. In addition, you can list by name any individuals other than petitioners identified on this form who you believe should be included in this class:

All job titles; All job duties

E.4 Employment Dates relevant to this petition:

Start 1949 End 2005

Start _____ End _____

Start _____ End _____

E.5 Is the petition based on one or more unmonitored, unrecorded, or inadequately monitored or recorded exposure incidents?: Yes No

If yes, provide the date(s) of the incident(s) and a complete description (attach additional pages as necessary):

F. Basis for Proposing that Records and Information are Inadequate for Individual Dose Reconstruction — Complete Part 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 I/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.

F.2 I/We have attached either documents or statements provided by affidavit that indicate that radiation monitoring records for members of the proposed class have been lost, falsified, or destroyed; or that there is no information regarding monitoring, source, source term, or process from the site where the energy 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.

F.3 I/We have attached a report from a health physicist or other individual with expertise in radiation dose reconstruction documenting the limitations of existing DOE or AWE records on radiation exposures at the facility, as relevant to the petition. The report specifies the basis for believing these documented limitations might prevent the completion of dose reconstructions for members of the class under 42 CFR Part 82 and related NIOSH technical implementation guidelines.

(Attach report to the back of the petition form.)

F.4 I/We have attached a scientific or technical report, issued by a government agency of the Executive Branch of Government or the General Accounting Office, the Nuclear Regulatory Commission, or the Defense Nuclear Facilities Safety Board, or published in a peer-reviewed journal, that identifies dosimetry and related information that are unavailable (due to either a lack of monitoring or the destruction or loss of records) for estimating the radiation doses of energy employees covered by the petition.

(Attach report to the back of the petition form.)

Go to Part G.

G.

Submitting this Petition — Complete Part G.

All Petitioners must sign the petition. A maximum of three persons may sign the petition.

Signature

Date

14

Signature

Date

Signature

Date

Notice: Any person who knowingly makes any false statement, misrepresentation, concealment of fact or any other act of fraud to obtain compensation as provided under EEOICPA or who knowingly accepts compensation to which that person is not entitled is subject to civil or administrative remedies as well as felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment or both. I affirm that the information provided on this form is accurate and true.

Send this form to:

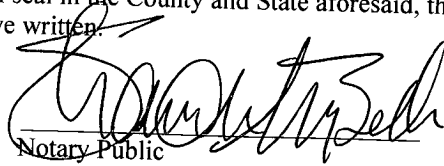
SEC Petition
Division of Compensation Analysis and Support
NIOSH
4676 Columbia Parkway, MS-C-47
Cincinnati, OH 45226

**If there are additional petitioners, they must complete the Appendix Forms for additional petitioners.
The Appendix forms are located at the end of this document.**

*NOTARY ON BACK
(over) →*

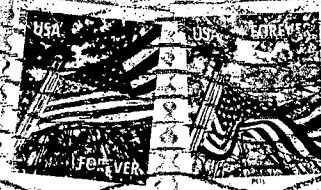
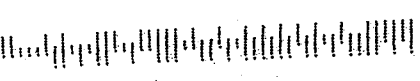
On this 25th day of November, 2014, before me personally appeared _____ to me known to be the person(s) described in and who executed the foregoing instrument, and acknowledged that he/she executed the same as his/her free act and deed.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal in the County and State aforesaid, the day and year first above written.


Notary Public

My Commission Expires: 8-5-18

SHARON A. BELLM
Notary Public - Notary Seal
State of Missouri
Commissioned for St. Charles County
My Commission Expires: August 05, 2018
Commission Number: 14997681



ST LOUIS MO PAID 631
WED 26 NOV 2014 PM

POS

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