

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

OMB Number: 0920-0639

Expires: 05/31/2007

Special Exposure Cohort Petition — Form B

Page 1 of 7

Use of this form and disclosure of Social Security Number are voluntary. Failure to use this form or disclose this number 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 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.

If you are:	<input checked="" type="checkbox"/> A Labor Organization,	Start at D	on Page 3
	<input checked="" type="checkbox"/> An Energy Employee (current or former),	Start at C	on Page 2
	<input type="checkbox"/> A Survivor (of a former Energy Employee),	Start at B	on Page 2
	<input checked="" type="checkbox"/> A Representative (of a current or former Energy Employee),	Start at A	on Page 1

A Representative Information — Complete Section A if you are authorized by an Employee or Survivor(s) to petition on behalf of a class.

A.1 Are you a contact person for an organization? Yes (Go to A.2) No (Go to A.3)

A.2 Organization Information:

~~BAECP~~ **BAECP FORMER WORKER PROGRAM**
Name of Organization **ADVISORY BOARD**

Position of Contact Person

ion Representative:

First Name

Middle Initial

Last Name

A.4 Address

Street

City

A.5 Telephone Number:

A.6 Email Address:

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 employee(s) indicated in Parts B or C of this form. An authorization form for this purpose is provided.

If you are representing a Survivor, go to Part B; if you are representing an Employee, go to Part C.

Name or Social Security Number of First Petitioner

06-15-04P04:12 RCVD

per John Tribou, ALO -
not classified.

UNCLASSIFIED *gm*

Gabe Marciante

DOE 8/26/04

Date

Special Exposure Cohort Petition — Form A

Use of this form and disclosure of Social Security Number are voluntary. Failure to use this form or disclose this number will not result in the denial of any right, benefit, or privilege to which you may be entitled.

Instructions on Completing this Form:

You should use this petition form only if NIOSH has reported to you in writing that it cannot complete the dose reconstruction needed for your cancer claim.

All other petitioners should use Petition Form B to submit a petition to NIOSH.

For Further Information: If you have questions about these instructions, 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 NIOSH Claim Information — Complete as much information as you can in Section A.

A.1 NIOSH Tracking Number (indicated on all NIOSH correspondence):

A.2 Print _____
of Energy Employee for whom this claim was filed:

First Name Middle Initial Last Name

A.3 Security Number of Energy Employee for whom this claim was filed:

B Signature of Person Submitting this Petition — Complete Section B.

Print and sign your name below to indicate that you are petitioning for HHS to consider adding a class of employees to the Special Exposure Cohort that would include the employee indicated by the tracking number or name under entry 1 above.

First Name Middle Initial Last Name

First Name Middle Initial Last Name

C Please send this form to NIOSH at the address below.

Once NIOSH receives this form, the U.S. Department of Health and Human Services will consider adding a class of employees to the Special Exposure Cohort. Your contact at NIOSH will be available to inform you of the progress of your petition.

Send this form to: SEC Petition
 Office of Compensation Analysis and Support
 NIOSH
 4676 Columbia Parkway, MS-C-47
 Cincinnati, OH 45226

Name or Social Security Number of First Petitioner:

Special Exposure Cohort Petition — Form B

B Survivor Information — Complete Section B 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 Social Security Number of Survivor: _____

B.3 Address of Survivor:
Street Apt # P.O. Box
City State Zip Code

B.4 Telephone Number of Survivor: (____) _____

B.5 Email Address of Survivor: _____

B.6 Relationship to Employee: Spouse Son/Daughter Parent
 Grandparent Grandchild

Go to Part C

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

C.1 Name of Employee:
First Name Middle Initial Last Name

C.2 Former name of Employee (e.g., maiden name/legal name change/other):
Mr./Mrs./Ms. First Name

C.3 Social Security Number of Employee: _____

C.4 Address of Employee:
Street Apt # P.O. Box
City State Zip Code

C.5 Telephone Number of Employee: _____

C.6 Email Address of Employee: _____

C.7 Employment Information Related to: _____

C.7a Employee Number (if known): _____

C.7b Dates of Employment: Start 1968 End 1973

C.7c Employer Name: _____

C.7d Work Site Location: IAAP / BAECP (AKA IOP)

C.7e Supervisor's Name: _____

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Name or Social Security Number of First Petitioner

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Special Exposure Cohort Petition — Form B

Appendix — Petitioner 3

B Survivor Information — Complete Section B 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 Social Security Number of Survivor:

B.3 Address of Survivor:

Street Apt # P.O. Box

City State Zip Code

B.4 Telephone Number of Survivor: () -

B.5 Email Address of Survivor:

- B.6 Relationship to Employee:** Spouse Son/Daughter Parent
 Grandparent Grandchild

Go to Part C

C Employee Information — Complete Section C.

C.1 Name of Employee:

First Name Middle Initial Last Name

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

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

C.3 Social Security Number of Employee:

P.O. Box

City State Zip Code

C.5 Telephone Number of Employee

C.6 Email Address of Employee:

C.7 Employment Information Related to Petition:

C.7a Employee Number (if known):

C.7b Dates of Employment: Start 10/51 End 1991

C.7c Employer Name:

C.7d Work Site Location: E A A P

C.7e Supervisor's Name: P L T M g v

Sign Part G of the original petition.

Name or Social Security Number of First Petitioner: _____

Special Exposure Cohort Petition — Form B

D Labor Organization Information — Complete Section D ONLY if you are a labor organization.

D.1 Labor Organization Information:

INTERNATIONAL ASSOCIATION OF MACHINISTS & AEROSPACE WORKERS
Name of Organization

Position of Contact Person

D.2 Name of Petition Representative;

D.3

City

/State

7 in Canada

D.4 Telephone Number of Petition Representative

D.5 Email Address of Petition Representative:

D.6 Period during which labor organization represented employees covered by this petition
(please attach documentation): Start 1949 End CURRENT

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

sheet metal, ironworkers,

Go to Part E

Name or Social Security Number of First Petitioner:

Special Exposure Cohort Petition — Form B

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

E.1 Name of DOE or AWE Facility: _____

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

Middletown Iowa IAAP Facility areas including Line 1, Yard C, Yard G and Yard I, Firing Site Area, Storage sites for Pits/Weapons including Bldgs 73 and 77 and/or anyone who was or should have been badged

E.3 List job titles and/or job duties of 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:

Job duties involving working directly with or in proximity to pits or other radioactive materials including but not exclusive to the following job titles: laboratory technicians, Health Physicists/Technicians, the crafts, production workers, engineers inspectors, assembly operators, guards, security, maintenance and trades persons

E.4 Employment Dates relevant to this petition:

Start	1946	End	1975
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):

The majority of the exposed work force was not routinely monitored, especially prior to 1968. It appears that throughout the history of the facilities' operations radiation monitoring was inadequate in that neutron radiation monitoring was not performed, biological monitoring (urine, nasal swabs etc.) was not performed, no extremity monitoring (RING or BRACELET monitors) was performed. Several area monitoring levels indicate exposure levels at the wall which exceed OSHA exposure limits and the proximity of workers to pits and weapons would be expected to be much closer than the area monitors were to the radioactive materials. Entire work forces (job groups) were not monitored at all including guards, disassembly workers and other respondents from the chart who report working with pits but never being monitored. The adequacy of the badges used is called into question by the lack of available SOPs, QA and validation data. The differences in exposure levels reported

Go to Part F. between IAAP workers and

Part F workers suggest a technological or monitoring problem as do the increase exposure levels seen at the IAAP Linn 62-67 as compared to . It does not appear to

Name or Social Security Number of First Petitioner _____

be possible to recreate the range and scope of potential exposures. The fact that there

has never been ^{radiation} an incident report in over 25 years of operation implies a lack of reporting and insufficient exposure monitoring.

This workforce never used lead aprons when near or handling pits. The NIOSH site Profile for the Pantex site reports on page 15 of 17 ORAU-TKBS-0013-2 that workers wore lead aprons because:

1. "DIRECT HANDLING OF PITS CAN RESULT IN HIGH DOSE RATES"

What badge data is available is suspect for several reasons as noted above (lack of QA/validation etc, inconsistency with PANTEX, inconsistency over time, vast majority exposed not monitored etc); in addition these badges were worn on lapels at a greater distance from the pit than the workers' abdomens, pelvis, arms.

Similarly what neutron dose data exists may have been underestimating exposure due to neutron fading (monthly or multimonth monitoring as opposed to weekly or biweekly lengths of monitoring).

The site profile may rely too strongly on too few respondents, too few and possibly the wrong individuals and/or job tasks monitored (disassembly).

The issue of "cladding" or shielding is unsettling. Not all pits were "clad" in Beryllium and/or Depleted Uranium. In addition the reported frequent dismantling of PITS apparently involved removal of the metallic hemispheres covering the PITS in addition to removal of the High Explosive "Lens" coverings.

Special Exposure Cohort Petition — Form B

**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 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.

The most relevant documents
are the NIOSH site profiles for
IAAP and Pantex and the enclosed
letters from the University of Iowa
to Mr. Larry Elliott of NIOSH

- 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 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.

Part F is continued on the following page.

Name or Social Security Number of First Petitioner

Special Exposure Cohort Petition -- Form B

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 employees covered by the petition.

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

Go to Part G

G Signature of Person(s) Submitting this Petition -- Complete Section G.

Three persons may sign the petition.

6-13-04
Date
6/13/04
Date
6/14/04
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
Office 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.

Name or Social Security Number of First Petitioner