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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

OMB Number: 0920-0639 Expires: 05/31/2007  
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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.

If you are:	<input type="checkbox"/> A Labor Organization,	Start at D on Page 3
	<input 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 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:

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:

Street Apt # P.O. Box

City State Zip Code

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



Name or Social Security Number of First Petitioner: \_\_\_\_\_

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**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

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

**C.1 Name of Employee:**  
\_\_\_\_\_  
Mr./Mrs./Ms. Middle Initial Last Name

**C.2 Former Name of Employee (e.g., maiden name/legal name change):**  
\_\_\_\_\_  
Mr./Mrs./Ms. First Name Middle Initial Last Name

**C.3 Social Security Number of Employee:** \_\_\_\_\_

**C.4 Address of Employee (if living):**  
\_\_\_\_\_  
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 Petition:**

**C.7a Employee Number (if known):** \_\_\_\_\_

**C.7b Dates of Employment:** Start \_\_\_\_\_ End \_\_\_\_\_

**C.7c Employer Name:** GENESSEE EASTMAN CORP.

**C.7d Work Site Location:** 4-12 Oak Ridge, TN

**C.7e Supervisor's Name:** \_\_\_\_\_

Name or Social Security Number of First Petitioner: \_\_\_\_\_

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**D Labor Organization Information — Complete Section 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:**

\_\_\_\_\_

**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 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**  
**employees (if known):**

\_\_\_\_\_

Name or Social Security Number of First Petitioner: \_\_\_\_\_

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

E.1 Name of DOE or AWE Facility: Y-12

E.2 Locations at the Facility relevant to this petition: 9201-5, Beta Bldg.

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:

Control Ops.

E.4 Employment Dates relevant to this petition:

Start	_____	End	_____
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):

Name or Social Security Number of First Petitioner: \_\_\_\_\_

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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.

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- F.2  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.

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Name or Social Security Number of First Petitioner: \_\_\_\_\_

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F.3  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  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.)

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

All Petitioners should sign and date the petition. A maximum of three persons may sign the petition.

✓	_____	11-22-04
	Signature	Date
	_____	_____
	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  
Office of Compensation Analysis and Support  
NIOSH  
4676 Columbia Parkway, MS-C-47  
Cincinnati, OH 45226

Name or Social Security Number of First Petitioner: \_\_\_\_\_

I did not see any indication of the work  
area monitored. I never wore badges or  
any other radiation monitoring devices  
believe the badges were not available  
us at that time.

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Notary: Patricia B. Clifton  
Commission expires 1/17/07



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