NIOSH AOB DISCLOSURE FORM

1 **₩** NO Do you work, or have you ever worked, at or for a DOE or AWE facility? | YES If "yes," please provide details below (length/type of employment, location(s), etc.), and proceed to Question 2. If "no," proceed to Question 3: **Facility Employment Details** *Please attach additional sheets as necessary — Check here for additional sheets: 2 If you answered Question 1 in the affirmative: Did your length of employment total 250 days or more? YES NO During the course of your employment, did any discrete incidents likely to have involved exceptionally high levels of radiation exposure occur? NO If you answered "yes" to either of the questions above, please provide additional details: **Facility** Details *Please attach additional sheets as necessary – Check here for additional sheets: [3 Imputed Interests Under 18 U.S.C. § 208: Are you aware of any particular matter in which NIOSH/DCAS is involved, in which any of the following persons or entities would have a financial interest? Your spouse YES **≭** NO Your minor child YES × NO Your general partner YES **≭** NO An organization in which you serve YES × NO Any person or organization with whom you are negotiating for prospective employment or have an arrangement concerning prospective employment YES If you answered "yes" to any of the questions above, please provide additional details: Person/Entity Details *Please attach additional sheets as necessary – Check here for additional sheets:

Name: Madeline Cook

Are you aware of any particular matter involving specific parties in which NIOSH/DCAS is involved, that is likely		
Are you aware of any particular matter involving specific parties, in which NIOSH/DCAS is involved, that is likel		
to have a direct and predictable effect on the financial interest of a member of your household? YES NO		
Are you aware of any particular matter involving specific parties in which NIOSH/DCAS is involved, where a		
person with whom you have a covered relationship is or represents a party to such matter? This includes:		
Anyone with whom you have or are seeking a business or financial relationship (other than a routine consumer transaction):		
YES NO		
A member of your household (including roommates, domestic partners, etc.): YES NO		
A relative with whom you have a close personal relationship: X YES NO		
Anyone with whom your spouse, parent, or dependent child is serving or seeking to serve as an office		
director, trustee, general partner, agent, attorney, consultant, contractor, or employee: ☐ YES ■ NO		
Any person with whom you have served as an officer, director, trustee, general partner, agen		
attorney, consultant, contactor, or employee within the past year:		
YES ★ NO		
Any organization in which you are an active participant: ☐ YES NO		
If you answered "yes" to any of the questions above, please provide additional details:		
Person/Entity Details		
Father Continuity of operations manager at INL 2010-2012		
Mother Senior manager economic development at INL 2011-2019		
Sellioi manager economic development at INC 2011-2019		
*Dlance attack additional shoots as a secondary. Cheek houseful additional shoots a		
*Please attach additional sheets as necessary – Check here for additional sheets:		
5 Do you fall within any of the "appearance of bias" categories below (as set forth in the NIOSH AOB		
Policy):		
Policy): Status as a covered employee under EEOICPA based on employment at the DOE or AWE facility: YES NO		
Policy): Status as a covered employee under EEOICPA based on employment at the DOE or AWE facility: YES Employment for any duration in the design, development, or management of radiation safety of		
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Policy): Status as a covered employee under EEOICPA based on employment at the DOE or AWE facility: YES NO Employment for any duration in the design, development, or management of radiation safety of dosimetry records management operations of the DOE or AWE facility: YES NO Covered employment at the DOE or AWE facility for any duration with possible exposure to an acut radiation exposure incident potentially covered under the definition of a "discrete incident" under 4 C.F.R. § 83.3(c)(i): YES NO Where a spouse, parent, or non-dependent child has the status of either a claimant under the Act or covered employee under EEOICPA based on employment at the DOE or AWE facility:		
Policy): Status as a covered employee under EEOICPA based on employment at the DOE or AWE facility: YES NO Employment for any duration in the design, development, or management of radiation safety of dosimetry records management operations of the DOE or AWE facility: YES NO Covered employment at the DOE or AWE facility for any duration with possible exposure to an acut radiation exposure incident potentially covered under the definition of a "discrete incident" under 4 C.F.R. § 83.3(c)(i): YES NO Where a spouse, parent, or non-dependent child has the status of either a claimant under the Act or		

Membership in a union which serves as a petitioner for an SEC petition: YES NO Participation as an expert witness in litigation involving safety or health conditions at the DOE or AWE facility, when such participation is not deemed a financial conflict of interest under 18 U.S.C. § 208 or an appearance of conflict under 5 C.F.R. § 2635.502: YES NO Authorship of a report or the delivery of a public statement (including testimony) indicating that you have taken a position on a particular matter involving specific parties at a DOE or AWE facility, independent of your position with NIOSH, the Board, or a contractor providing technical support to NIOSH or the Board, when such particular matter is now at issue in the program: YES NO If the answer to any of these questions is "yes," please identify the categories that apply and provide additional	
Category	Details
Father	Continuity of operations manager at INL 2010-2012
Mother	Senior manager economic development at INL 2011-2019
*Please attach additional sheets as necessary – Check here for additional sheets:	