

03-15-12 P01:40 RCVD

OMB Number: 0920-0639

Expires: 09/20/2013

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 Division of Compensation Analysis and Support about an SEC petition: 1-877-222-8570.

|             |  |            |           |
|-------------|--|------------|-----------|
| 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 checked="" 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:

Name of Organization

Position of Contact Person

A.3 Name of Petitioner Representative:

FIRST NAME

MIDDLE INITIAL

LAST NAME

A.4 Address:

Street

P.O. Box

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

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:

Special Exposure Cohort Petition — Form B

**B** Survivor Information — Complete Section B if you are a Survivor or representing a Survivor.

**B.1 Name** \_\_\_\_\_  
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:** \_\_\_\_\_

Go to Part C.

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

**C.1 Name of** \_\_\_\_\_  
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:** \_\_\_\_\_

**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:** Sta 2/9 End 72

**C.7c Employer Name:** Joslyn Manufacturing and Supply Company

**C.7d Work Site Location:** all

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

**G**

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:**

\_\_\_\_\_  
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):**  
\_\_\_\_\_

**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: Joslyn Manufacturing and Supply Company

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

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: all employees

E.4 Employment Dates relevant to this petition:  
Start 1944 End 1952  
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):  
\_\_\_\_\_  
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Go to Part F.

Name or Social Security Number of First Petitioner:

\_\_\_\_\_

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.

*There were thorium rollings at Gaslyn Manufacturing and Supply Co. and to the best of my knowledge there was no monitoring.*

- 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.

All \_\_\_\_\_ maximum of three persons may sign the petition.

\_\_\_\_\_ March 12-2012  
Date

\_\_\_\_\_ March 12, 2012  
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-46 46  
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: \_\_\_\_\_



SEC Petition  
Division of Compensation Analysis and Support  
NIOSH  
Attention: Josh Kinman  
4676 Columbia Parkway, MS-C46  
Cincinnati, OH 45226

45226+1994

