02-15-05P02:36 RCVD

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

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:			
	☐ A Labor Organization,	Start at D	on Page 3
	☐ An Energy Employee (current or former),	Start at C	on Page 2
	☑ A Survivor (of a former Energy Employee),	Start at B	on Page 2
	☐ 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: _____

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

B.1 **Name of Survivor:**

Mr./Ms. First Name Middle Initial Last Name

B.2 **Social Security Number of Survivor:**

B.3 **Address:**

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. 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: Start End

C.7c Employer Name: RUST ENGINEERING COMPANY

C.7d Work Site Location: 412 PLANT
OAK RIDGE, TENNESSEE

C.7e Supervisor's Name: UNKNOWN

Name or Social Security Number of First Petitioner:

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: _

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

E.1 **Name of DOE or AWE Facility:** OAK RIDGE LABORATORY

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

Y 12 PLANT OAK RIDGE, TENNESSEE

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

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:

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.

AS A SURVIVOR, I CAN ONLY TELL OF THE CONVERSATIONS MY HUSBAND AND I HAD. HE TOLD ME HE WOULD CHANGE CLOTHES BEFORE LEAVING HIS WORK AREA. HE SPOKE OF LEAVING HIS LUNCH BOX OUTSIDE THE WORK AREA, BUT WAS ALLOWED TO BRING IT HOME. SOMETIMES HE WAS ALLOWED TO WEAR HIS STREET SHOES, BUT HAD TO COVER THEM. THERE WAS A BOILER EXPLOSION IN WHICH HE RECEIVED A BURN. I REMEMBER IT BEING GRAY IN ~~OUT~~ COLOR. HE WAS SEEN AT THE WORK CLINIC AND GIVING SOME SALVE. THE BURN DID HEAL.

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.

Name or Social Security Number of First Petitioner

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.)

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.

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

Where several additional petitioners, they must complete the Appendix (numbered pages) of the Appendix forms attached at the end of this document.

Name or Social Security Number of First Petitioner:

Public Burden Statement

Public reporting burden for this collection of information is estimated to average 300 minutes per response, including time for reviewing instructions, gathering the information needed, and completing the form. If you have any comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, send them to CDC Reports Clearance Officer, 1600 Clifton Road, MS-E-11, Atlanta GA, 30333; ATTN:PRA 0920-0639. Do not send the completed petition form to this address. Completed petitions are to be submitted to NIOSH at the address provided in these instructions. Persons are not required to respond to the information collected on this form unless it displays a currently valid OMB number.

Privacy Act Advisement

In accordance with the Privacy Act of 1974, as amended (5 U.S.C. § 552a), you are hereby notified of the following:

The Energy Employees Occupational Illness Compensation Program Act (42 U.S.C. §§ 7384-7385) (EEOICPA) authorizes the President to designate additional classes of employees to be included in the Special Exposure Cohort (SEC). EEOICPA authorizes HHS to implement its responsibilities with the assistance of the National Institute for Occupational Safety (NIOSH), an Institute of the Centers for Disease Control and Prevention. Information obtained by NIOSH in connection with petitions for including additional classes of employees in the SEC will be used to evaluate the petition and report findings to the Advisory Board on Radiation and Worker Health and HHS.

Records containing identifiable information become part of an existing NIOSH system of records under the Privacy Act, 09-20-147 "Occupational Health Epidemiological Studies and EEOICPA Program Records. HHS/CDC/NIOSH." These records are treated in a confidential manner, unless otherwise compelled by law. Disclosures that NIOSH may need to make for the processing of your petition or other purposes are listed below.

NIOSH may need to disclose personal identifying information to: (a) the Department of Energy, other federal agencies, other government or private entities and to private sector employers to permit these entities to retrieve records required by NIOSH; (b) identified witnesses as designated by NIOSH so that these individuals can provide information to assist with the evaluation of SEC petitions; (c) contractors assisting NIOSH; (d) collaborating researchers, under certain limited circumstances to conduct further investigations; (e) Federal, state and local agencies for law enforcement purposes; and (f) a Member of Congress or a Congressional staff member in response to a verified inquiry.

This notice applies to all forms and informational requests that you may receive from NIOSH in connection with the evaluation of an SEC petition.

Use of the NIOSH petition forms (A and B) is voluntary but your provision of information required by these forms is mandatory for the consideration of a petition, as specified under 42 CFR Part 83. Petitions that fail to provide required information may not be considered by HHS.

Name or Social Security Number of First Petitioner: _____

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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

Special Exposure Cohort Petition — Form B

Appendix — Petitioner 2

Use this Appendix for Petitioner 2.

This appendix form is to be used as needed. Petitioner 2, or his or her representative, should complete the parts applicable to him or her.

Refer to the General Instructions on completing petitioner information for Parts A, B, or C.

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.

Except for signatures, please PRINT all information clearly and neatly on the form.

If you are:	☐ An Energy Employee (current or former),	Start at C
	☑ A Survivor (of a former Energy Employee),	Start at B
	☐ A Representative (of a current or former Energy Employee),	Start at A

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 form for this purpose is provided.

Name or Social Security Number of First Petitioner:

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

Appendix — Petitioner 2

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

B.1 Name of Surviv

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

B.2 Social Security Number of Survivor:

B.3 Address

Street Apt # P.O. Box

City State

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.

C.1 Name of Em

Mr./Mrs./Ms. 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: Start End

C.7c Employer Name: RUST ENGINEERING COMPANY

C.7d Work Site Location: 412 PLANT OAK RIDGE, TN.

C.7e Supervisor's Name: UNKNOWN

Name or Social Security Number of First Petitioner:

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

Appendix — Petitioner 3

Use this Appendix for Petitioner 3.

This appendix form is to be used as needed. Petitioner 3, or his or her representative, should complete the parts applicable to him or her.

Refer to the General Instructions on completing petitioner information for Parts A, B, or C.

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.

Except for signatures, please PRINT all information clearly and neatly on the form.

If you are:	☐ An Energy Employee (current or former),	Start at C
	☐ A Survivor (of a former Energy Employee),	Start at B
	☐ A Representative (of a current or former Energy Employee),	Start at A

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 form for this purpose is provided.

Name or Social Security Number of First Petitioner: _____

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

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

C Employee Information — Complete Section C.

C.1 **Name of Employee:**

Mr./Mrs./Ms. 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: Start _____ End _____

C.7c Employer Name: _____

C.7d Work Site Location: _____

C.7e Supervisor's Name: _____

Start Page 3 of the claimant petition

Name or Social Security Number of First Petitioner: _____

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

Appendix — Continuation Page

Continuation Page — Photocopy and complete as necessary.

Name or Social Security Number of First Petitioner: _____

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

[redacted]

General Instructions on Completing this Form *(complete instructions are available in a separate packet)*:

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If you are:			
	☐ A Labor Organization,	Start at D	on Page 3
	☐ An Energy Employee (current or former),	Start at C	on Page 2
	☑ A Survivor (of a former Energy Employee),	Start at B	on Page 2
	☐ 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

[redacted]

Name or Social Security Number of First Petitioner:

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

B.1 Nam

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

B.2 Social Security Number of Survivor:

B.3 Address of Survivor:

Str Apt # P.O. Box

City State

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 Emp

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

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

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: RUST ENGINEERING COMPANY

C.7d Work Site Location: U12 PLANT
OAK RIDGE, TENNESSEE

C.7e Supervisor's Name: UNKNOWN

Name or Social Security Number of First Petitioner:

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: _____

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

E.1 Name of DOE or AWE Facility: OAK RIDGE LABORATORY

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

4 12 PLANT OAK RIDGE, TN.

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

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: _____

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.

AS A SURVIVOR, I CAN ONLY TELL OF THE CONVERSATIONS MY DAD AND I HAD. HE TOLD ME HE WOULD CHANGE CLOTHES BEFORE LEAVING HIS WORK AREA. HE SPOKE OF METAL WRENCHES BEING PULLED OUT OF HIS HAND BY A FORCE FIELD. THERE WAS AN EXPLOSION FROM A BOILER IN WHICH HE RECEIVED A BURN. HE WAS TREATED AT THE PLANT CLINIC. HE WAS GIVEN A SALVE. THE BURN DID HEAL.

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.

Name or Social Security Number of First Petitioner:

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.)

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.

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.

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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: _____

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Records containing identifiable information become part of an existing NIOSH system of records under the Privacy Act, 09-20-147 "Occupational Health Epidemiological Studies and EEOICPA Program Records. HHS/CDC/NIOSH " These records are treated in a confidential manner, unless otherwise compelled by law. Disclosures that NIOSH may need to make for the processing of your petition or other purposes are listed below.

NIOSH may need to disclose personal identifying information to: (a) the Department of Energy, other federal agencies, other government or private entities and to private sector employers to permit these entities to retrieve records required by NIOSH; (b) identified witnesses as designated by NIOSH so that these individuals can provide information to assist with the evaluation of SEC petitions; (c) contractors assisting NIOSH; (d) collaborating researchers, under certain limited circumstances to conduct further investigations; (e) Federal, state and local agencies for law enforcement purposes; and (f) a Member of Congress or a Congressional staff member in response to a verified inquiry.

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Name or Social Security Number of First Petitioner:

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Special Exposure Cohort Petition — Form B

Appendix — Petitioner 2

Use this Appendix for Petitioner 2.

This appendix form is to be used as needed. Petitioner 2, or his or her representative, should complete the parts applicable to him or her.

Refer to the General Instructions on completing petitioner information for Parts A, B, or C.

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.

Except for signatures, please PRINT all information clearly and neatly on the form.

If you are:	☐ An Energy Employee (current or former),	Start at C
	☐ A Survivor (of a former Energy Employee),	Start at B
	☐ A Representative (of a current or former Energy Employee),	Start at A

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 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 _____

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
Appendix — Petitioner 2

Special Exposure Cohort Petition — Form B

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 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.1 **Name of Employee:**

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

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

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

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

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

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:

C.7d Work Site Location:

C.7e Supervisor's Name: UNKNOWN

Name or Social Security Number of First Petitioner:

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

Appendix — Petitioner 3

Use this Appendix for Petitioner 3.

This appendix form is to be used as needed. Petitioner 3, or his or her representative, should complete the parts applicable to him or her.

Refer to the General Instructions on completing petitioner information for Parts A, B, or C.

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.

Except for signatures, please PRINT all information clearly and neatly on the form.

If you are:	☐ An Energy Employee (current or former),	Start at C
	☐ A Survivor (of a former Energy Employee),	Start at B
	☐ A Representative (of a current or former Energy Employee),	Start at A

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 form for this purpose is provided.**

Name or Social Security Number of First Petitioner: _____

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

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

C Employee Information — Complete Section C.

C.1 **Name of Employee:**

Mr./Mrs./Ms. 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: Start _____ End _____

C.7c Employer Name: _____

C.7d Work Site Location: _____

C.7e Supervisor's Name: _____

Sign Part C of the original petition

Name or Social Security Number of First Petitioner: _____

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

Appendix — Continuation Page

Continuation Page — Photocopy and complete as necessary.

Name or Social Security Number of First Petitioner: _____

AFFIDAVIT

State of Tennessee, County of Sevier 2005 MAR 28 AM 11 16

BEFORE ME, the undersigned Notary,
Vera K. Jones, on this
24th day of March, 2005, personally appeared
BETTY LOU WHITTAKER DUVALL, known to me to be a credible person and of lawful age, who being by me first duly sworn, on HER oath, deposes and says:

Due to the fact that DOE has not or cannot produce biological monitoring records for my claim # or claim #
I feel that they were not monitored properly, and dosimeter badges were not being checked.

[signature of affiant]

D

[name of affiant]

[address of affiant]

Subscribed and sworn to before me, this 24th **day of** March, 2005.

[Notary Seal:]

Vera K. Jones
[signature of Notary]

VERA K JONES
[name of Notary]

NOTARY PUBLIC

My commission expires: 3-29, 2005.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

SEC Tracking Number

National Institute for Occupational Safety and Health
Robert A. Taft Laboratories
4676 Columbia Parkway
Cincinnati, OH 45226-1998
Phone: 513-533-6825
Fax: 513-533-6826

April 29, 2005

Dear

The attachment to this letter summarizes the telephone conversations in which we discussed with you your Special Exposure Cohort (SEC) submission, and provided consultation to assist you in meeting the requirements of the SEC Rule. As you know from the submission receipt letter sent to you previously, the National Institute for Occupational Safety and Health's (NIOSH) SEC Tracking Number for your submission is:

SEC

As required in the SEC Rule (42 C.F.R. §§ 83.7 through 83.9) and outlined in the "Instructions for Completing Special Exposure Cohort Submission – Form B," certain elements are required to qualify a submission for evaluation. During the SEC qualification phase, each submission is carefully examined to verify that it meets the requirements of the SEC Rule. We found that there were questions regarding your submission that we needed to discuss with you for clarification.

A list of the issues we discussed with you is attached. For each of these items we have included remarks to summarize our conversation. Please respond with any corrections, if you believe such corrections are necessary, within the time frame for response on the selected items. Any correspondence should be addressed to:

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

Based on the review of all of the documentation associated with your submission, we want to inform you that the National Institute for Occupational Safety and Health's (NIOSH) Office of Compensation Analysis and Support (OCAS) has completed the qualification process for your submission, SEC NIOSH has determined that your submission qualifies for evaluation as a petition for inclusion into the SEC.

The evaluation process begins with this notification to you and the Advisory Board on Radiation and Worker Health (the Board). In addition, a summary of your petition will be posted on the OCAS web site (http://www.cdc.gov/niosh/ocas). The evaluation process focuses on determining whether enough information is available to support dose reconstruction, if possible, through evaluation of existing records and documents currently in NIOSH's possession. In some cases, we will also request data from the Department of Energy, an Atomic Weapons Employer, or from other sources, balancing our need for information against the need for a timely consideration and evaluation of the petition. In cases in which we were to determine that there is not sufficient information to support dose reconstruction, we will also evaluate the degree of potential health endangerment.

When we have completed the evaluation, we will provide you and the Board with a copy of the evaluation report, which will be considered by the Board during its review. You will be invited to present to the Board during its review, should you so desire. (Your participation in the Board review is entirely voluntary, and does not have to be done in person.) After the Board makes a recommendation concerning your petition, the Director of NIOSH will propose a decision on whether or not to add one or more classes of employees to the SEC based upon your petition. The Secretary of Health and Human Services will make final determinations on these matters after you have had the opportunity to contest a proposed decision to deny adding a class to the SEC or concerning a health endangerment determination. If the Secretary of HHS designates a class to be added to the SEC, the class will be added after 30 days, unless Congress acts beforehand either to reverse or expedite the decision.

During the evaluation process, if you have any questions regarding your petition, please contact OCAS toll-free at 1-800-35-NIOSH (1-800-356-4674), directly at 513-533-6800, or by email at ocas@cdc.gov. You can also contact our contractor toll-free at 1-800-322-0111. Additional information about OCAS and the SEC procedure can be found on the OCAS web site at http://www.cdc.gov/niosh/ocas.

Sincerely,

David S. Sundin

for/ Larry J. Elliott, MSPH, CIH
Director
Office of Compensation Analysis and Support

Attachment

Qualification Phone Call Discussion and Agreements

A qualification phone call was conducted by interviewer Pat K, Health Physicist Tim A., and Health and Human Services representative Rob M. on April 6, 2005 with and A detailed review of this phone call follows. The questions/statements made by the interviewer or Health Physicist are stated first and the responses of the interviewer, Health Physicist, and the applicant are stated in italics.

1. **Clarification.** You and your son have each provided separate submissions (separate Form B's naming and as Energy Employees), that are identical except for your names on them. For simplification of our accounting and tracking purposes we intend to treat these as a single submission (SEC and would like to use a single Form B (listing both of you as applicants).

   You both agreed this was satisfactory and that will be the primary point of contact for this submission. As discussed, you have 10 days from the date on this letter to document any disagreement with this action or statement by writing to the address given on the second page of this letter.

2. **Deficiency.** In Section E, Item E.1 is intended to identify the facility that you wish to have included in the class definition. In item E.1 you have identified the "Oak Ridge Laboratory" as the facility to include in the class definition. Based on other information included in Form B, it appears that you mean to identify the Y-12 Plant as the facility.

   You both agreed to change the facility designation to Y-12. As discussed, you have 10 days from the date on this letter to document any disagreement with this action or statement by writing to the address given on the second page of this letter.

3. **Clarification.** In Section E, Item E.2 and Item E.3, you have indicated facility locations and job titles/duties relevant to this submission as being "Y-12 Plant Oak Ridge, Tennessee" and "All," respectively. This description could be interpreted to mean your proposed class would include anyone who worked at any location at Y-12 during the time period you have included for this submission.

   You both agreed to list only the job titles/duties held by both and The agreed upon job titles for this submission are Steamfitters, Pipefitters and Plumbers. As discussed, you have 10 days from the date on this letter to document any disagreement with this action or statement by writing to the address given on the second page of this letter.

4 **Deficiency.** In Section E, Item E.4, you have included a time period of through The employment period that you have listed in Section C, Item C.7b, for was also through However, the employment period that you listed in Section C, Item C.7b, for was through The employment periods listed for the former Energy Employees must fall within the time period listed in Section E, Item E.4.

> *We asked if you would like to expand the employment time period listed in Section E, Item E.4 to encompass both 's and verified employment periods that we have on file. We discussed that in addition to the previously discussed dates, we had verification of Y-12 employment for from to You both agreed that you would like to have the class time period encompass the times that ll and vorked at Y-12, making the class time period from through As discussed, you have 10 days from the date on this letter to document any disagreement with this action or statement by writing to the address given on the second page of this letter.*

5. **Deficiency.** In Section F you indicated, by marking Item F.1 as your basis, that you had either attached documents or statements by affidavit that indicate that radiation exposures and radiation doses potentially incurred by members of the proposed class that relate to this submission, were not monitored, either through personal monitoring or through area monitoring, but you have not attached or included any documentation or affidavit(s). Additionally, you included a statement below Item F.1 that failed to support this basis.

> *On March 28, 2005, after the consultation call questions had been finalized, but before the actual call, the submitted a signed, notarized affidavit for this submission. Acknowledgement of receipt of this affidavit was made during the consultation call. As discussed, you have 10 days from the date on this letter to document any disagreement with this action or statement by writing to the address given on the second page of this letter.*

In Summary: Based on this consultation, the worker class definition that will be included in this submission is: All Steamfitters, Pipefitters, and Plumbers who worked at Y-12 from October, 1944 through December, 1957.

As discussed, you have 10 days from the date on this letter to document any disagreement with this action or statement by writing to the address given on the second page of this letter.