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 energy 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 Part 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
Division 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.

appeared before me, Sharifa
Sharifa B. Islam to sign these documents.
on October 31, 2014.

State of New York
County of Niagara
appeared before me

SHARIFA B. ISLAM
Notary Public - State of New York
No. 0116283784
Qualified in Niagara County
My Commission Expires Sept. 09, 2017
Special Exposure Cohort Petition — Form B

Use of this form is voluntary. Failure to use this form 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 sections 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.

For Further Information: 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:

| Start at D |
| Start at C |
| Start at B |
| Start at A |

A. Representative Information — Complete Part A if you are authorized by an Energy 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 of Petition Representative:

Street Apt # P.O. Box

City State Zip Code

A.5 Telephone Number of Petition Representative: __________________

A.6 Email Address of Petition Representative: __________________

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 energy employee(s) indicated in Parts B or C of this form.

If you are representing a Survivor, go to Part B;
if you are representing an Energy Employee, go to Part C.
Special Exposure Cohort Petition — Form B

B. Survivor Information — Complete Part D if you are a Survivor or representing a Survivor:

B.1 Name of Survivor:

First Name                   Middle Initial                  Last Name

B.2 Address of Survivor:

Street                        Apt #                        P.O. Box

City                            State                          Zip Code

B.3 Telephone Number of Survivor: (___)

B.4 Email Address of Survivor:

B.5 Relationship to Energy Employee:

Go to Part C.

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

C.1 Name of Energy Employee:

First Name                   Middle Initial                  Last Name

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

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

C.3 Address of Energy Employee (if living):

Street                        Apt #                        P.O. Box

City                            State                          Zip Code

C.4 Telephone Number of Energy Employee: (___)

C.5 Email Address of Energy Employee:

C.6 Employment Information Related to Petition:

C.6a Energy Employee Number (if known):

C.6b Dates of Employment:  
Start ___________  
End ___________  

C.6c Employer Name:  
__________________________

C.6d Work Site Location:  
__________________________

C.6e Supervisor’s Name:  
__________________________

Go to Part E.
E.1 Name of DOE or AWE Facility: CARBORUNDUM

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

BUFFALO AV NIAGARA FALLS (N.Y.)

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

E.4 Employment Dates relevant to this petition:

Start 1935 End 1976

Start 1941 End 1976

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):

Go to Part 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.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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 energy 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.
Special Exposure Cohort Petition — Form B

B. Survivor Information — Complete Part 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 Address of Survivor:

Street Apt # P.O. Box

City State Zip Code

B.3 Telephone Number of Survivor: (________) ____________

B.4 Email Address of Survivor: ______________________________________________________________________

B.5 Relationship to Energy Employee: __________________________________________________________________

Go to Part C.

C. Energy Employee Information — Complete Part C.

C.1 Name of Energy Employee:

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

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

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

C.3 Address of Energy Employee (if living):

Street Apt # P.O. Box

City State Zip Code

C.4 Telephone Number of Energy Employee: (________) ____________

C.5 Email Address of Energy Employee: ______________________________________________________________________

C.6 Employment Information Related to Petition:

C.6a Energy Employee Number (if known):

C.6b Dates of Employment: Start ___________ End ___________

C.6c Employer Name: CARBORUNDUM

C.6d Work Site Location: BUFFALO AV NIAGARA FALLS N.Y

C.6e Supervisor’s Name: ______________________________________________________________________

Sign Part G of the original petition.
Summary

References
National Institute for Occupational Health & Safety
1090 Tusculum Avenue / MSC-461
Cincinnati, Ohio 45226