

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

Special Exposure Cohort Petition — Form B

OMB Number: 0920-0639

Expires: 05/31/2007

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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 Office of Compensation Analysis and Support about an SEC petition: 1-800-356-4674.

Table with 2 columns: 'If you are:' and 'Start at... on Page...'. Rows include: A Labor Organization (Start at D on Page 3), An Energy Employee (current or former) (checked, Start at C on Page 2), A Survivor (of a former Energy Employee) (Start at B on Page 2), and 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.

Form sections A.1 through A.7. A.1: Are you a contact person for an organization? (checked) No (Go to A.3). A.2: Organization Information (Name, Position). 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.

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: []

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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

Go to Part C

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 71 End 97

C.7c Employer Name: SANDIA NATIONAL LABORATORY, CALIFORNIA

C.7d Work Site Location: X-RAY DIFFRACTION AND FLUORESCENCE LAB.

C.7e Supervisor's Name:

Go to Part E

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):

Go to Part E

Name or Social Security Number of First Petitioner _____

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

E1 Name of DOE or AWE Facility: SANDIA NATIONAL LABORATORY; LIVERMORE, CA

E2 Locations at the Facility relevant to this petition:
X-RAY DIFFRACTION AND FLUORESCENCE LABORATORY
BL

E3 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:

PLEASE SEE SEC SUPPLEMENTAL INFORMATION 5/10/06

E4 Employment Dates relevant to this petition:

Start	<u>7/21</u>	End	<u>FIVE 78</u>
Start	_____	End	_____
Start	_____	End	_____

E5 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):

PLEASE SEE SEC SUPPLEMENTAL INFORMATION 5/10/06

Go to Part F

Name or Social Security Number of First Petitioner: _____

F Basis for Proposing that Records and Information are Inadequate for Individual Dose —

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.

PLEASE SEE SEC SUPPLEMENTAL INFORMATION
MAY 10, 2006

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.

PLEASE SEE SEC SUPPLEMENTAL INFORMATION
MAY 10, 2006

Part F is continued on the following page.

Name or Social Security Number of First Petitioner: _____

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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.

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

4/29/06
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
4678 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.

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-XXXX. 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
SUPPLEMENTAL INFORMATION**

May 10, 2006

Section E.1: The name of the DOE Facility is Sandia National Laboratory, Livermore, California.

Section E.2: The location at the Facility relevant to this petition is the X-Ray Diffraction and Fluorescence Laboratory, B case see enclosed affidavit from

Section E.3: The job titles and duties were as follows. This x-ray lab only employed two people, M and C Mr. was the lead engineer and I was the supporting technician. We both supported the operation of the laboratory and shared responsibilities. Our job duties required being in the vicinity of the x-ray machines while they were energized. However, my every day responsibilities included sample preparation, sample analyses, x-ray diffractometer and powder camera calibrations, and maintenance of the X-ray fluorescence units and the x-ray generators. Performing these tasks required being very near the ionizing radiation source and having physical contact with the laboratory equipment, again while the x-ray machines were fully energized. Consequently, I was therefore subject to greater amounts of radiation exposure during my tenure.

. continued to operate the x-ray lab after my departure, but on a limited scale.

Section E.4: Employment dates relevant to this petition are from (.), 1971 to 1978.

Section E.5: This petition is based on unmonitored, unrecorded, and inadequately monitored exposures. The X-Ray Diffraction and Fluorescence Laboratory utilized ionizing radiation produced by Norelco X-Ray generators to characterize a multitude of weapons grade elements and compounds, of which were radioactive, toxic, and classified. My employment required a "Q" level clearance as many of the components of which we worked on were "Classified". All of the work, including sample preparation and x-ray analyses, were performed in the laboratory with just the room air ventilation, a lab coat, and a dosimeter worn behind my Clearance badge. Sandia did not provide any permanently mounted instrumentation for continuous recording of the ionizing radiation that was being emitted about the laboratory on a daily basis. A portable Geiger detector was often used to check for abnormal circumstances where there were significant radiation leakages. Shielding devices were utilized whenever possible, however they did not conform to today's standards. I had to fabricate our own custom-made x-ray shielding devices to compensate for classified components. Consequently, ionizing radiation exposures were inevitable and pretty much an every day incident, as some scattered radiation would be emitted, even under the very best circumstances. Exposures were even greater during diffractometer alignment, specialized, and oversized sample preparation and analyses. In summary, due to the lack of monitors and poor performing dosimeters radiation exposures and radiation doses were unmonitored, unrecorded, and inadequately monitored. Dosimeters are discussed in detail in paragraph F.1.

The Norelco x-ray generators were normally energized daily at 40 Kilovolts and 20 milliamps. X-ray analyses would typically take the entire day and frequently extended into the evening hours, as data collection took numerous hours and even days. I often returned to work in the evening to continue analyses and monitor the x-ray equipment.

Section F.1: This petition is further supplemented by an affidavit that indicates that unknown radiation exposures and radiation doses were incurred. In addition to the fact that there were not any room area monitors, Mr. _____ has cited a couple of different examples in his affidavit regarding dosimeter badges and how they were inadequate in monitoring the type of ionizing radiation that we were exposed to. His discussion supports the ongoing debate of how the data collected from these dosimeters should not be relied upon to determine ones radiation exposure and dose reconstruction. Essentially, the lack of room area monitors and the unsatisfactory use of dosimeters left the worker with radiation exposures that were not monitored.

Section F.2: The basis for proposing that radiation-monitoring records have been lost or possibly destroyed can further be exemplified by citing an exposure incident that occurred in February of 1978. While calibrating a diffractometer I received an accidental elevated exposure of ionizing radiation to my fingers of my right hand, right arm, head, and the upper trunk of my body when the x-ray beam safety interlock shutoff failed. The exposure I was receiving went unnoticed until a later step in the procedure called for a fluorescent screen to be placed in the x-ray beam to verify alignment. The x-ray generator was energized at 40 Kilovolts and 20 milliamps during the exposure. The generator was immediately de-energized and accident report was filed. Sandia's Health and Safety Department investigated the incident. As I was wearing the then approved dosimetry device, safety representatives attempted to reconstruct the incident with unexposed dosimeters to document the potential x-ray exposure and an estimated radiation dose. In 1 2004, I requested my dosimetry records from Sandia. I was sent dosimetry records for only a six year period

After making a second request, I was told that no other dosimetry data records or even documentation regarding the accident report could be recovered and that all avenues of retrieving the records have been exhausted. Unfortunately, the crucial time period from _____ are no longer available.

I attempted a third request after being informed that dosimeter records were now available. Again, I was sent dosimetry records for the same six-year period. Incident report records were not available either. I have enclosed my Record of Occupational Radiation Dose that I received from Sandia National Laboratories, Livermore, California on _____

Years of exposure and dose records are apparently missing. In summary, this incident further indicates that radiation exposures and the radiation dose that I incurred are unknown due to lost dosimetry records and missing accident reports. In conclusion, even if dosimetry records could be retrieved, it appears that they would be inaccurate as they were inadequate at monitoring and recording the ionizing radiation exposures that I received.