

Special Exposure Cohort Petitionunder the Energy Employees Occupational
Illness Compensation Program 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: 07/31/2016

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B. Survivor Information — Complete Part D if you are a Survivor or representing a Survivor.**B.1 Name of Survivor:**

Mr./Mrs./Ms.	First Name	Middle Initial	Last Name
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B.2 Address of Survivor:

Street	Apt #	P.O. Box
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City	State	Zip Code
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B.3 Telephone Number of Survivor: (_____)_____**B.4 Email Address of Survivor:** _____**B.5 Relationship to Energy Employee:** Spouse Son/Daughter Parent
 Grandparent Grandchild**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
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C.2 Former Name of Energy Employee (e.g., maiden name/legal name change/other):

Mr./Mrs./Ms.	First Name	Middle Initial	Last Name
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C.3 Address of Energy Employee (if living):

Street	Apt #	P.O. Box
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City	State	Zip Code
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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 1 81 End 7 85**C.6c Employer Name:** Bliss E. Laughlin**C.6d Work Site Location:** 110 Hopkins St.
Buffalo, NY 14220**C.6e Supervisor's Name:** _____**Go to Part E.**

C. 6b Start 1 90 End 7 90
 Start 1 92 End 1 92
 start 1 98 End 1 99

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

E.1 Name of DOE or AWE Facility: Bliss & Laughlin

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

110 Hopkins Street
Buffalo, New York 14220

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	<u>1 31</u>	End	<u>7 85</u>
Start	<u>1 90</u>	End	<u>7 90</u>
Start	<u>1 92</u>	End	<u>1 92</u>
	<u>1 98</u>	End	<u>1 99</u>

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):

- No health monitoring
- High levels of radiation
as per Core of Engineers

Go to Part F.

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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 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	3-8-16
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.

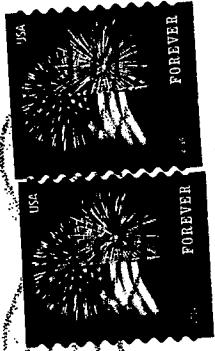
Send this form to:
SEC Petition
Division of Compensation Analysis and Support
NIOSH
4676 Columbia Parkway, MS-C-47
Cincinnati, OH 45226

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.

3/9/16

BUFFALO NY 142

25 FEB 2016 PM 5 L



SEC Petition
NIOSH DCAS
1090 Tusculum Avenue MS-C47
Cincinnati, OHIO
45226

45226198799

