

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: 07/31/2010

Special Exposure Cohort Petition — Form B

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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: 1-877-222-8570.

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 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 Petition Representative:

Mr./Mrs./Ms.	First Name	Middle Initial	Last Name
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A.4 Address:

Street	Apt #	P.O. Box
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City	State	Zip Code
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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

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

B.1 **Name of Survivor:**

_____	_____	_____
	Middle Initial	Last Name

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

B.3 **Address of Survivor:**

City State Zip Code

B.4 **Telephone Number of Survivor:** _____

B.5 **Email Address of Survivor:** _____

B.6 **Relationship to Employee:** _____

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

C.1 **Name:**

_____	_____	_____
	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 _____

City _____

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 1952 End 1982

C.7c **Employer Name:** Grand Junction operations office - DOE

C.7d **Work Site Location:** Grand Junction, Colorado

C.7e **Supervisor's Name:** _____

Name or Social Security Number of First Petitioner

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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.

E.1 Name of DOE or AWE Facility: Grand Junction Operations Office

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

All

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 - laborers, labor supervisors, painters, grounds personnel

E.4 Employment Dates relevant to this petition:

Start 1943 End Present

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):

Go to Part F.

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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.

EMPLOYEES NEVER MONITORED

DOSE RECONSTRUCTION SENT TO ME BY
NIOSH INDICATES MY FATHER WAS NEVER
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 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.

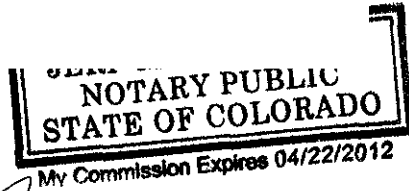
Part F is continued on the following page.

F. 1 Attached affidavit

I have been working on and researching information related to the claim I filed on behalf of _____, since January 2002. In talking to numerous people who were employed at the DOE- Grand Junction operations office, working at the facility myself in 1976, and looking for records, I found that employees at this facility were never monitored, including laborers (includes _____ who was a _____ painters and grounds persons. The dose reconstruction sent to me by NIOSH indicates that _____ was never monitored during employment (1952 – 1982) at the Grand Junction operations office.

6/25/2010

Date



Notary Public: Jim Bradford

My Commission Expires: 4.22.2012

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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.

G Signature of Person(s) Submitting this Petition — Complete Section G.

All

f three persons may sign the petition.

JUNE 24, 2010
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

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: _____

SEE Petition
Office of Compensation Analysis & Support
NIOSH
4676 Columbia Parkway, MS-E-47
Cincinnati, Ohio 45226