

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

12-05-11P04:05

RCVD
OMB Number: 0920-0639

Expires: 09/20/2013

Special Exposure Cohort Petition — Form B

Appendix — Petitioner 3

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.

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: | <input type="checkbox"/> An Energy Employee (current or former), | Start at C |
| | <input checked="" type="checkbox"/> A Survivor (of a former Energy Employee), | Start at B |
| | <input type="checkbox"/> 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: _____

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Appendix — Petitioner 3

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

B.1 Name

 First Name 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: _____

Go to Part C.

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 44 End 47
19 79

C.7c Employer Name: _____

C.7d Work Site Location: VENTRON CORP., BEVERLY, MA 01915

C.7e Supervisor's Name: _____

Sign Part G of the original petition.

Name or Social Security Number of First Petitioner: _____

Special Exposure Cohort Petition — Form B

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: _____

Special Exposure Cohort Petition — Form B

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

E.1 Name of DOE or AWE Facility: VENTRON CORP

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

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:
METALLURGICAL OPERATOR
ELECTRIC FURNACE OPERATOR

E.4 Employment Dates relevant to this petition:
Start 44 End -47
Start 49 End -79
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):
DURING THE ABOVE EMPLOYMENT DATES AND TO THE BEST OF MY KNOWLEDGE THERE WAS NO MONITORING AT VENTRON CORP.

State of Massachusetts County of Worcester Go to Part F.

On this 30 Day of November 2011 before me, the undersigned notary public, personally appeared _____, proved to me through satisfactory evidence of identification, which were, MA Drivers License to be the person whose name is signed on the preceding or attached document, and acknowledged that he is the _____
Name or Social Security Number of First Petitioner: _____
Jam M Bm (Official signature and seal of notary)
My commission expires 10/7/2016

Special Exposure Cohort Petition — Form B

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.

TO THE BEST OF MY KNOWLEDGE THERE
WAS NO INTERNAL MONITORING AT VENTRON
CORPORATION

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.

TO THE BEST OF MY KNOWLEDGE THERE
WAS NO INTERNAL MONITORING AT VENTRON
CORPORATION AND NO RADIATION RECORDS
COULD BE FOUND.

Part F is continued on the following page.

State of Massachusetts County of Worcester

On this 30 Day of November 2011, before me, the undersigned notary public,
personally appeared _____, proved to me through satisfactory
evidence of identification, which were, Driver's License,
to be the person whose name is signed on the preceding or attached document, and
acknowledged to me that he/she/it is the individual petitioner.

[Signature] (Official signature and seal of notary)

My commission expires 10/7/2016

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 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 _____ um of three persons may sign the petition.

11-30-11
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.

State of Massachusetts County of Worcester

On this 30 Day of November, 2011, before me, the undersigned notary public, personally appeared _____, proved to me through satisfactory evidence of identification, which were, M.A. D.T.W.S. License, to be the person whose name is signed on the preceding or attached document, and acknowledged that the Special Security Authority is the Petitioner:

John M. Ryan (Official signature and seal of notary)

My commission expires 10/2/2016

Special Exposure Cohort Petition — Form B

Appendix — Continuation Page

Continuation Page — Photocopy and complete as necessary.

PLEASE NOTE THAT [REDACTED] WAS LISTEN AS A METALLURGICAL OPERATOR AT VENTRON. OTHER JOB TITLE WAS AS AN EXPERIMENTAL ELECTRIC FURNACE OPERATOR. AT THAT JOB, HE MELTED AND PROCESSED MATERIALS SUCH AS URANIUM AND THORIUM. JOB FUNCTION WAS WITHOUT ANY TYPE OF LEAD SHIELDING. IN THAT JOB DESCRIPTION, [REDACTED] ALSO ASSEMBLED AND DIS-ASSEMBLED THE EXPERIMENTAL ELECTRIC FURNACE.

IN SUMMARY THERE IS A DEFINED LACK OF MONITORING RECORDS. IN ADDITION, THERE WAS ALSO A LACK OF SHIELDING PROTECTING [REDACTED] FROM RADIATION EXPOSURE.

ALL OF THE FACTS IN THIS REPORT WERE GIVEN TO ME [REDACTED] BEFORE [REDACTED] DEATH. ALL OF THE INFORMATION IS TO THE BEST OF MY KNOWLEDGE.

11-30-2011

State of Massachusetts County of Worcester

On this 30 Day of November 2011 before me, the undersigned notary public, personally appeared [REDACTED], proved to me through satisfactory evidence of identification, which were, MA Drivers License, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

[Signature] (Official signature and seal of notary)

My commission expires 10/7/2016

Attach to Form B if necessary.

Name or Social Security Number of First Petitioner: _____

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U.S. Department of Health and Human Services

Centers for Disease Control and Prevention
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Public Burden Statement

Public reporting burden for this collection of information is estimated to average 5 hours 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: _____

CERTIFIED MAIL



SEC PETITION

WIOSH DCAS

4676 COLUMBIA PARKWAY, MSC 47

CINCINNATI, OHIO 45226

FIRST CLASS

