

BETH. STEEL

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.

If you are:	<input type="checkbox"/> A Labor Organization,	Start at D on Page 3
	<input checked="" type="checkbox"/> An Energy Employee (current or former),	Start at C on Page 2
	<input 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:

Bethlehem Steel Action Group
Name of Organization

Group Spokes
Position of Contact Person

A.3 Name of Petition Representative:

[Redacted] First Name Middle Initial Last Name

A.4 Address:

Street Apt # P.O. Box

1 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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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:

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 Empl

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 1951 End 1954

C.7c Employer Name:

C.7d Work Site Location: Lackawanna, New York

C.7e Supervisor's Name:

Go to Part E

Name or Social Security Number of First Petitioner: _____

Special Exposure Cohort Petition — Form B

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Use this Appendix for Petitioner 2.

This appendix form is to be used as needed. Petitioner 2, 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 checked="" type="checkbox"/> An Energy Employee (current or former),	Start at C
	<input 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: _____

Special Exposure Cohort Petition — Form B

Appendix — Petitioner 2

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.

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 1957 End 1955

C.7c Employer Name: BETHLEHEM STEEL INC.

C.7d Work Site Location: LACKAWANNA N.Y.

C.7e Supervisor's Name:

Sign Part C of the original petition.

Name or Social Security Number of First Petitioner

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

B.1 Name of Survivor:

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:

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 _____ End _____

C.7c Employer Name: _____

C.7d Work Site Location: _____

C.7e Supervisor's Name: _____

Sign Part G of the original petition

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.

E.1 Name of DOE or AWE Facility: Bethlehem Steel Corporation

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

10" Bar Mill, Blooming Mill

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:

Millwrights, Welders, Electricians,
Bricklayers, Carpenters, All Maintenance, Testers, Rollers,
Supervisors, Crane Operators, Hookers, Clean-up Crews, Grinders.

E.4 Employment Dates relevant to this petition:

Start 1949 End 1952

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):

During the entire continuous Uranium rolling period, the workers were unaware of the materials being processed. (Uranium) The Federal Government kept all work secret for 50 years. Government records (documented) show that the government had removed and destroyed all records for the period of 1940 and 1950. During this period none of the workers were ever monitored, no dosimetry badges were worn, no protective gear (gloves, boots, coats, masks, or glove boxes) were ever used.

(Substantiated by the _____ Letter)

NIOSH has referenced the _____ letter six times in our TBD (revised 6/15/04) to substantiate their findings. We feel the Blooming Mill also did experimental work and records were destroyed, according to the _____ Letter. Incidents and

accidents occurred at every type of procedure associated with the rolling process and experimental work at Bethlehem Steel from 1949 - 1952. Working with no protection whatsoever made every process an accident or incident. No safety precautions were taken at all in the line of safety classes, protective work gear, information on the product or the hazards the product possessed,

Name or Social Security Number of First Petitioner

Continuation Page — Photocopy and complete as necessary.

~~were ever given to the Uranium workers at Bethlehem Steel.
These facts and many other questionable issues have not been
addressed by NIOSH. One great concern is the fact that the
sub-basement under the Cooling Bed, and area covering 28,000 sq.
ft. arguably could have been the worst contamination at the
plant, we feel was overlooked.~~

Lined area for additional text or attachments.

Attach to Form B if necessary.

Name or Social Security Number of First Petitioner:

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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.

- 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.

Refer to page one of the _____ and _____
Paragraph 1 of page 4 of our TBD. (REvised 6/15/04).

Part F is continued on the following page

Name or Social Security Number of First Petitioner: _____

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 Petitioners should sign and date the petition. A maximum of three persons may sign the petition.

Signature

2/7/06
Date

Signature

2/7/06
Date

Signature

3/4/06
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: _____