

**Special Exposure Cohort Petition**  
 under 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

**Petitioner Authorization Form**

OMB Number: 0920-0639

Expires: 10/31/2019

Page 1 of 2

**Use of this form is voluntary. Failure to use this form will not result in the denial of any right, benefit, or privilege to which you may be entitled.**

**Instructions:**

If you wish to petition HHS to consider adding a class of energy employees to the Special Exposure Cohort and you are NOT either a member of that class, a survivor of a member of that class, or a labor organization representing or having represented members of that class, then 42 CFR Part 83, Section 83.7(c) requires that you obtain written authorization. You can obtain such authorization from either an energy employee who is a member of the class or a survivor of such an employee. You may use this form to obtain such authorization and submit the completed form to NIOSH with the related petition. **Please print legibly.**

**For Further Information: If you have questions about these instructions, please call the following NIOSH toll-free phone number and request to speak to someone in the Division of Compensation Analysis and Support about an SEC petition: 1-877-222-8570.**

**Authorization for Individual or Entity to Petition HHS on Behalf of a Class of Energy Employees for Addition to the Special Exposure Cohort**

I,

\_\_\_\_\_  
 Name of Class Member or Survivor

\_\_\_\_\_  
 Street Address of Class Member or Survivor Apt. # P.O. Box

\_\_\_\_\_  
 City, State, Zip Code of Class Member or Survivor

\_\_\_\_\_  
 Name of Petitioner

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Zip Code of Petitioner

**to petition the Department of Health and Human Services on behalf of a class of energy employees that includes:**

\_\_\_\_\_  
 Name of Class Member (energy employee, not the employee's survivor)

**for the addition of the class to the Special Exposure Cohort, under the Energy Employee's Occupational Illness Compensation Program Act (42 U.S.C. §§ 7384-7385).**

**In providing this authorization, I recognize that the petitioner named above will have all the rights of a**

\_\_\_\_\_  
 Signature of Class Member or Survivor

\_\_\_\_\_  
 Date

**Special Exposure Cohort Petition**under 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**Petitioner Authorization Form**

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**Public Burden Statement**

Public reporting burden for this collection of information is estimated to average 3 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 0920-0639. 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 and WTC Health 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 this form is voluntary. Failure to use this form will not result in the denial of any right, benefit, or privilege to which you may be entitled.

**Special Exposure Cohort Petition**

under 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: 10/31/2019

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**Use of this form is voluntary. Failure to use this form 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 sections 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.

**For Further Information:** 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 Division of Compensation Analysis and Support about an SEC petition: 1-877-222-8570.

<b>If you are:</b>	<input type="checkbox"/>	Start at D
	<input type="checkbox"/>	Start at C
	<input type="checkbox"/>	Start at B
	<input type="checkbox"/>	Start at A

**A. Representative Information** Complete Part A if you are authorized by an Energy Employee or Survivor(s) to petition on behalf of a class.

**A.1. Are you a contact person for an organization?**

**A.2. Organization Information:**

Name of Organization

Position of Contact Person

**A.3. Name**

Mr./Mrs./Ms. First Name Middle Initial Last Name

**Address of Petitioner:**

Street Apt # P.O. Box

**Telephone Number of Petition Representative:**

**Email Address of Petition Representative:**

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 energy 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 Energy Employee, go to Part C.**

**Special Exposure Cohort Petition**  
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**U.S. Department of Health and Human Services**  
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**B. Survivor Information Complete Part B if you are a Survivor or representing a Survivor.**

B.1

Mr./Mrs./Ms. First Name Middle Initial Last Name

B.2 Address of Survivor

Street Apt # P.O. Box  
State

B.3 Telephone Number of Survivor:

Son/Daughter  Parent  
 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

C.2 Former Name of Energy Employee (e.g., maiden name/legal name change/other):

Mr./Mrs./Ms. First Name Middle Initial Last Name

C.3 Address of Energy Employee (if living):

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

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 - 1964 End - 1993

C.6c Employer Name: INCO Alloys Inc.

C.6d Work Site Location: R.P.P. building at INCO Alloys Inc.  
Huntington, WV

C.6e Supervisor's Name:

**Go to Part E.**

**Special Exposure Cohort Petition**  
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**D. Labor Organization Information Complete Part 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:**

\_\_\_\_\_  
Mr./Mrs./Ms. First Name

\_\_\_\_\_  
Middle Initial

\_\_\_\_\_  
Last Name

**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 energy 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 energy employees (if known):**

\_\_\_\_\_

**Go to Part E.**

**Special Exposure Cohort Petition**  
under the Energy Employees Occupational  
Illness Compensation Program Act

**U.S. Department of Health and Human Services**  
Centers for Disease Control and Prevention  
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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: Reduction Pilot Plant Building

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

Inco Alloys Inc.  
3200 Riverside Dr.  
Huntington, WV 25705

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 1976 End 81  
Start \_\_\_\_\_ End \_\_\_\_\_  
Start \_\_\_\_\_ End \_\_\_\_\_

E.5 Is the petition based on one or more unmonitored, unrecorded, or inadequately monitored or recorded exposure incidents?:

If yes, provide the date(s) of the incident(s) and a complete description (attach additional pages as necessary):

\_\_\_\_\_  
\_\_\_\_\_

Go to Part F.

**F. Basis for Proposing that Records and Information are Inadequate for Individual Dose Reconstruction Complete Part 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  We have attached either documents or statements provided by affidavit that indicate that

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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 energy 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.

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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

\_\_\_\_\_  
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  
1090 Tusculum Ave,  
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.**

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under the Energy Employees Occupational  
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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.

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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.

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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.









**Employment History Affidavit for a Claim  
Under the Energy Employees Occupational  
Illness Compensation Program Act**

**U.S. Department of Labor**  
Office of Workers' Compensation Programs  
Division of Energy Employees Occupational  
Illness Compensation



**Note:** Please read the instruction on page 3 before filling out this form. Please do not write in the shaded areas. Sign at the bottom of the second page. This form should not be completed by the person who is claiming benefits under EEOICPA. Use as many copies of Form EE-4 as necessary.

OMB Control No. 1240-0002  
Expiration Date: 03/31/2020

**Employee's Information (print clearly)**

<b>1. Employee's Name</b> (Last, First, Middle Initial)	<b>2. Maiden/Former Name</b>	<b>3. Social Security Number</b> (If known)
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**Your Information (print clearly)**

<b>4. Your Name</b> (Last, First, Middle Initial)	<b>5. Your Telephone</b>  a. Home: ( ) - b. Work: ( ) - c. Cell/Other: ( ) -
<b>6. Your Address</b> (Street, Apt. #, P.O. Box)	
(City, State, ZIP Code)	

**7. Your Relationship to the Employee (Check all that apply)**

- Work Associate   
  Spouse   
  Son/Daughter   
  Step-child   
  Parent  
 Grandparent   
  Friend   
  Neighbor   
  Other: \_\_\_\_\_

**Employee's Work History - Use a New Form for Each Period or Place of Employment**

<b>Your knowledge of where and for whom the employee worked</b>  (Provide as much identifying information as possible about the name of the employer and location. Spell out all names.)	Facility Name: <u>INCO Alloys International</u>												
	Facility Location (City/State): <u>Huntington, WV</u>												
	Building(s): <u>Reduction Pilot Plant (RPP)</u>												
	Contractor or sub-contractor name(s): <u>Same as above.</u>												
<b>Employee's Occupation and Title</b>	Occupation: _____ Title: _____												
<b>Dates you know the employee worked at this facility</b>	Start Date: <table border="1"><tr><td> </td><td> </td><td>1961</td></tr><tr><td>Month</td><td>Day</td><td>Year</td></tr></table> End Date: <table border="1"><tr><td> </td><td> </td><td>1993</td></tr><tr><td>Month</td><td>Day</td><td>Year</td></tr></table>			1961	Month	Day	Year			1993	Month	Day	Year
		1961											
Month	Day	Year											
		1993											
Month	Day	Year											
<b>If you worked with the employee during this period, provide the following:</b>	Your position and title: _____ Dates you worked at this facility: From: <table border="1"><tr><td> </td><td> </td><td>1964</td></tr><tr><td>Month</td><td>Day</td><td>Year</td></tr></table> To: <table border="1"><tr><td> </td><td> </td><td>1993</td></tr><tr><td>Month</td><td>Day</td><td>Year</td></tr></table>			1964	Month	Day	Year			1993	Month	Day	Year
		1964											
Month	Day	Year											
		1993											
Month	Day	Year											



## Form EE-4

This form is used to affirm the employment history of a living or deceased employee. The EE-4 is an acceptable format for providing an affidavit in support of an otherwise unverified work history and can be filled out by anyone with knowledge of an employee's work history. Use as many EE-4 forms as needed. If you require additional space to provide comments, attach a signed supplemental statement.

### Privacy Act Statement

In accordance with the Privacy Act of 1974, as amended (5 U.S.C. 552a), you are hereby notified that: (1) The Energy Employees Occupational Illness Compensation Program Act (42 USC 7384 *et seq.*) (EEOICPA) is administered by the Office of Workers' Compensation Programs of the U.S. Department of Labor, which receives and maintains personal information on claimants and their immediate families. (2) Information received will be used to determine eligibility for, and the amount of, benefits payable under EEOICPA, and may be verified through computer matches or other appropriate means. (3) Information may be given to the Federal agencies or private entities that employed the employee to verify statements made, answer questions concerning the status of the claim and to consider other relevant matters. (4) Information may be disclosed to physicians and other health care providers for use in providing treatment, performing evaluations for the Office of Workers' Compensation Programs, and for other purposes related to the medical management of the claim. (5) Information may be given to Federal, state, and local agencies for law enforcement purposes, to obtain information relevant to a decision under EEOICPA, to determine whether benefits are being paid properly, including whether prohibited payments have been made, and, where appropriate, to pursue debt collection actions required or permitted by the Debt Collection Act. (6) Failure to disclose all requested information may delay the processing of the claim or the payment of benefits, or may result in an unfavorable decision.

### Public Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to the information collections on this form unless it displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is voluntary. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of Workers' Compensation Programs, Room S3524, 200 Constitution Avenue N.W., Washington, D.C. 20210, and reference OMB Control No. 1240-0002 and Form EE-4. **Do not submit the completed form to this address.**



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FOR INTER-OFFICE CORRESPONDENCE ONLY. USE SEPARATE SHEET FOR EACH SUBJECT. OMIT ALL FORMALITIES.

TO	DATE <span style="float: right;">NO.</span>
FROM	REPLYING TO
SUBJECT	IN YOUR REPLY REFER TO

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**HUNTINGTON ALLOYS  
CORPORATION**

A Special Metals Company

**Special Exposure Cohort Petition**

under 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

**Instructions for Completing Special Exposure  
Cohort Petition — Form B**

OMB Number: 0920-0639

Expires: 10/31/2019

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**Use of Form B is voluntary. Failure to use Form B will not result in  
the denial of any right, benefit, or privilege to which you may be entitled.**

**Instructions on Completing Special Exposure Cohort Petition — Form B****Introduction**

The Energy Employees Occupational Illness Compensation Program Act (the Act) authorizes the U.S. Secretary of Health and Human Services (HHS) to consider petitions by classes of current and/or former employees at facilities of either the Department of Energy (DOE) or Atomic Weapons Employers (AWEs) requesting to be added to the Special Exposure Cohort. HHS has issued procedures that explain how such employees, their survivors, or individuals or organizations authorized in writing to represent them, can submit a petition and how the outcome of the petition will be decided. The procedures, titled: "Procedures for Designating Classes of Employees as Members of the Special Exposure Cohort" (federal regulations at 42 CFR Part 83), are available from HHS at the address provided below.

SEC Petition Division of Compensation Analysis and Support  
NIOSH  
1090 Tusculum Avenue,  
Cincinnati, OH 45226

Use this form **unless** NIOSH has reported to you in writing that it cannot complete the dose reconstruction needed for your cancer claim. If so, use Special Exposure Cohort Petition — Form A. You do not have to use either form to submit a petition. The forms are intended to assist petitioners in providing the complete information required by HHS as efficiently as possible.

**Hardcopy Submissions:** Submit completed forms to the following address:

SEC Petition Division of Compensation Analysis and Support  
NIOSH  
1090 Tusculum Avenue  
Cincinnati, OH 45226

**For Further Information:** If you have questions about these instructions, please call the following NIOSH toll-free phone number and request to speak to someone in the Division of Compensation Analysis and Support about an SEC petition:

**Special Exposure Cohort Petition**  
under 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

**Instructions for Completing Special Exposure  
Cohort Petition — Form B**

OMB Number: 0920-0639

Expires: 10/31/2019  
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**IMPORTANT:** Petitions **DO NOT** need to be submitted by all potential members of a class of energy employees. ("Class" has a very specific legal meaning under the HHS rule. Petitioners should consider "class" to mean the group of energy employees who worked at the same DOE or AWE facility and who believe they, as a group, should be added to the Special Exposure Cohort). A single member of a class of energy employees, the survivor of a member, or an individual or entity authorized in writing by a member or survivor can petition on behalf of the entire class. Petitioners are not required by HHS to contact other members of the class or obtain their consent to submit a petition, although petitioners may wish to obtain information useful to the petition from other members of the class.

**Instructions**

Please read each of Parts A — G in the form and complete only those sections appropriate to you, according to these instructions. A checklist has been provided on the last page of these instructions to help ensure that you have properly completed all of the sections applicable to you. Except for signatures, please **PRINT** all information clearly and neatly on the form.

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, but only one petitioner is required. Limiting the number of petitioners to three for each petition does not limit the number of members of the class covered by a petition, but will enable HHS to consider and decide petitions more efficiently.

If you need more space to provide additional information, use the continuation page provided at the end of the form and attach the continuation page(s) to Form B.

**Part A**

**Petitioner Information:** Complete Part A if you are an individual or entity (other than a labor organization) authorized by an energy employee or a survivor to petition on behalf of a class of energy employees, as provided for under 42 CFR Part 83.7(c).

**A.1 — Are you a contact person for an organization (other than a labor union):** If you are a contact person for an organization, other than a labor organization, check Yes and go to A.2; if you are not a contact person, check No and go to A.3.

**A.2 — Organization Information:** If you are a contact person for a legally constituted organization, a firm, or another type of entity, enter the name of the organization and your position as the person who will serve as the principal contact with HHS for this petition. If you are NOT a contact person, leave this entry blank.

**A.3 — Name of Petition Representative:** Enter your full legal name (applies to both a contact person and an authorized representative of an energy employee or survivor).

**A.4 — Address of Petition Representative:** Enter your current mailing address.

**A.5 — Telephone Number of Petition Representative:** Enter the telephone number at which you can be reached from 8:00 am to 5:30 pm Eastern Standard Time on weekdays. Please specify more limited hours when you are available, if necessary.

**A.6 — Email Address of Petition Representative:** (Optional) Enter your email address at work or home.

**A.7 — Authorization:** Check the box and attach the written authorization, as indicated. A separate authorization form, "Petitioner Authorization Form", is available for this purpose.

**If you are representing a survivor, go to Part B;  
if you are representing an energy employee, go to Part C.**

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**Part B**

**Petitioner Information:** Complete Part B if you are a Survivor of a former Energy Employee. Also complete this Part if you are an individual or entity (other than a labor organization) authorized by an energy employee or survivor to petition on behalf of a class of energy employees.

**B.1 — Name of Survivor:** Enter the full legal name of the survivor.

**B.2 — Address of Survivor:** Enter the survivor's current mailing address. If you are authorized to petition by an energy employee or a survivor under Part A of this form, you do not need to complete this entry.

**B.3 — Telephone Number of Survivor:** Enter the telephone number at which the survivor can be reached from 8:00 am to 5:30 pm Eastern Standard Time on weekdays. Please specify more limited hours of availability, if necessary. If you are authorized to petition by an energy employee or a survivor under Part A of this form, you do not need to complete this entry.

**B.4 — Email Address of Survivor:** (Optional) Enter the survivor's email address at work or home. If you are authorized to petition by an energy employee or a survivor under Part A of this form, you do not need to complete this entry.

**B.5 — Relationship to Energy Employee:** Check the relationship of the survivor to the energy employee that applies.

**Go to Part C.**

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**Part C**

**Petitioner Information:** Complete Part C if you are an Energy Employee or a Survivor. Also complete this Part if you are an individual or entity (other than a labor organization) authorized by an energy employee or survivor to petition on behalf of a class of energy employees.

This section is to be completed by petitioners who are energy employees of DOE/AWE facilities or their survivors, or by petitioners authorized by energy employees or their survivors. This section does not have to be completed by labor organizations submitting a petition (labor organizations should complete Part D).

Please complete all the entries in this section, as applicable. The form allows for as many as three petitioners to provide this complete information if they so desire, but this is not necessary. We only require that a single petitioner provide complete information for this section.

**C.1 — Name of Energy Employee:** Enter the full legal name of the energy employee.

**C.2 — Former Name of Energy Employee:** If the energy employee had a different name at the time of employment at the DOE or Atomic Weapons Employer facility (for example, a maiden name), enter that name.

**C.3 — Address of Energy Employee (if living):** Enter the current mailing address of the employee. If you are authorized to petition by an employee or a survivor under Part A of this form, you do not need to complete this entry.

**C.4 — Telephone Number of Energy Employee:** Enter the telephone number at which the energy employee can be reached from 8:00 am to 5:30 pm Eastern Standard Time on weekdays. Please specify more limited hours of availability, if necessary.

If you are authorized to petition by an energy employee or a survivor under Part A of this form, you do not need to complete this entry.

**C.5 — Email Address of Energy Employee:** (Optional) Enter the energy employee's email address at work or home.

If you are authorized to petition by an energy employee or a survivor under Part A of this form, you do not need to complete this entry.

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**C.6 — Employment Information Related to Petition:** Enter the following employment information about this petition:

**C.6a — Employee Number (if known):** Enter the energy employee number, if you know it. Not all employers assigned employee numbers.

**C.6b — Dates of Employment:** Enter the dates of employment at the facility (or approximate dates, if employment records are unavailable), from start date to end date.

**C.6c — Employer Name:** Enter the name of the employer.

**C.6d — Work Site Location:** Enter the location of the facility and work site relevant to the petition. Be as specific as possible about the work site, naming the specific building or work area if possible, as well as the facility location (e.g., Idaho National Engineering Laboratory).

**C.6e — Supervisor's Name:** Enter the Supervisor's name, if known.

**Go to Part E.**

**Part D**

**Petitioner Information:** Complete Part D if you are a labor organization.

This section is to be completed only by labor organizations submitting a petition on behalf of energy employees they represent or represented. If you are not such a labor organization, you should skip this part.

**D.1 — Labor Organization Information:** Enter the name of the labor organization and the position of the person who will serve as the principal contact with HHS for this petition.

**D.2 — Name of Petition Representative:** Enter the name of the official who will serve as the principal contact for HHS communications and inquiries regarding this petition.

**D.3-D.5 — Contact Information:** Enter the address, telephone number, and e-mail address of the labor official who will serve as the principal contact for HHS.

**D.6 — Period during which labor organization represented energy employees covered by this petition:** Enter dates as indicated. For active facilities at which your labor organization continues to represent energy employees, enter the date of the petition for the "end date." Please attach related documentation (e.g., relevant pages of labor-management contracts or NLRB certification).

**D.7 — Identity of other labor organizations that may represent or have represented this class of energy employees:** Enter the names of any other labor organizations who may currently represent some members of the class of energy employees or have represented members of this class in the past, if you are aware of any. This information may assist HHS in contacting members of the petitioning class for information or to notify them, should HHS add their class to the Cohort.

**Go to Part E.**

**Part E**

**Proposed Definition of Energy Employee Class Covered by Petition**

The information provided in this section will assist HHS in evaluating the petition. Petitioners should note that it is possible that, as HHS conducts its evaluation of a class, it may revise the definition proposed by the petitioner, making the class more expansive or more specific, and possibly combining the classes of several petitions or dividing the class of a single petition into two or more classes. Ultimately, HHS must define classes consistent with the criteria for determining whether or not the class should be added to the Cohort.

**E.1 — Name of DOE or AWE Facility:** Enter the name of the DOE or AWE facility where the class of energy employees covered by this petition was employed.

**NOTE:** Although individual energy employees may have worked at more than one facility during their career, a petition must be specific to a class of energy employees at a single facility, as specified by the Act. It is acceptable to file petitions for more than one facility; however, you must file a separate petition for each facility.

**E.2 — Locations at the Facility relevant to this petition:** Name or describe the location(s) at the facility relevant to this petition; the locations where members of the class were exposed to radiation. If the location does not have a name, such as a building number or floor or room of a building, describe the location by its more specific characteristics, such as the operation or process conducted there, or the equipment, fixtures, or facilities in that location. Be as specific as possible.

**E.3 — List job titles and/or job duties of energy employees included in the class:** List the job titles and/or job duties that characterize energy employees who you believe belong in the class, to the extent necessary to define the class.

Examples:

- If you can define the class by job duties alone, and you believe that anyone with such job duties should be included in the class, listing the job duties would be sufficient.
- If you believe all energy employees in a location during a period of time should be included in the class, regardless of job title or job duty, enter an "all" here instead of specifying job titles or job duties.
- However, if you believe that only persons with certain job duties involved in certain operations or processes should be included in the class, you must specify this.

The point is to define the class carefully and specifically, so that it includes all energy employees for whom you believe radiation doses cannot be estimated and whose health could have been endangered, and only such employees. To be certain your definition covers all energy employees that you intend to include, you may choose to list by name individuals who should be included in the class and who have not already been identified among the petitioners you have listed in this form.

**E.4 — Employment Dates relevant to this petition:** Enter the approximate or precise dates of the period of employment that applies to the petition. For example, the potential exposures to radiation may have occurred during a period of a certain operation, during a period when certain radiation protection policies were in place, during a period when radiation monitoring was omitted, or during a period for which exposure and monitoring records are lost.

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**E.5 — Is the petition based on one or more unmonitored, unrecorded, or inadequately monitored or recorded exposure incidents?** If the petition is based on one or more radiation exposure incidents, for which exposures were unmonitored (unplanned events that resulted in radiation exposures, versus routine operations which may also result in radiation exposures), provide the date when the incident(s) began and ended and describe the incident(s) in as much detail as possible.

For example, you might describe the source of the radiation exposure or emission, its cause, the response to the incident, and the potential number of energy employees involved. You should report everything you know about the incident. NIOSH will use this information to identify the event and obtain additional information from the Department of Energy and other sources. If NIOSH finds it cannot confirm the occurrence of the event through information from the Department of Energy or any other sources, it will require that you obtain and provide medical evidence relating to the incident and/or one or more affidavits providing information about the incident, as provided under section 83.9(c)(3) of the Special Exposure Cohort Rule (42 CFR Part 83).

**Go to Part F.**

**Part F**

**Basis for Proposing that Records and Information are Inadequate for Individual Dose Reconstructions**

Complete at least one of the entries under this part. You are not required to complete more than one entry, although you should complete more than one entry when such additional information is available to you. This additional information may assist HHS in evaluating your petition.

**F.1:** Complete this entry if you are petitioning on the basis that certain radiation exposures and doses to the class were not monitored. By completing this entry, you do not need to establish (through documentation or affidavit) that there was no monitoring whatsoever, of any radiation exposures and doses incurred by the class of energy employees. You need only establish that some types of radiation exposures and doses incurred by the class were not monitored, or that during certain periods of time, certain operational procedures, or certain exposure incidents, the exposures and doses incurred by the class were not monitored.

For example, if the energy employees in the class were instructed to remove their radiation dosimetry badges for certain operations involving radiation exposures, this might qualify as unmonitored exposures, despite the fact that the employees might have routinely worn their radiation dosimetry badges during most operations. Similarly, if there was a period of time during an operation when there was no monitoring of internal doses, this might qualify as unmonitored exposures.

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**F.2:** Complete this entry if you are petitioning on the basis that radiation monitoring records for members of the proposed class have been lost, falsified, or destroyed. Documentation or affidavits demonstrating that monitoring records are missing for a class of workers might be sufficient to indicate that the records have been lost or destroyed. Documentation or affidavits demonstrating differences between exposures or monitoring results and the current official records of these exposures or monitoring results might be sufficient to indicate that records might have been falsified. You should note, however, that records can be changed to reflect corrections to faulty monitoring results.

Also complete this entry if there is no information regarding monitoring, source, source term, or process from the site where the members of the proposed class worked.

By completing this entry, you do not need to establish (through documentation or affidavit) that there are no monitoring records whatsoever, for personal or area monitoring that was conducted for the class of energy employees, or that all the relevant records have been falsified. You need only indicate that the records relating to some types of radiation exposures and doses incurred by the class, or relating to certain periods of time, certain operations, or certain exposure incidents involving the class, have been lost, falsified, or destroyed, or that there is no such information.

**F.3:** Complete this entry if you are petitioning on the basis of an unpublished expert report addressing record limitations for the class of energy employees proposed in your petition. You are not required to use this approach to support your petition. Most petitioners are unlikely to be in a position to employ an expert to evaluate the limitations of DOE records on exposures to a particular class of energy employees. However, this is an option that might be used by some petitioners, particularly organizations. If you are considering this option, we suggest the expert you employ contact NIOSH before completing such an evaluation. NIOSH will ensure that the expert is aware of the availability of relevant information concerning the procedures by which NIOSH estimates radiation doses for cancer claims under the Act, including the HHS regulations on dose reconstruction methods (42 CFR Part 82) and related implementation guidelines.

**F.4:** Complete this entry if you are petitioning on the basis of a scientific or technical report that was published in a peer-reviewed journal or 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. Federal agencies most likely to have funded or to fund such studies are DOE and NIOSH. It is possible that state environmental protection agencies might have funded such studies related to AWE facilities. Such reports are likely to have been issued either as scientific or technical reports available directly by request from government agencies or as research reports published in scientific journals.

**Go to Part G.**

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**Part G**

**Signature of Person(s) Submitting this Petition**

**Go to Part G.**

Each petitioner should sign and date the petition as indicated. A maximum of three petitioners may sign the petition.

**Summary of Form Requirements**

To ensure that you have completed the required sections of the petition, please refer to the table below:

Section	Required	Completed	Comments

If there is an additional petitioner (not a labor organization), he or she must complete the Appendix — Petitioner 2 and sign Section G of the original petition. Please refer back to pages 2 — 5 of this instruction set for more information on completing the appendix.

**Appendix —**

If there is a third petitioner (not a labor organization), he or she must complete the Appendix — Petitioner 3 and sign Section G of the original petition. Please refer back to pages 2 — 5 of this instruction set for more information on completing the appendix.

**Appendix — Continuation Page**

The Continuation Page is provided for you if you need more space to provide additional information. Please photocopy as needed, and attach to the petition.

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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:

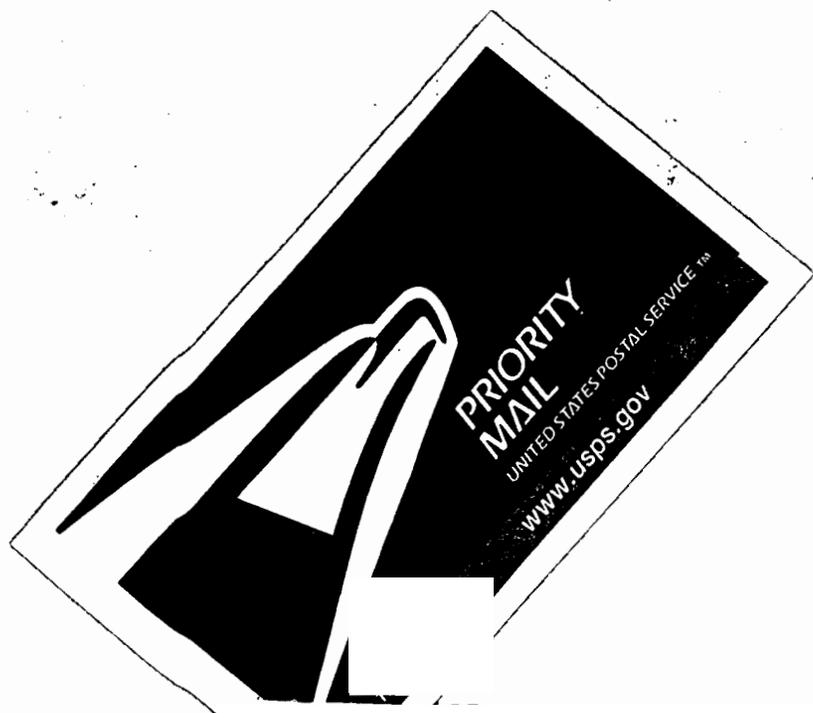
The Energy Employees Occupational Illness Compensation Program Act (42 U.S.C. §§ 7384-7385) (EEOICPA) authorizes the President to designate additional classes of employees to be included in the Special Exposure Cohort (SEC). EEOICPA authorizes HHS to implement its responsibilities with the assistance 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 and WTC Health 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 this form is voluntary. Failure to use this form will not result in the denial of any right, benefit, or privilege to which you may be entitled.



SEC Petition Division of Compens  
Analysis and Support  
NIOSH  
1090 Tusculum Avenue, M  
Cincinnati, OH 45226