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11-19-2014

**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: 07/31/2016  
Page 6 of 7

- 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	<u>10/31/2014</u>
Signature	_____	Date	<u>10/31/14</u>
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.

**BARBARA JACEE**  
Notary Public - State of New York  
No. 01A0005271  
Qualified in Niagara County  
My Commission Expires April 20, 2018

appeared before me, Sharifa  
B. Islam to sign these documents.  
on October 31<sup>st</sup>, 2014.  
*Sharifa B Islam*

State of New York  
County of Niagara  
appeared before me  
on November 14, 2014.  
*Barbara Jacee*  
Notary Public

**SHARIFA B ISLAM**  
Notary Public - State of New York  
No. 01IS6288784  
Qualified in Niagara County  
My Commission Expires Sept. 09, 2017

**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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Page 1 of 7

**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.**If you  
are:**

Start at D

Start at C

Start at B

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?**  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 of Petition Representative:**

Street

Apt #

P.O. Box

City

State

Zip Code

**A.5 Telephone Number of Petition Representative:** (\_\_\_\_\_) \_\_\_\_\_**A.6 Email Address of Petition Representative:** \_\_\_\_\_**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 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 — Form B**

OMB Number: 0920-0639

Expires: 07/31/2016

Page 2 of 7

**B. Survivor Information — Complete Part D if you are a Survivor or representing a Survivor.**

**B.1 Name of Survivor:**

\_\_\_\_\_  
First Name

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

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

**B.2 Address of Survivor:**

\_\_\_\_\_  
Street

\_\_\_\_\_  
Apt #

\_\_\_\_\_  
P.O. Box

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

**B.3 Telephone Number of Survivor:** (     ) \_\_\_\_\_

**B.4 Email Address of Survivor:** \_\_\_\_\_

**B.5 Relationship to Energy Employee:** \_\_\_\_\_

**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 1941 End 76

**C.6c** Employer Name: Carborundum Co.

**C.6d** Work Site Location: Buffalo Ave. Niagara Falls, NY.

**C.6e** Supervisor's Name: \_\_\_\_\_

**Go to Part E.**

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

E.1 Name of DOE or AWE Facility: CARBORUNDUM

E.2 Locations at the Facility relevant to this petition:  
BUFFALO AV NIAGARA FALLS N.Y.

E.3 List job titles and/or job duties of energy employees included in the class. In addition, you can list by name any individuals other than petitioners identified on this form who you believe should be included in this class:

E.4 Employment Dates relevant to this petition:

Start	<u>1935</u>	End	<u>1976</u>
Start	<u>1941</u>	End	<u>1976</u>
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):

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**Special Exposure Cohort Petition — Form B**

OMB Number: 0920-0639

Expires: 07/31/2016

Page 5 of 7

**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  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.

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- 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 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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**Appendix — Petitioner 2**

**B. Survivor Information — Complete Part 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 Address of Survivor:**

\_\_\_\_\_  
Street Apt # P.O. Box

\_\_\_\_\_  
City State Zip Code

**B.3 Telephone Number of Survivor:** ( ) \_\_\_\_\_

**B.4 Email Address of Survivor:** \_\_\_\_\_

**B.5 Relationship to Energy Employee:** \_\_\_\_\_

**Go to Part C.**

**C. Energy Employee Information — Complete Part C.**

**C.1 Name of Energy Employee:**

\_\_\_\_\_  
Mr./Mrs./Ms. 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 41 End 76

**C.6c Employer Name:** CARBORUNDUM

**C.6d Work Site Location:** BUFFALO AV NIAGARA FALLS N.Y.

**C.6e Supervisor's Name:** \_\_\_\_\_

**Sign Part G of the original petition.**

Covered Employee

NIOSH ID#

DOL ID

**Summary**

**References**

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*National Institute for Occupational  
Health & Safety  
1090 Tusculum Avenue / MSC-461  
Cincinnati, Ohio 45226*

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