



Defense Threat Reduction Agency
Nuclear Test Personnel Review Program

OMB No. xxxx-xxxx
Expiration: Xxx 20XX

Questionnaire for Oceanic Test Participants

SECTION I: Please use a separate questionnaire for each operation in which you participated.

Check the operation for which these answers apply:

<input type="checkbox"/> SANDSTONE (1948)	<input type="checkbox"/> CASTLE (1954)	<input type="checkbox"/> HARDTACK I (1958)
<input type="checkbox"/> GREENHOUSE (1951)	<input type="checkbox"/> WIGWAM (1955)	<input type="checkbox"/> ARGUS (1958)
<input type="checkbox"/> IVY (1952)	<input type="checkbox"/> REDWING (1956)	<input type="checkbox"/> DOMINIC I (1962)

Participant Information

Name:	Branch of Service/Service Number:
Address:	
Telephone:	
If this questionnaire is completed by someone other than the participant, please provide:	
Name:	Relationship to veteran:

SECTION II: Participation Summary

1.	Home station/port:
	Unit of assignment:
	Rank (at time of participation):
	Code/Specialty:
2.	List names of other personnel (up to four) with similar participation experience:

SECTION II (Continued)

3.	<p>Where were you billeted? (check all that apply)</p> <ul style="list-style-type: none">(a) <input type="checkbox"/> Enewetak Island of Enewetak Atoll(b) <input type="checkbox"/> Parry Island of Enewetak Atoll(c) <input type="checkbox"/> Japtan Island of Enewetak Atoll(d) <input type="checkbox"/> Eneu Island of Bikini Atoll(e) <input type="checkbox"/> Bikini Island of Bikini Atoll(f) <input type="checkbox"/> Christmas Island(g) <input type="checkbox"/> Johnston Island(h) <input type="checkbox"/> Aboard ship (provide name and hull number of ship):(i) <input type="checkbox"/> None of the above; visited test site from another location (specify):(j) <input type="checkbox"/> Other (specify):						
4.	<p>If you checked any of (a) through (g) above, about when did you arrive and depart?</p> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%; padding: 5px;">Arrival date:</td><td style="width: 50%; padding: 5px;">Departure date:</td></tr><tr><td colspan="2" style="padding: 5px;">Mode of transportation:</td></tr><tr><td colspan="2" style="padding: 5px;">Did you leave the area (temporary duty, emergency leave, etc.) at any time during your deployment? <input type="checkbox"/> Yes (provide reason and approximate dates) <input type="checkbox"/> No</td></tr></table>	Arrival date:	Departure date:	Mode of transportation:		Did you leave the area (temporary duty, emergency leave, etc.) at any time during your deployment? <input type="checkbox"/> Yes (provide reason and approximate dates) <input type="checkbox"/> No	
Arrival date:	Departure date:						
Mode of transportation:							
Did you leave the area (temporary duty, emergency leave, etc.) at any time during your deployment? <input type="checkbox"/> Yes (provide reason and approximate dates) <input type="checkbox"/> No							
5.	<p>Which of the following describes your participation in the test series? (check all that apply)</p> <ul style="list-style-type: none">(a) <input type="checkbox"/> Supported operations from a location specified in 3a through 3g. Provide details in Question 6 (page 3).(b) <input type="checkbox"/> Supported operations aboard a ship. Provide details in Question 7 (page 4).(c) <input type="checkbox"/> Participated as an official observer at a detonation(s). Provide details in Question 8 (page 6).(d) <input type="checkbox"/> Participated in a scientific project. Provide details in Question 9 (page 6).(e) <input type="checkbox"/> Was a crew member of an aircraft that participated in or supported the operation. Provide details in Question 10 (page 7).(f) <input type="checkbox"/> Other (specify below). Provide details in Question 11 (page 9).						

SECTION III: The following questions are intended to assess your potential for exposure to radiation during your participation as indicated in Question 5. Please provide details for answers to best of your recollection (qualify as “approximate” as necessary). Use back or a separate page with reference to question number if more space is needed. If you are unable to answer a question or provide details, state “Unknown.”

6.	<p>If you supported the operation from one of the residence islands specified in Question 3, provide details:</p>
	<p>(a) General nature of duties (e.g., administrative support):</p>
	<p>(b) Where were you located during each test detonation (e.g., inside building, in open area, evacuated aboard ship)?</p> <p>What precautions were taken (e.g., wore goggles)?</p>
	<p>(c) Did your residence island receive any fallout during the operation? <input type="checkbox"/> Yes (provide details by event) <input type="checkbox"/> No</p> <p>Shot/date:</p> <p>Your location during fallout: <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors</p> <p>What precautions were taken to minimize exposure to fallout?</p>
	<p>(d) Did your duties involve contact with radioactive material other than general fallout on the island? <input type="checkbox"/> Yes (provide details below) <input type="checkbox"/> No</p>
	<p>(e) Did you visit non-residence islands or other locations? <input type="checkbox"/> Yes (provide details below) <input type="checkbox"/> No</p> <p>Name of island/location:</p> <p>Date and duration of visit(s):</p> <p>Purpose of visit:</p> <p>Was the island/location contaminated? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, were any precautions taken to minimize exposure to radiation? <input type="checkbox"/> Yes (provide details below) <input type="checkbox"/> No</p>
	<p>(f) Were you ever found to be contaminated during the operation? <input type="checkbox"/> Yes (provide details) <input type="checkbox"/> No</p> <p>If yes, describe the event(s) that resulted in this contamination:</p>

SECTION III (Continued)

7. If you supported the operation aboard a ship, provide details:

(a) Name, hull number, and type of ship:

General nature of duties (e.g., maintained electronic equipment):

Average time spent topside: _____ hours per day

(b) Where were you located during each test detonation (e.g., at duty station below decks)?

What precautions were taken (e.g., wore goggles)?

(c) Did your ship receive any fallout during the operation? Yes (provide details by event) No

Shot/date:

Your location during fallout: Topside Below decks

What precautions were taken to minimize exposure to the fallout (e.g., set gas-tight envelope, energized washdown system)?

(d) Did your duties involve contact with radioactive material other than general fallout on the ship?

Yes (provide details below) No

(e) Was your ship involved in a special project (e.g., recovery of missile pods)?

Yes (provide details below) No

(f) Did you visit or were you assigned to another ship? Yes (provide details below) No

Name and hull number of ship:

Frequency and duration of visit/assignment:

Purpose of visit/assignment:

SECTION III (Continued)

7. If you supported the operation aboard a ship (continued):

(g) Were you granted shore liberty during the operation? Yes (provide details/location) No

Frequency and duration of liberty:

(h) Did you perform activities that involved potential exposure to radiation/radioactive material on other ships/boats/islands? Yes (provide details below) No

Activity, location, duration, etc.:

(i) Did you leave the ship for any other reasons? Yes (provide details below) No

(j) Were you ever found to be contaminated during the operation? Yes (provide details) No

Describe the event(s) that resulted in this contamination:

Where were you contaminated (hands, clothes, etc.)?

Were you decontaminated? Yes No

If yes, how?

8. If you participated as an official observer, provide details:

(a) Shot/date:

(b) Location at shot time:

On island (specify):

On ship (name and hull number):

In aircraft (type):

Altitude and distance from detonation:

(c) Post-shot activity:

(d) Length of time in test area:

(e) Billet location:

SECTION III (Continued)

9. If you participated in a scientific project, provide details by event:

(a) Shot/date:

(b) Project number/title:

(c) Description of activity:

Location of activity with respect to ground zero:

Time (before/after shot) activity began:

Total time in shot area:

(d) At the end of the activity, were you monitored for radiological contamination? Yes No

If yes, were you found to be contaminated? Yes No
If yes, where?

Were you decontaminated? Yes No
If yes, how?

10. If you supported the operation as an air crew member, provide details:

(a) Flight duty (pilot, engineer, etc.):

(b) Type of aircraft:

Operating from (airfield):

(c) Were you airborne during any test detonation? Yes (provide details by event) No (see 10.d.)

Shot/date:

Altitude at shot time:

Distance and direction from detonation:

Purpose and route of mission:

SECTION III (Continued)

10. If you supported the operation as an air crew member (continued):

(d) If your answer to (c) was No, were you airborne subsequent to any test detonation (within 12 hours)?

Yes (provide details by event) No

Shot/date:

Altitude:

Purpose and route of mission:

(e) Did your aircraft penetrate the nuclear cloud or encounter fallout?

Yes (provide details below) No

Time after shot of penetration/fallout encounter:

Duration of penetration/fallout encounter:

Altitude of aircraft at the time:

Total duration of flight:

Radiation levels encountered:

Precautionary measures taken (e.g., breathed 100% oxygen, sealed/filtered air intakes, wore leaded vest, flew through rain showers):

(f) Were you contaminated during any mission? Yes (provide details by shot/mission) No

Shot/date:

Purpose of mission:

Activity that resulted in contamination:

Location of contamination (e.g., gloves, pant leg, face):

Method of decontamination:

Other comments:

SECTION III (Continued)

10.	<p>If you supported the operation as an air crew member (continued):</p> <p>(g) Did your aircraft land in a contaminated area? <input type="checkbox"/> Yes (provide details below) <input type="checkbox"/> No</p> <p>Shot, location, and time:</p> <p>Radiation levels and duration:</p> <p>Reason for landing:</p>
	<p>(h) Was your aircraft involved in a special project(s)? <input type="checkbox"/> Yes (provide details below) <input type="checkbox"/> No</p> <p>Identify project(s) and describe your role if different than normal air crew duty:</p>
11.	<p>If your participation is not covered in Questions 6-10, provide details regarding any potential exposure to radiation (date, location, activities, exposure conditions, etc.):</p>
12.	<p>Did you perform any RADSAFE activity (e.g., serve as radiation monitor, decontaminate personnel/equipment)? <input type="checkbox"/> Yes (provide details below) <input type="checkbox"/> No</p>
13.	<p>Did you wear any special clothing/equipment (e.g., coveralls, gloves, respirators) during the operation? <input type="checkbox"/> Yes (provide details below) <input type="checkbox"/> No</p> <p>Type of clothing/equipment worn:</p> <p>Activity that required such clothing/equipment:</p> <p>Frequency of use:</p> <p>Other comments:</p>

14.	<p>Were you issued a film badge (radiation dosimeter) during the operation? <input type="checkbox"/> Yes (check all statements below that apply) <input type="checkbox"/> No</p> <p>(a) <input type="checkbox"/> Issued badge upon arrival at test site, wore same badge during entire stay. (b) <input type="checkbox"/> Issued badge upon arrival, wore until replaced with another badge. (c) <input type="checkbox"/> Issued badge(s) for a specific activity/mission, turned in afterwards. (d) <input type="checkbox"/> Wore more than one badge at a time. (e) <input type="checkbox"/> Lost or failed to turn in at least one badge during the operation. (f) <input type="checkbox"/> None of the above (please explain):</p>
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SECTION IV: SIGNATURE

I certify under penalty of perjury under the laws of the United States of America that the information provided on this form is true and correct.

Signature: _____ Date _____

SECTION V: PRIVACY ACT STATEMENT

AUTHORITY: 38 U.S.C. 1154 and 1112 (Veterans Benefits) assigns Defense Nuclear Agency (now Defense Threat Reduction Agency (DTRA)) as executive agent for the Nuclear Test Personnel Review Program and delineates Department of Veterans Affairs presumptive and non-presumptive radiogenic disease compensation. 42 U.S.C. 2210 describes the Department of Justice radiogenic disease compensation program that DTRA also supports.

PRINCIPAL PURPOSES: The information on this form is necessary to facilitate location of record(s) or information, provide participation and dose information, prepare histories of nuclear test programs, support scientific studies or medical follow-up programs, and provide data or documentation relevant to the processing of administrative claims or litigation. For use by Agency officials and employees, authorized contractors, and other DoD components.

ROUTINE USES: Disclosures are permitted under 5 U.S.C. 552a(b) of the Privacy Act, to Department of Veterans Affairs, Department of Justice, Department of Labor, Department of Energy, Department of Health and Human Services, National Research Council, Veterans' Advisory Board on Dose Reconstruction and under the 'Blanket Routine Uses' published at the beginning of DTRA's compilation of systems of records notices.

DISCLOSURE: Voluntary. However, failure to provide the requested information may delay or preclude DTRA from producing your radiation dose assessment.

SECTION VI: AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information is estimated to be less than one hour. If you have any questions regarding this form, **please call the NTPR toll-free helpline (800-462-3683)**, e-mail us at ntrp@dtra.mil, or write to: Defense Threat Reduction Agency, Attn: NTDN/NTPR, 8725 John J. Kingman Road, Stop 6201, Fort Belvoir, VA 22060-6201.