

Attachment C - Telephone Interviews with Claimants/Coworkers and Introductory Letters



**ORAU Team
Dose Reconstruction
Project for NIOSH**

NIOSH Tracking Number:

Date:

Name
Address
City, ST Zip

Dear Name:

Oak Ridge Associated Universities (ORAU) requests your help in reconstructing the radiation dose for your claim. ORAU, the contractor assisting the National Institute for Occupational Safety and Health (NIOSH) with the dose reconstruction process, will be conducting a telephone interview with you shortly to gather information concerning radiation exposure information for your claim. The interview takes about an hour on average to complete. If we need additional information that may only be available from supervisors, co-workers or others, the interview is also an opportunity for you to help us identify and locate these persons.

Your participation in this interview is voluntary. If you choose to be interviewed, the information you provide will be treated in a confidential manner unless otherwise compelled by law. The information you provide to ORAU will be shared with staff working for NIOSH and the Department of Labor (DOL), both of whom have roles in administering this program. Please note that if you have any special needs for the interview (for example, hearing impairments, Spanish-speaking interview, etc.) ORAU will make arrangements to meet those special needs. After the telephone interview has been completed, a summary report will be prepared and sent to you for your review. Once the report is complete and you have had time to review and comment on it, we will proceed with the dose reconstruction process.

To help you prepare for the interview, we have enclosed a list of the questions that will be covered. **Please DO NOT send this questionnaire back to us; we will take this information by telephone.** When you have reviewed the enclosed questions and feel that you are ready to schedule your telephone interview, please call ORAU toll-free at 1-800-790-6728 (1-800-790-ORAU) and ask to speak to the telephone interview scheduler. Keep in mind that this initial call is simply to SCHEDULE your interview, not to actually perform the interview. Our hours are from 8:00 a.m. to 4:30 p.m. Eastern time, but we have found that calls placed between 8:30 a.m. and 11:00 a.m. may experience a shorter wait time for you in scheduling the interview.

Feel free to call our toll-free number if you have any questions about the interview process. You may also get more information on ORAU at www.oraucoc.org.

Sincerely,

Claimant Communications
ORAU Team
Dose Reconstruction Project for NIOSH

Enclosure

Form Approved:
OMB No. 0920-0530
Exp. Date x/xx/xx

EEOICPA Dose Reconstruction Telephone Interview
Claimant is Covered Employee

As you may know, NIOSH is responsible for estimating the occupational radiation doses received by persons with cancer applying for compensation under the Energy Employees Occupational Illness Compensation Program. Our contractor, Oak Ridge Associated Universities (ORAU), will be conducting the interviews.

This interview provides you with the opportunity to inform NIOSH of any additional information regarding your work history that might not be contained in the exposure monitoring information we receive from the Department of Energy (DOE) or Atomic Weapons Employer (AWE). While we encourage all claimants to participate in the interview process, participation is voluntary. Even though some claimants may not be able to answer all of the questions during the interview or have limited answers to the questions, any information provided during the interview may be useful in the dose reconstruction process.

Interviews with survivors will seek more general information while the interviews with energy employees will contain more detailed questions. This interview should take no more than an hour, although we may have to call you back for additional information. If we need to divide this interview into a couple of shorter calls, we can do that as well. While we believe that most dose reconstructions can be completed without discussing classified information, we will arrange for a secure interview for those claimants who believe such an arrangement is necessary to complete the interview.

Public Burden Statement

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, gathering the information needed, and completing the interview. 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-D-74, Atlanta, GA 30333; ATTN:PRA 0920-0530. Do not send the completed interview form to this address. Please do not complete and return this form; you will be contacted by telephone to collect this information. Persons are not required to respond to the interview questions unless a currently valid OMB number is displayed.

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) requires the promulgation of methods, in the form of regulations, for estimating the dose levels of ionizing radiation incurred by workers in the performance of duty for nuclear weapons production programs for the Department of Energy and its predecessor agencies. These methods are applied by the National Institute for Occupational Safety and Health (NIOSH), an Institute of the Centers for Disease Control and Prevention, for producing radiation dose estimates that the U.S. Department of Labor uses in adjudicating certain claims under EEOICPA.

Records containing identifiable information become part of an existing NIOSH system of records under the Privacy Act, 09-20-147 "Occupational Health Epidemiological Studies and EEOICPA Program Records. HHS/CDC/NIOSH." These records are treated in a confidential manner, unless otherwise compelled by law. Disclosures that NIOSH may need to make to complete a radiation dose reconstruction for your claim 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 relevant to completing a radiation dose reconstruction for your claim; (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 interviews and forms that you may receive from NIOSH in connection with completing a radiation dose reconstruction for your claim.

Your participation in this interview is voluntary.

Employment History

1. What jobs have you held working for DOE, DOE contractors, or AWEs?

Employer	Supervisor's Name	Job Title	Start Date (mm/yyyy)	End Date

START WITH THE MOST RECENT JOB AND ASK THE FOLLOWING QUESTIONS IN SECTIONS. REPEAT THESE FOR EACH DOE/AWE JOB INCLUDED IN THE EMPLOYMENT HISTORY.

Detailed Work History:

2. How many hours per week did you work on this job?
_____hrs/week
3. How many hours per week did your job involve potential exposure to radiation and/or radioactive materials? _____hrs/week
4. Which buildings or locations did you work in, for each of your routine duties?

Building/Location	Duties

5. Describe what you did on the job, as routine duties.

Obtain additional details on duties, as necessary:

5.1 What types of radioactive materials were present or processed, and in what form(s) (solid, liquid, or gas)? Review the list below individually, as necessary.

<u>Radionuclide</u>	<u>Response</u>	<u>Isotope(s) if known</u>	<u>Form</u>
Tritium			<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK _____
Cobalt			<input type="checkbox"/> S <input type="checkbox"/> L <input type="checkbox"/> G <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK _____
Strontium/Yttrium			<input type="checkbox"/> S <input type="checkbox"/> L <input type="checkbox"/> G <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK _____
Technetium			<input type="checkbox"/> S <input type="checkbox"/> L <input type="checkbox"/> G <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK _____
Iodine			<input type="checkbox"/> S <input type="checkbox"/> L <input type="checkbox"/> G <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK _____
			<input type="checkbox"/> S

Cesium

__L
__G
__Y
__N __DK

Thallium

__S
__L
__G
__Y
__N __DK

Lead

__S
__L
__G
__Y
__N __DK

Polonium

__S
__L
__G

__Y
__N
__DK

Radon (progeny)

__S
__L
__G

__Y __N
__DK _____

Radium

__S
__L
__G

__Y
__N
__DK

Actinium

__S
__L
__G

__Y
__N __DK

Europium

__S
__L
__G
__Y

__N __DK

Thorium (natural)

__S
__L
__G

__Y __N
__DK _____

__S
__L
__G

Protactinium

_Y
_N
_DK

_S

_L

_G

Uranium (natural)

_Y _N
_DK _____

_S

_L

_G

Uranium(enriched)

_Y

_N

_DK

_S

_L

_G

Neptunium

_Y

_N

_DK

Plutonium

__S
__L
__G
__Y
__N __DK

Americium

__S
__L
__G
__Y
__N __DK

Curium

__S
__L
__G
__Y
__N __DK

Californium

__S
__L
__G
__Y
__N
__DK

__S

__L

__G

Others

__(1)

__S

__L

__G

__(2)

__S

__L

__G

__(3)

__S

__L

__G

5.2 What quantities of radioactive materials were present or processed (ounces, pounds, kilograms, drums) over what time periods? _____

- 5.3 What types of production processes involving radioactive materials occurred in areas where you worked? _____
- 5.4 What types of radiation-generating equipment were present or used (e.g., neutron devices, radiography equipment)? _____
- 5.5 What specific tasks did you perform, using what types of radioactive materials (in what quantities), and/or radiation generating equipment? _____
- 5.6 What exposure/contamination control measures were used to protect you?

<u>Measure</u>		<u>Frequency of use</u>
___Hoods		___Always ___ Sometimes ___
	Never	
___Glove boxes		___Always ___ Sometimes ___
	Never	
___Shielding		___Always ___
	Sometimes ___ Never	
___Other enclosures (explain)		___Always ___ Sometimes ___ Never
___Local ventilation		___Always ___ Sometimes ___
	Never	
___Anti-contamination clothing		___Always ___ Sometimes ___ Never
___Respirators		___Always ___ Sometimes ___
	Never	
___Other personal protective equipment (specify)		___Always ___ Sometimes ___ Never
___Showers		___Always ___
	Sometimes ___ Never	

- 5.7 Did you conduct your work under a radiation work permitting system?
 ___Yes
 ___No
 ___Don't know

IF "NO" OR "DON'T KNOW", GO TO QUESTION 6, IF "YES":

- 5.8 During what time period(s)? _____

Radiation Monitoring

6. Did you or your co-workers (working in the same area as you) routinely wear radiation dosimetry badges?
 ___Yes

No
 Don't know

IF “NO” OR “DON’T KNOW”, GO TO QUESTION 7, IF “YES”:

- 6.1 For which duties or in which buildings or locations, and during what time periods (e.g., which years) did you or your co-workers (working in the same areas as you) routinely wear radiation dosimetry badges?

Building/ Location	Time Period	Duties	Wore badge (check = yes)	Only co-worker wore badge

IF THE CLAIMANT DID NOT WEAR A BADGE, GO TO QUESTION 7, IF CLAIMANT WORE A BADGE: *I'll ask you several questions about badge practices. I realize that badge practices changed over time, so please recall to the best of your ability any changes and the time period that they cover:*

6.2 How often did you wear your badge?

Time Period Frequency

_____	_____
_____	_____
_____	_____
_____	_____

6.3 How often was your badge exchanged?

Time Period Frequency

_____	_____
_____	_____
_____	_____
_____	_____

6.4 Where on your body was your badge worn?

Time Period Body Location

_____	_____
_____	_____
_____	_____
_____	_____

7. Did you participate in a biological radiation monitoring program (urine/fecal/breath)?
 Yes, urine
 Yes, fecal
 Yes, breath
 No
 Don't know

8. Do you have copies of your dosimeter badge or biological monitoring records?
 Yes, badge
 Yes, biological
 No

IF "NO" GO TO QUESTION 9, IF "YES":

- 8.1 Would you provide copies to us?
 Yes
 No

IF "YES" GO TO QUESTION 9, IF "NO" EXPLAIN THE IMPORTANCE OF THIS INFORMATION AND ADDRESS ANY CONCERNS, AS FEASIBLE. IF THE ANSWER REMAINS "NO":

- 8.2 Why not? _____

9. Did you routinely survey yourself (frisk) for external contamination?

IF "NO" GO TO QUESTION 10, IF "YES":

- 9.1 When did you survey yourself, before or after showering?
 Before
 After

10. Was there general area air monitoring for radiation performed in the work environment?
 Yes
 No
 Don't know

IF "NO" OR "DON'T KNOW" GO TO QUESTION 11, IF "YES":

When (over what time periods) did this occur? _____

11. Were there any radiation surveys taken to characterize potential for external exposure?
 Yes
 No
 Don't know

IF “NO” OR “DON’T KNOW” GO TO QUESTION 12, IF “YES”:
When did these occur? _____

IF CLAIMANT WORKED AT FERNALD, MALLINCKRODT, OR FUSRAP, OR IF THE CLAIMANT RESPONDED IN QUESTION 5 THAT HE WORKED WITH RADIUM AND/OR THORIUM, ASK THE FOLLOWING QUESTION; IF NOT, GO TO QUESTION 13:

12. Was there monitoring in any of the buildings or areas you worked for exposure to radon?
 Yes
 No
 Don't know

IF “NO” OR “DON’T KNOW” GO TO QUESTION 13, IF “YES”:

12.1 Which buildings or areas? _____

13. Were you ever restricted from the workplace or certain job duties because you had reached a radiation dose limit?
 Yes
 No

Radiation Incidents

14. Were you ever involved in an incident involving radiation exposure or contamination?
 Yes
 No

IF “NO” GO TO QUESTION 15, IF “YES” ASK THE FOLLOWING QUESTIONS FOR EACH INCIDENT IDENTIFIED:

14.1 What happened and when? _____

14.2 Which radioactive materials were involved, and in what form and quantity?

14.3 Which radiation-generating equipment was involved? _____

14.4 Where did it take place? _____

14.5 Who was involved? _____

14.6 What actions were taken to remedy the exposure or contamination?

14.7 What were your location and activities during the incident?

14.8 What precautions were taken to protect you?

14.9 What types of personal protective equipment, if any, did you use?

14.10 How long were you exposed during the incident?

14.11 Did you receive chelation therapy or other medical treatment as a result of radiation exposure from this incident?

Yes

No

Don't Know

IF "NO" OR "DON'T KNOW" GO TO QUESTION 14.12, IF "YES":

Please describe the medical treatment you received:

Chelation Therapy

_____ Other Medical Treatment

14.12 Did you receive biological monitoring after the incident?

Yes

No

IF "NO" GO TO QUESTION 15, IF "YES":

14.13 What type of biological monitoring?

whole body measurement

urine

fecal

breath

14.14 Do you have records of this monitoring?

Yes

No

IF "NO" GO TO QUESTION 15, IF "YES":

14.15 Are you willing to provide copies of these records to NIOSH?
 Yes
 No

IF “YES” GO TO QUESTION 15, IF “NO” EXPLAIN THE IMPORTANCE OF THIS INFORMATION AND ADDRESS ANY CONCERNS, AS FEASIBLE. IF THE ANSWER REMAINS NO:

14.16 Why not? _____

Required medical screening x rays

15. Were you ever required to have medical x rays for this job, as a condition of employment?
 Yes
 No

IF “NO” GO TO QUESTION 16, IF “YES” :

15.1 How often were you x-rayed, and over what time period(s)?

Time Period	Frequency of x rays

15.2 Do you have records of these x rays?
 Yes, for all x rays
 Yes, for some x rays
 No

IF “NO” GO TO QUESTION 16, IF “YES”:

15.3 Would you provide us with copies of these records?
 Yes
 No

Other relevant information

16. Have we missed asking you about any conditions, situations, or practices that occurred during this job which you think may be useful to us in estimating your radiation doses?
 Yes
 No

IF “NO”, GO TO QUESTION 17, IF “YES”:

16.1 Describe this with as much detail as possible, in terms of what occurred, where, when, for how long, and who was involved:

17. Are you aware of any records related to the information you have provided that may help us estimate your doses?

- Yes: Source/Type
 Personal Physician
 Site Medical Records
 Incident Reports
 Safety Meeting Notes
 _____ Other (describe)
- No

IF “NO” AND THIS IS THE LAST JOB TO REVIEW, GO TO QUESTION 18.

IF “YES” AND THE RECORDS ARE FROM A PERSONAL PHYSICIAN, ASK THE CLAIMANT TO OBTAIN AND PROVIDE THE RELEVANT MEDICAL RECORDS TO NIOSH.

Final Questions – Identifying co-workers and other witnesses

18. Can you name co-workers or other witnesses, such as consulting industrial hygienists or radiation safety specialists, who can confirm or expand upon the information you have provided us?

- Yes
 No

IF “YES”, OBTAIN UP TO FIVE NAMES AND ANY CONTACT INFORMATION AVAILABLE:

1. _____
2. _____
3. _____
4. _____
5. _____

Form Approved :
OMB No. 0920-0530
Exp. Date x/xx/xx

EEOICPA Dose Reconstruction Telephone Interview
Claimant is a Family Member

As you may know, NIOSH is responsible for estimating the occupational radiation doses received by persons with cancer applying for compensation under the Energy Employees Occupational Illness Compensation Program. Our contractor, Oak Ridge Associated Universities (ORAU), will be conducting the interviews.

This interview provides claimants with the opportunity to inform NIOSH of any additional information regarding the work history of the energy employee that might not be contained in the exposure monitoring information we receive from the Department of Energy (DOE) or Atomic Weapons Employer (AWE). While we encourage all claimants to participate in the interview process, participation is voluntary. Even though some claimants may not be able to answer all of the questions during the interview or have limited answers to the questions, any information provided during the interview may be useful in the dose reconstruction process.

Interviews with survivors will seek more general information while the interviews with energy employees will contain more detailed questions. This interview should take no more than an hour, although we may have to call you back for additional information. If we need to divide this interview into a couple of shorter calls, we can do that as well. While we believe that most dose reconstructions can be completed without discussing classified information, we will arrange for a secure interview for those claimants who believe such an arrangement is necessary to complete the interview.

Public Burden Statement

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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 relevant to completing a radiation dose reconstruction for your claim; (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 interviews and forms that you may receive from NIOSH in connection with completing a radiation dose reconstruction for your claim.

Your participation in this interview is voluntary.

Employment History

1. What jobs did ___{Covered Employee}___ hold, working for DOE, DOE contractors, or AWEs?

Employer	Supervisor's Name	Job Title	Start Date (mm/yyyy)	End Date

FOR EACH JOB LISTED IN QUESTION 1, ANSWER THE FOLLOWING QUESTIONS. REPEAT THESE QUESTIONS FOR EACH DOE/AWE JOB INCLUDED IN THE EMPLOYMENT HISTORY.

Detailed Work History:

2. How many hours per week did ___{Covered Employee}___ work on this job?
 _____hrs/week

3. Do you know which buildings or locations (s)he worked in, routinely?

Building/Location

4. Describe whatever you know about ___{Covered Employee's}___ duties.

Radiation Monitoring

5. Did ___{Covered Employee}___ routinely wear radiation dosimetry badges?
 Yes
 No
 Don't know
6. Did ___{Covered Employee}___ participate in a biological radiation monitoring program (urine/fecal/breath)?
 Yes, urine
 Yes, fecal
 Yes, breath
 No
 Don't know
7. Do you have copies of ___{Covered Employee's}___ dosimeter badge or biological monitoring records?
 Yes, badge
 Yes, biological
 No

IF "NO" GO TO QUESTION 8, IF "YES":

- 7.1 Would you provide copies to us?
 Yes
 No

IF "YES" GO TO QUESTION 8, IF "NO" EXPLAIN THE IMPORTANCE OF THIS INFORMATION AND ADDRESS ANY CONCERNS, AS FEASIBLE. IF THE ANSWER REMAINS "NO":

- 7.2 Why not? _____

8. Was ___{Covered Employee}___ ever restricted from the workplace or certain job duties because (s)he had reached a radiation dose limit?
 Yes
 No
 Don't know

Radiation Incidents

9. Was ___{Covered Employee}___ ever involved in an incident involving radiation exposure or contamination?
___Yes
___No
___Don't know

IF "NO" OR "DON'T KNOW" GO TO QUESTION 10, IF "YES" ASK THE FOLLOWING QUESTIONS FOR EACH INCIDENT IDENTIFIED:

9.1 What happened, and when? _____

- 9.2 Did ___{Covered Employee}___ receive chelation therapy or other medical treatment as a result of radiation exposure from this incident?
___Yes
___No
___Don't know

IF "NO" OR "DON'T KNOW" GO TO QUESTION 9.4, IF "YES":

9.3 Please describe the medical treatment (s)he received:

_____ Chelation Therapy
_____ Other Medical Treatment

- 9.4 Did ___{Covered Employee}___ receive biological monitoring after the incident?
___Yes
___No
___Don't know

IF "NO" OR "DON'T KNOW" GO TO QUESTION 10, IF "YES":

- 9.5 Do you have records of this monitoring?
___Yes
___No

IF “NO” GO TO QUESTION 10, IF “YES”:

9.4 Are you willing to provide copies of these records to NIOSH?

Yes

No

IF “YES” GO TO QUESTION 10, IF “NO” EXPLAIN THE IMPORTANCE OF THIS INFORMATION AND ADDRESS ANY CONCERNS, AS FEASIBLE. IF THE ANSWER REMAINS NO:

9.5 Why not? _____

Required medical screening x rays

10. Was ___{Covered Employee}___ ever required to have medical x rays for this job, as a condition of employment?

Yes

No

Don't know

IF “NO” GO TO QUESTION 11, IF “YES” :

10.1 Do you know how often (s)he was x-rayed, and over what time period(s)?

Time Period	Frequency of x rays

10.2 Do you have records of these x rays?

Yes, for all x rays

Yes, for some x rays

No

IF “NO” GO TO QUESTION 11, IF “YES”:

10.3 Would you provide us with copies of these records?

Yes

No

Other relevant information

11. Have we missed asking you about any conditions, situations, or practices that occurred during this job which you think may be useful to us in estimating ___{Covered Employee's}___

radiation doses?

Yes

No

IF “NO” GO TO QUESTION 13, IF “YES”:

12. Describe this with as much detail as possible, in terms of what occurred, where, when, for how long, and who was involved:

13. Are you aware of any records related to the information you have provided that may help us estimate your doses?

Yes:

Source/Type

Personal Physician

Site Medical Records

_____ Other (describe)

No

IF “NO” AND THIS IS THE LAST JOB TO REVIEW, GO TO QUESTION 14

IF “YES” AND THE RECORDS ARE FROM A PERSONAL PHYSICIAN, ASK THE CLAIMANT TO OBTAIN AND PROVIDE THE RELEVANT MEDICAL RECORDS TO NIOSH.

Final Questions – Identifying co-workers and other witnesses

14. Can you name supervisors, co-workers or other potential witnesses, who can confirm or expand upon the information you have provided us?

Yes

No

IF “YES” OBTAIN UP TO FIVE NAMES AND ANY CONTACT INFORMATION AVAILABLE:

1. _____

2. _____

3. _____

4. _____

5. _____



ORAU Team Dose Reconstruction Project for NIOSH

NIOSH Tracking Number:

Date:

Name
Address
City, ST Zip

Dear Name:

Oak Ridge Associated Universities (ORAU) requests your help in reconstructing the radiation dose for [*name of covered employee*] on behalf of [*survivor claimant's name, if appropriate*]. ORAU, the contractor assisting the National Institute for Occupational Safety and Health (NIOSH) with the dose reconstruction process, will be conducting a telephone interview with you shortly to gather information concerning radiation exposure information for [*covered employee's or survivor claimant's name, as appropriate*] claim. The interview takes about an hour on average to complete.

Your participation in this interview is voluntary. If you choose to be interviewed, the information you provide will be treated in a confidential manner unless otherwise compelled by law. The information you provide to ORAU will be shared with staff working for NIOSH and the Department of Labor (DOL), both of whom have roles in administering this program. Please note that if you have any special needs for the interview (for example, hearing impairments, Spanish-speaking interview, etc.) ORAU will make arrangements to meet those special needs. After the telephone interview has been completed, a summary report will be prepared and sent to you for your review. Once the report is complete and you have had time to review and comment on it, we will proceed with the dose reconstruction process.

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Feel free to call our toll-free number if you have any questions about the interview process. You may also get more information on ORAU at www.oraucoc.org.

Sincerely,

Claimant Communications
ORAU Team
Dose Reconstruction Project for NIOSH

Enclosure

Form Approved:
OMB No. 0920-0530
Exp. Date x/xx/xx

EEOICPA Dose Reconstruction Telephone Interview

Co-Worker or Supervisor

As you may know, NIOSH is responsible for estimating the occupational radiation doses received by persons with cancer applying for compensation under the Energy Employees Occupational Illness Compensation Program. For this purpose, you have a very important role. Our contractor, Oak Ridge Associated Universities (ORAU) will be interviewing you and others to help ensure that the information NIOSH uses to estimate ___{Covered Employee's}___ radiation doses is as complete and precise as possible. This interview should take no more than an hour, although we may have to call you back for additional information. If we need to divide this interview into a couple of shorter calls, we can do that as well.

First we will review with you the information we already have from the Department of Labor and Department of Energy. Then we will ask a variety of questions to identify any information that may be missing from records.

Public Burden Statement

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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) requires the promulgation of methods, in the form of regulations, for estimating the dose levels of ionizing radiation incurred by workers in the performance of duty for nuclear weapons production programs for the Department of Energy and its predecessor agencies. These methods are applied by the National Institute for Occupational Safety and Health (NIOSH), an Institute of the Centers for Disease Control and Prevention, for producing radiation dose estimates that the U.S. Department of Labor uses in adjudicating certain claims under EEOICPA.

Records containing identifiable information become part of an existing NIOSH system of records under the Privacy Act, 09-20-147 "Occupational Health Epidemiological Studies and EEOICPA Program Records. HHS/CDC/NIOSH." These records are treated in a confidential manner, unless otherwise compelled by law. Disclosures that NIOSH may need to make to complete a radiation dose reconstruction for your claim 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 relevant to completing a radiation dose reconstruction for your claim; (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 interviews and forms that you may receive from NIOSH in connection with completing a radiation dose reconstruction for your claim.

Your participation in this interview is voluntary.

Employment History

1. Where and when did you and ___{Covered Employee}___ work together, what was your job title, and who was his/her supervisor at the time?

Employer	Supervisor's Name	Interviewee Job Title	Start Date (mm/yyyy)	End Date

START WITH THE MOST RECENT JOB AND ANSWER THE FOLLOWING QUESTIONS. REPEAT THESE FOR EACH DOE/AWE JOB INCLUDED IN THE EMPLOYMENT HISTORY.

Detailed Work History:

2. How many hours per week did (s)he work on this job?
 _____hrs/week
 Don't know

3. How many hours per week did his/her job involve potential exposure to radiation and/or radioactive materials?
 _____hrs/week
 Don't know

4. Which buildings or locations did (s)he work in, and what were his/her duties?

Building/Location	Duties

5. Describe his/her duties.

Obtain additional details on duties, as necessary:

5.1 What types of radioactive materials were present or processed, and in what form(s) (solid, liquid, or gas)? Review the list below individually if necessary and appropriate.

<u>Radionuclide</u>	<u>Response</u>	<u>Isotope(s) if known</u>	<u>Form</u>
Tritium			<input type="checkbox"/> _Y <input type="checkbox"/> _N <input type="checkbox"/> _DK _____
Co			<input type="checkbox"/> _S <input type="checkbox"/> _L <input type="checkbox"/> _G <input type="checkbox"/> _Y <input type="checkbox"/> _N <input type="checkbox"/> _DK _____
Sr/Y			<input type="checkbox"/> _S <input type="checkbox"/> _L <input type="checkbox"/> _G <input type="checkbox"/> _Y <input type="checkbox"/> _N <input type="checkbox"/> _DK _____
Tc			<input type="checkbox"/> _S <input type="checkbox"/> _L <input type="checkbox"/> _G <input type="checkbox"/> _Y <input type="checkbox"/> _N <input type="checkbox"/> _DK _____

I

S
L
G

Y
__N __DK

Cs

S
L
G
Y
__N __DK

Tl

S
L
G
Y
__N __DK

Pb

S
L
G
Y
__N __DK

Po

S
L
G

Y
__N
__DK

Rn (progeny)

_S
_L
_G
_Y
_N _DK

Ra

_S
_L
_G

_Y
_N
_DK

Ac

_S
_L
_G
_Y
_N _DK

_S
_L
_G

Eu

__Y
__N __DK

Th (natural)

__S
__L
__G
__Y
__N __DK

Pa

__S
__L
__G

U (natural)

__Y
__N
__DK

U (enriched)

__S
__L
__G
__Y
__N __DK

Y
 N
 DK

S

L

G

Np

Y
 N
 DK

S

L

G

Pu

Y
 N DK

S

L

G

Am

Y
 N DK

Cm

_S
_L
_G

_Y
_N _DK

Cf

_S
_L
_G

_Y
_N
_DK

Others

___(1)

_S

_L

_G

___(2)

_S
_L
_G

____(3)

__S
__L
__G

__S
__L
__G

5.2 What quantities of radioactive materials were present or processed (ounces, pounds, kilograms, drums) over what time periods? _____

5.3 What types of production processes involving radioactive materials occurred in areas where (s)he worked? _____

5.4 What types of radiation-generating equipment were present or used (e.g., neutron devices, radiography equipment)? _____

5.5 What specific tasks did (s)he perform, using what types of radioactive materials (in what quantities), and/or radiation generating equipment?

5.5 What exposure/contamination control measures were used to protect him/her?

<u>Measure</u>		<u>Frequency of use</u>
__Hoods		__Always __ Sometimes __
	Never	
__Glove boxes		__Always __ Sometimes __
	Never	
__Shielding		__Always __
	Sometimes __ Never	
__Other enclosures (explain)		__Always __ Sometimes __ Never
__Local ventilation		__Always __ Sometimes __
	Never	

IF THE INTERVIEWEE IS A CO-WORKER WHO MAY HAVE HAD COMPARABLE EXPOSURES ASK THE FOLLOWING; IF NOT, GO TO QUESTION 10 :

I'll ask you several questions about badge practices. I realize that badge practices changed over time, so please recall to the best of your ability any changes and the time period that they cover:

8. How often did you wear your badge?

<u>Time Period</u>	<u>Frequency</u>
_____	_____
_____	_____
_____	_____
_____	_____

9. How often was your badge exchanged?

<u>Time Period</u>	<u>Frequency</u>
_____	_____
_____	_____
_____	_____
_____	_____

10. Where on your body was your badge worn?

<u>Time Period</u>	<u>Body Location</u>
_____	_____
_____	_____
_____	_____
_____	_____

11. Did you also participate in a biological radiation monitoring program (urine/fecal/breath)?

- Yes, urine
- Yes, fecal
- Yes, breath
- No
- Don't know

12. Do you have copies of your dosimeter badge or biological monitoring records?

- Yes, badge
- Yes, biological
- No

IF "NO" GO TO QUESTION 13, IF "YES" :

12.1 Would you provide copies to us, so we can use these, if necessary?

- Yes
- No

IF "YES" GO TO QUESTION 13, IF "NO" EXPLAIN THE IMPORTANCE OF THIS INFORMATION AND ADDRESS ANY CONCERNS, AS FEASIBLE. IF THE ANSWER REMAINS "NO":

12.2 Why not? _____

13. Did ___{Covered Employee}___ routinely survey him/herself (frisk) for external contamination?

- ___ Yes
- ___ No
- ___ Don't know

IF "NO" OR "DON'T KNOW" GO TO QUESTION 14, IF "YES":

- 13.1 _____ When, before or after showering?
- ___ Before
 - ___ After

14. Was there general area air monitoring for radiation performed in the work environment?

- ___ Yes
- ___ No
- ___ Don't know

IF "NO" OR "DON'T KNOW" GO TO QUESTION 15, IF "YES":

When (over what time periods) did this occur? _____

15. Were there any radiation surveys taken to characterize potential for external exposure?

- ___ Yes
- ___ No
- ___ Don't know

IF "NO" OR "DON'T KNOW" GO TO QUESTION 16, IF "YES":

When did these occur? _____

IF THE COVERED EMPLOYEE WORKED AT FERNALD, MALLINCKRODT, OR FUSRAP, OR IF THE CO-WORKER RESPONDED IN QUESTION 4 THAT THE COVERED EMPLOYEE WORKED WITH RADIUM AND/OR THORIUM, ASK THE FOLLOWING QUESTION; IF NOT, GO TO QUESTION 19:

16. Was there monitoring in any of the buildings or areas where ___{Covered Employee}___ worked for exposure to radon?

- ___ Yes
- ___ No
- ___ Don't know

IF "NO" OR "DON'T KNOW" GO TO QUESTION 17, IF "YES":

16.1 Which buildings or areas? _____

17. Was ___{Covered Employee}___ ever restricted from the workplace or certain job duties because (s)he had reached a radiation dose limit?
___Yes
___No
___Don't know

Radiation Incidents

I need to ask you about any radiation exposure or contamination incidents that may have occurred while ___{Covered Employee}___ was in this job. For each incident you may recall, please answer the following questions:

18. Was ___{Covered Employee}___ ever involved in an incident involving radiation exposure or contamination?
___Yes
___No
___Don't know

IF "NO" OR "DON'T KNOW" GO TO QUESTION 19, IF "YES"ASK THE FOLLOWING QUESTIONS FOR EACH INCIDENT IDENTIFIED:

- 18.1 What happened and when?_____
- 18.2 Which radioactive materials were involved, and in what form and quantity?

- 18.3 Which radiation-generating equipment was involved?_____
- 18.4 Where did it take place? _____
- 18.5 Who was involved? _____
- 18.6 What actions were taken to remedy the exposure or contamination?

- 18.7 What were ___{Covered Employee's}___ location and activities during the incident?_____
- 18.8 What precautions were taken to protect him/her?

- 18.9 What types of personal protective equipment, if any, did (s)he use?_____
- 18.10 How long was (s)he exposed during the incident?_____
- 18.11 Did ___{Covered Employee}___ receive biological monitoring after the

incident?
 Yes
 No
 Don't know

18.12 Were you similarly involved and exposed in the incident?
 Yes
 No

IF "NO" OR "DON'T KNOW" GO TO QUESTION 19, IF "YES":

18.13 Did you receive biological monitoring after the incident?
 Yes
 No

18.14 Do you have records of this monitoring?
 Yes
 No

IF "NO" GO TO QUESTION 19, IF "YES":

18.15 Are you willing to provide copies of these records to NIOSH?
 Yes
 No

IF "YES" GO TO QUESTION 19, IF "NO" EXPLAIN THE IMPORTANCE OF THIS INFORMATION AND ADDRESS ANY CONCERNS, AS FEASIBLE. IF THE ANSWER REMAINS NO:

18.16 Why not? _____

Required medical screening x rays

Some workers were required to periodically have medical x rays as a condition of employment:

19. Was ___{Covered Employee}___ ever required to have medical x rays for this job, as a condition of employment?
 Yes
 No
 Don't know

IF “NO” GO TO QUESTION 20, IF “YES” :

19.1 Do you know how often (s)he was x-rayed, over what period(s) of time?

Time Period	Frequency of x rays

Other relevant information

This is an opportunity for you to identify other relevant information that might help us complete the dose reconstruction:

20. Have we missed asking you about any conditions, situations, or practices that occurred during this job which you think may be useful to us in estimating ___{Covered Employee’s}___ radiation doses?

___Yes

___No

IF “NO” AND THIS IS THE LAST JOB TO REVIEW, GO TO QUESTION 21, IF “YES”:

20.1 Describe this with as much detail as possible, in terms of what occurred, where, when, for how long, and who was involved:

NOTE: COMPLETE SECTIONS 3-7 FOR EACH JOB LISTED IN QUESTION 1.

Final Questions–Identifying co-workers and other witnesses

We may speak with others who might help us with the dose reconstruction for ___{Covered Employee}___.

Can you name supervisors, co-workers or other potential witnesses, who can confirm or expand upon the information you have provided us?

___Yes

___No

IF “YES” OBTAIN UP TO FIVE NAMES FOR EACH JOB LISTED IN QUESTION 1 AND ANY

AVAILABLE CONTACT INFORMATION:

1. _____
2. _____
3. _____
4. _____
5. _____