

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. We rarely need to consult other individuals for information on your claim, but this interview gives you the opportunity to identify supervisors, co-workers, or others who might know relevant information so we can contact them if needed. ~~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.** Also, do not expend effort researching answers. We are only interested in information you can remember or find easily. 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

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. From what you remember or information readily available to you, ~~W~~what jobs have you held working for DOE, DOE contractors, or AWEs?

<u>Employer-Facility</u>	<u>Supervisor's Name</u>	<u>Job Title</u>	<u>Start Date (mm/yyyy)</u>	<u>End Date (mm/yyyy)</u>

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. Did you work any overtime hours?
_____ Yes
_____ No

4. If yes, how many hours of overtime, on average, did you work per week?
_____ hours per week

5. Did you work any shift work?
_____ Yes
_____ No

6. How many hours per week did your job involve potential exposure to radiation and/or radioactive materials? _____hrs/week

47. Which buildings or locations did you work in, for each of your routine duties, and during what time periods did you work in each of the buildings or locations?

Building/Location	<u>Time Period Worked</u>	Duties

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

Obtain additional details on duties, as necessary:

58.1 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			__Y __N __DK _____
Cobalt			__L __S __G __Y __N __DK _____
Strontium/Yttrium			__S __L __G __Y __N __DK _____
Technetium			__L __S __G __Y __N __DK _____
Iodine			__L __S __G __Y __N __DK _____
Cesium			__L __S __G __Y __N

	__DK _____	__S
	__L __G	
Thallium	__Y __N	
	__DK _____	__S
	__L __G	
Lead	__Y __N	
	__DK _____	__S
	__L __G	
Polonium	__Y	
	__N __DK	

		__S
		__L
		__G
Radon (progeny)	__Y __N __DK	
	_____	__S
	__L __G	
Radium	__Y	
	__N __DK	

		__S
		__L
		__G
Actinium	__Y __N	
	__DK _____	__S
	__L __G	
Europium	__Y __N	
	__DK _____	__S
	__L __G	
Thorium (natural)	__Y __N __DK	

Protactinium

__S
__L __G
__Y
__N __DK

Uranium (natural)

__S
__L
__G
__Y __N __DK

Uranium(enriched)

__S
__L __G
__Y __N
__DK ____

Neptunium

__S
__L
__G
__Y
__N __DK

Plutonium

__S
__L
__G
__Y __N
__DK ____

Americium

__S
__L __G
__Y __N
__DK ____

Curium

__S
__L __G
__Y __N

Californium

__DK _____
__L __S
__Y
__N __DK

__S
__L
__G

Others

__(1)

__(2)

__L __S
__G

__(3)

__L __S
__G

__L __S
__G

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

58.3 What types of production processes involving radioactive materials occurred in areas where you worked? _____

58.4 What types of radiation-generating equipment were present or used (e.g., neutron devices, radiography equipment/[sources](#), [portable x ray units](#), [electron beam welders](#))? _____

58.5 What specific tasks did you perform, using what types of radioactive materials (in what quantities), and/or radiation generating equipment? _____

58.6 What exposure/contamination control measures were did you used to protect you?

<u>Measure</u>	<u>Frequency of use</u>
<u>Fume Hoods</u>	<u>Always</u> <u>Sometimes</u> <u>Never</u>
<u>Glove boxes</u>	<u>Always</u> <u>Sometimes</u> <u>Never</u>
<u>Shielding</u>	<u>Always</u> <u>Sometimes</u> <u>Never</u>
<u>Other enclosures (explain)</u>	<u>Always</u> <u>Sometimes</u> <u>Never</u>
<u>Local ventilation</u>	<u>Always</u> <u>Sometimes</u> <u>Never</u>
<u>Anti-contamination clothing</u>	<u>Always</u> <u>Sometimes</u> <u>Never</u>
<u>Respirators</u>	<u>Always</u> <u>Sometimes</u> <u>Never</u>
<u>Other personal protective equipment (specify)</u>	<u>Always</u> <u>Sometimes</u> <u>Never</u>
<u>Showers</u>	<u>Always</u> <u>Sometimes</u> <u>Never</u>

58.7 Did you conduct your work under a Special Work Permit or a Radiological Work Permit or other work control document that specified safety and health requirements radiation work permitting system?

- Yes
No
Don't know

IF "NO" OR "DON'T KNOW", GO TO QUESTION 69, IF "YES":

58.8 During what time period(s)? _____

Radiation Monitoring

9. 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 710, IF "YES":

69.1 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 107, 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:*

96.2 For the time periods identified above, under what situations ~~How often~~ did you wear your badge?

Time Period Situations (Frequency e.g. always, upon entry to certain areas, when provided by Health and Safety, supervisor, etc.)

_____	_____
_____	_____
_____	_____
_____	_____

69.3 How often was your badge exchanged?

Time Period Frequency (e.g. weekly, monthly, annually, don't know)

_____	_____
_____	_____
_____	_____
_____	_____

69.4 Where on your body was your badge worn?

Time Period Body Location

_____	_____
_____	_____
_____	_____

10. Did you participate in a biological radiation monitoring program (urine/, fecal/, breath, or in-vivo/whole body count)?

- Yes, urine _____ Frequency _____
 Yes, fecal _____ Frequency _____
 Yes, breath _____ Frequency _____
 Yes, in-vivo/whole body count _____ Frequency _____
 No
 Don't know

811. Do you have copies of your dosimeter badge or biological monitoring records, or annual reports of your monitoring results?

- Yes, badge
 Yes, biological
 Yes, annual report(s)
 No

IF "NO" GO TO QUESTION 912, IF "YES":

11.1 Would you be willing to provide copies to us, if we need those records?

- 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? _____~~

12. Did/Were you routinely surveyed yourself (frisked) for external contamination?

IF "NO" GO TO QUESTION 103, IF "YES":

12.1 When did/Were you surveyed yourself, before or after showering?

- Before
 After

13. 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 114, IF "YES":

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

13.2 What type of air monitoring was performed?

Job-specific

_____ Lapel (employee breathing zone)
_____ General area
_____ Environmental
_____ Other (Describe) _____

14. _____ 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 125, IF "YES":

14.1 _____ 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: _____**~~

125. _____ 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 136, IF "YES":

125.1 _____ Which buildings or areas? _____

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

IF "NO" GO TO QUESTION 17, IF "YES":

16.1 _____ Please explain. _____

17. _____ Did you ever not turn in your dosimeter badge because you were approaching a radiation dose limit?
_____ Yes
_____ No

IF "NO" GO TO QUESTION 18, IF "YES":

17.1 _____ How many times did this occur and during what periods? _____

Required medical screening x rays

158. Were you ever required to have medical x rays for this job, as a condition of employment (upon hire, as part of an annual physical, etc.)?

- Yes
- No

IF “NO” GO TO QUESTION 169, IF “YES” :

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

Time Period	Frequency of x rays

18.2 Do you have records of these x rays?

- Yes, for all x rays
- Yes, for some x rays
- No

IF “NO” GO TO QUESTION 169, IF “YES”:

18.3 Would you be willing to provide us with copies to us, if we need of these records?

- Yes
- No

Radiation Incidents

149. Were you ever involved in any incidents involving radiation exposure or contamination?

- Yes
- No

IF “NO” GO TO QUESTION 1520, IF “YES” ASK THE FOLLOWING QUESTIONS FOR EACH INCIDENT IDENTIFIED:

149.1 What happened and when? _____

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

149.3 ~~Was~~Which radiation-generating equipment ~~was~~ involved? If yes, what type?

149.4 Where did it take place? _____

149.5 Who was involved? _____

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

149.7 What were your location and activities during the incident?

149.8 What precautions were taken to protect you?

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

19.10 How long were you exposed during the incident?

19.11 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 149.123, IF "YES":

19.12 Please describe the medical treatment you received:

Chelation Therapy

Other Medical Treatment _____

19.13 Did you receive biological monitoring after the incident?

Yes

No

Don't know

IF "NO" OR "DON'T KNOW" GO TO QUESTION 1520, IF "YES":

19.14 What type of biological monitoring?

in-vivo/whole body measurement

- urine
- fecal
- breath
- nasal swab

19.15 Do you have records of this monitoring?
 Yes
 No

IF “NO” GO TO QUESTION 1520, IF “YES”:

19.16 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? _____~~

Other relevant information

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 your radiation doses?
 Yes
 No

IF “NO”, GO TO QUESTION 1721, IF “YES”:

2016.1 Describe this with as much detail as possible, in terms of what occurred, where, when, for how long, and who was involved:

21. 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

___ Log Books

_____ 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.~~

22. NIOSH is confident it will obtain enough information to complete your dose reconstruction without receiving information from other individuals. However, in the event NIOSH does wish to speak to others who might provide information about your work conditions or exposures.
~~Final Questions — Identifying co-workers and other witnesses~~

Can you readily provide names and contact information for co-workers, supervisors, or other witnesses, such as consulting industrial hygienists, or radiation safety specialists, or anyone else who might be able to provide such information? who can confirm or expand upon the information you have provided us?
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___ 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 3/31/2012

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.

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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. From what you remember or information readily available to you, ~~W~~what jobs did ___{Covered Employee}___ hold, working for DOE, DOE contractors, or AWEs?

<u>Employer-Facility</u>	<u>Supervisor's Name</u>	<u>Job Title</u>	<u>Start Date (mm/yyyy)</u>	<u>End Date (mm/yyyy)</u>

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. Did ___{Covered Employee}___ work any overtime hours?
 _____ Yes
 _____ No

4. If yes, how many hours of overtime, on average, did ___{Covered Employee}___ work per week?
 _____ hours per week

5. Did ___{Covered Employee}___ work any shift work?
 _____ Yes
 _____ No

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

Building/Location

47. Describe whatever you know about ___{Covered Employee’s}___ duties.

Radiation Monitoring

58. Did ___{Covered Employee}___ routinely wear radiation dosimetry badges?

- ___ Yes
- ___ No
- ___ Don’t know

9. Did ___{Covered Employee}___ participate in a biological radiation monitoring program (urine~~/~~, fecal~~/~~, breath, or in-vivo/whole body count)?

- ___ Yes, urine _____ Frequency _____
- ___ Yes, fecal _____ Frequency _____
- ___ Yes, breath _____ Frequency _____
- ___ Yes, in-vivo/whole body count Frequency _____
- ___ No
- ___ Don’t know

710. Do you have copies of ___{Covered Employee’s}___ dosimeter badge or biological monitoring records or annual reports?

- ___ Yes, badge
- ___ Yes, biological
- ___ Yes, annual report
- ___ No

IF “NO” GO TO QUESTION 811, IF “YES”:

10.1 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?

11. 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

Required medical screening x rays

102. Was ___ {Covered Employee} ___ ever required to have medical x rays for this job, as a condition of employment (upon hire, as part of an annual physical, etc.)?

- Yes
- No
- Don't know

IF "NO" GO TO QUESTION 113, IF "YES" :

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

Time Period	Frequency of x rays

12.2 Do you have records of these x rays?

- Yes, for all x rays
- Yes, for some x rays
- No

IF "NO" GO TO QUESTION 113, IF "YES":

12.3 Would you provide us with copies to us, if we need these records?

- Yes
- No

Radiation Incidents

913. 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 104, IF "YES" ASK THE FOLLOWING QUESTIONS FOR EACH INCIDENT IDENTIFIED:

913.1 What happened, where and when? _____

913.2 Did {Covered Employee} receive chelation therapy or other medical treatment as a result of radiation exposure from this incident?

Yes, chelation therapy

Yes, other medical treatment

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~~

9.14. Did {Covered Employee} receive biological monitoring after the incident?

Yes

No

Don't know

IF "NO" OR "DON'T KNOW" GO TO QUESTION 105, IF "YES":

14.1 What type of biological monitoring?

in-vivo/whole body measurement

urine

fecal

breath

nasal swab

14.2 Do you have records of this monitoring?

Yes

No

IF "NO" GO TO QUESTION 150, IF "YES":

14.39.4 Would you be ~~Are you~~ willing to provide copies to us if we need 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? _____

Other relevant information

145. 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 136, IF "YES":~~

~~15.1 Describe this with as much detail as possible, in terms of what occurred, where, when, for how long, and who was involved:~~

16. 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
 ___ Log Books
 _____ 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

147. NIOSH is confident it will obtain enough information to complete your dose

reconstruction without receiving information from other individuals. However, in the event NIOSH does wish to speak to others who might provide information about your work conditions or exposures, can you readily provide names and contact information for co-workers, supervisors, industrial hygienists, radiation safety specialists, or anyone else who might be able to provide such information?~~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.

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. Also, do not expend effort researching answers. We are only interested in information you can remember or find easily.** 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

0530

Form Approved:
OMB No. 0920-

Exp. Date 3/31/2012

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

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. From what you remember or information readily available to you, ~~W~~when and where did you and ___{Covered Employee}___ work together, what was your job title, and who was his/her supervisor at the time?

<u>Employer-Facility</u>	<u>Supervisor's Name</u>	<u>Interviewee Job Title</u>	<u>Start Date (mm/yyyy)</u>	<u>End Date (mm/yyyy)</u>

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 (s)he work on this job?
 _____ hrs/week
 ___ Don't know

3. Did (s)he work any overtime hours?
 _____ Yes
 _____ No
 _____ Don't know

4. If yes, how many hours of overtime, on average, did (s)he work per week?
 _____ hours per week

5. Did (s)he work any shift work?
 _____ Yes
 _____ No
 _____ Don't know

6. How many hours per week did his/her job involve potential exposure to radiation and/or radioactive materials?

____ hrs/week
 ___ Don't know

47. Which buildings or locations did (s)he work in, ~~and~~ what were his/her routine duties, and during what time periods did (s)he work in each of the buildings or locations?

Building/Location	<u>Time Period Worked</u>	Duties

58. Describe his/her duties.

Obtain additional details on duties, as necessary:

58.1 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			___Y ___N ___DK _____
			___S ___L ___G
Cobalt			___Y ___N ___DK _____
			___S ___L ___G

Strontium/Yttrium

__Y__N
__DK__

Technetium

__S
__L
__G
__Y
__N__DK

Iodine

__S
__L
__G
__Y
__N__DK

Cesium

__S
__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

__S
__L
__G

Actinium

_Y
_N _DK

Europium

_S
_L
_G
_Y
_N _DK

Thorium (natural)

_S
_L
_G
_Y _N
_DK _____

Protactinium

_S
_L
_G

_Y
_N
_DK

Uranium (natural)

_S
_L
_G
_Y _N
_DK _____

_S

Uranium(enriched)

__L
__G
__Y
__N
__DK

Neptunium

__S
__L
__G

Plutonium

__Y
__N
__DK

__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

Others

____(1)

__S
__L
__G

____(2)

__S
__L
__G

____(3)

__S
__L
__G

__S
__L
__G

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

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

58.4 What types of radiation-generating equipment were present or used (e.g., neutron devices, radiography equipment/[sources](#), [portable x ray units](#), [electron beam welders](#))? _____

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

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

Measure

__ [Fume Hoods](#)

__ Glove boxes

__ Shielding

Frequency of use

__ Always __ Sometimes __ Never

__ Always __ Sometimes __

Never

__ Always __

___ Other enclosures (explain)	Sometimes ___ Never
___ Local ventilation	___ Always ___ Sometimes ___ Never
	___ Always ___ Sometimes ___
___ Anti-contamination clothing	Never
___ Respirators	___ Always ___ Sometimes ___ Never
	___ Always ___ Sometimes ___
___ Other personal protective equipment (specify)	Never
___ Showers	___ Always ___ Sometimes ___ Never
	___ Always ___
	Sometimes ___ Never

58.7 Did (s)he work under a [Special Work Permit or a Radiological Work Permit or other work control document that specified safety and health requirements](#)~~radiation work permitting system~~?

___ Yes
 ___ No
 ___ Don't know

IF "NO" OR "DON'T KNOW", GO TO QUESTION 69, IF "YES":

58.8 During what time period(s)? _____

Radiation Monitoring

9. Did ___{Covered Employee}___ routinely wear radiation dosimetry badges?

___ Yes
 ___ No
 ___ Don't know

IF "NO" OR "DON'T KNOW", GO TO QUESTION 710, IF "YES":

69.1 For which duties or in which buildings or locations, and during what time periods (e.g., which years) did ___{Covered Employee}___ routinely wear radiation dosimetry badges?

Building/ Location	Time Period	Duties	Wore badge (check = yes)

10. Did ___{Covered Employee}___ participate in a biological radiation monitoring program (urine/, fecal/, breath, or in-vivo/whole body count)?

- ___ Yes, urine _____ Frequency _____
- ___ Yes, fecal _____ Frequency _____
- ___ Yes, breath _____ Frequency _____
- ___ Yes, in-vivo/whole body count _____ Frequency _____
- ___ No
- ___ Don't know

IF THE INTERVIEWEE IS A CO-WORKER WHO MAY HAVE HAD COMPARABLE EXPOSURES ASK THE FOLLOWING; IF NOT, GO TO QUESTION 16 :

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:

811. How often did you wear your badge?

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

12. How often was your badge exchanged?

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

103. Where on your body was your badge worn?

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

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

- ___ Yes, urine

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

815. Do you have copies of your dosimeter badge or biological monitoring records, or annual reports of your monitoring results?

- Yes, badge
- Yes, biological
- Yes, annual report(s)
- No

IF "NO" GO TO QUESTION 916, IF "YES":

15.1 Would you be willing to provide copies to us, if we need those records?

- 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? _____

16. ~~Did~~ Was {Covered Employee} routinely surveyed ed yourself (frisked) for external contamination?

- Yes
- No
- Don't know

IF "NO" OR "DON'T KNOW" GO TO QUESTION 107, IF "YES":

16.1 ~~When did~~ Was {Covered Employee} surveyed ed yourself, before or after showering?

- Before
- After

17. 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 118, IF "YES":

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

17.2 What type of air monitoring was performed?

Job-specific

_____ Lapel (employee breathing zone)
_____ General area
_____ Environmental
_____ Other (Describe)_____

- 18.____ 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 129, IF “YES”:

18.1 ____ When (over what time periods) 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: —**~~

129. 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 320, IF “YES”:

129.1 Which buildings or areas? _____

320. 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

_____ **IF “NO” OR “DON’T KNOW” GO TO QUESTION 21, IF “YES”:**

20.1 ____ Please
explain._____

21. ____ Did {Covered Employee} ever not turn in his/her dosimeter badge because (s)he was approaching a radiation dose limit?
 ____ Yes
 ____ No
 ____ Don't know

_____ **IF “NO” OR “DON’T KNOW” GO TO QUESTION 22, IF “YES”:**

21.1 ____ How many times did this occur and during what periods?_____

Required medical screening x rays

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

- 522. Was ___{Covered Employee}___ ever required to have medical x rays for this job, as a condition of employment (upon hire, as part of an annual physical, etc.)?
 - ___ Yes
 - ___ No
 - ___ Don't know

IF "NO" OR "DON'T KNOW" GO TO QUESTION 623, IF "YES" :

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

Time Period	Frequency of x rays

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:

- 23. Was ___{Covered Employee}___ ever involved in any incidents involving radiation exposure or contamination?
 - ___ Yes
 - ___ No
 - ___ Don't know

IF "NO" OR "DON'T KNOW" GO TO QUESTION 4524, IF "YES" ASK THE FOLLOWING QUESTIONS FOR EACH INCIDENT IDENTIFIED:

23.1 What happened and when? _____

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

23.3 ~~Was~~Which radiation-generating equipment ~~was~~ involved? If yes, what type?

423.4 Where did it take place? _____

423.5 Who was involved? _____

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

423.7 What were ___ {Covered Employee's} ___ location and activities during the incident? _____

423.8 What precautions were taken to protect him/her?

423.9 What types of personal protective equipment, if any, did (s)he use?

23.10 How long was (s)he exposed during the incident?

23.11 Did ___ {Covered Employee} ___ receive biological monitoring after the incident?
___ Yes
___ No
___ Don't Know

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

IF "NO" GO TO QUESTION 4224, IF "YES":

23.13 Did you receive biological monitoring after the incident?
___ Yes
___ No
Don't know

IF "NO" OR "DON'T KNOW" GO TO QUESTION 4524, IF "YES":

23.14 What type of biological monitoring?
in-vivo/whole body measurement
___ urine
___ fecal
___ breath
nasal swab

23.15 Do you have records of this monitoring?
___ Yes

No

IF “NO” GO TO QUESTION 1524, IF “YES”:

~~23.16~~ Would you be willing to provide copies to us, if we need those records?
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? _____

Other relevant information

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

24. 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 1725, IF “YES”:

~~2416.1~~ Describe this with as much detail as possible, in terms of what occurred, where, when, for how long, and who was involved:

NOTE: COMPLETE QUESTIONS 2 THROUGH 24 FOR EACH JOB LISTED IN QUESTION 1.

~~**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.**~~

25. NIOSH is confident it will obtain enough information to complete {Covered Employee’s} dose reconstruction without receiving information from other individuals. However, in the event NIOSH does wish to speak to others who might provide information about his/her work conditions or exposures, ~~Final Questions~~

~~Identifying co-workers and other witnesses~~

~~Can you readily provide names and contact information for co-workers, supervisors, or other witnesses, such as consulting industrial hygienists, or radiation safety specialists, or anyone else who might be able to provide such information? 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. _____