

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



**ORAU Team  
Dose Reconstruction  
Project for NIOSH**

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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.

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](http://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, what jobs have you held working for DOE, DOE contractors, or AWEs?

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

**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

7. 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	Time Period Worked	Duties

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

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*Obtain additional details on duties, as necessary:*

- 8.1 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

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

\_\_\_\_\_

8.3 What types of production processes involving radioactive materials occurred in areas where you worked? \_\_\_\_\_

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

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

8.6 What exposure/contamination control measures did you use to protect you?

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

8.7 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?

Yes  
 No  
 Don't know

**IF "NO" OR "DON'T KNOW", GO TO QUESTION 9, IF "YES":**

8.8 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 10, IF "YES":**

9.1 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 10, IF CLAIMANT WORE A BADGE:**

9.2 For the time periods identified above, under what situations did you wear your badge?

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

_____	_____
_____	_____
_____	_____
_____	_____

9.3 How often was your badge exchanged?

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

_____	_____
_____	_____
_____	_____
_____	_____

9.4 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

\_\_\_ Yes, fecal

Frequency \_\_\_\_\_

Frequency \_\_\_\_\_

- Yes, breath Frequency \_\_\_\_\_  
 Yes, in-vivo/whole body count Frequency \_\_\_\_\_  
 No  
 Don't know

11. 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 12, IF "YES":**

- 11.1 Would you be willing to provide copies to us, if we need those records?  
 Yes  
 No

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

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

- 12.1 Were you surveyed before or after showering?  
 Before  
 After

13. Was air monitoring for radiation performed in the work environment?  
 Yes  
 No  
 Don't know

**IF "NO" OR "DON'T KNOW" GO TO QUESTION 14, 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 15, IF "YES":**

14.1 When did these occur? \_\_\_\_\_

15. 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 16, IF "YES":**

15.1 Which buildings or areas? \_\_\_\_\_

16. 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**

18. 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 19, IF "YES" :**

18.1 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 19, IF "YES":**

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

- Yes
- No

**Radiation Incidents**

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

- Yes
- No

**IF "NO" GO TO QUESTION 20, IF "YES" ASK THE FOLLOWING QUESTIONS FOR EACH INCIDENT IDENTIFIED:**

19.1 What happened and when? \_\_\_\_\_

19.2 Which radioactive materials were involved, and in what form and quantity?  
\_\_\_\_\_

19.3 Was radiation-generating equipment involved? If yes, what type? \_\_\_\_\_

19.4 Where did it take place? \_\_\_\_\_

19.5 Who was involved? \_\_\_\_\_

19.6 What actions were taken to remedy the exposure or contamination?  
\_\_\_\_\_

19.7 What were your location and activities during the incident?  
\_\_\_\_\_

19.8 What precautions were taken to protect you?

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

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19.10 How long were you exposed during the incident?

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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 19.13, 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 20, 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 20, IF "YES":**

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

Yes

No

**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 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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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, 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?  
 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.

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.

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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, what jobs did \_\_\_{Covered Employee}\_\_\_ hold, working for DOE, DOE contractors, or AWEs?

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

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

<b>Building/Location</b>
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- No
- Don't know

**Required medical screening x rays**

12. 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 13, IF "YES" :**

12.1 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 13, IF "YES":**

- 12.3 Would you provide us with copies to us, if we need these records?
- Yes
  - No

**Radiation Incidents**

13. 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 14, IF "YES" ASK THE FOLLOWING QUESTIONS FOR EACH INCIDENT IDENTIFIED:**

13.1 What happened, where and when? \_\_\_\_\_

13.2 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

14. Did \_\_\_{Covered Employee}\_\_\_ receive biological monitoring after the incident?

- Yes
- No
- Don't know

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

14.3 Would you be willing to provide copies to us if we need these records?

- Yes
- No

### **Other relevant information**

15. 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 16, 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:

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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

17. 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?

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

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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](http://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, when and where did you and \_\_\_{Covered Employee}\_\_\_ work together, what was your job title, and who was his/her supervisor at the time?

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

**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

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

Building/Location	Time Period Worked	Duties

8. Describe his/her duties.

\_\_\_\_\_

\_\_\_\_\_

*Obtain additional details on duties, as necessary:*

8.1 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

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

8.3 What types of production processes involving radioactive materials occurred in areas where (s)he worked? \_\_\_\_\_

8.4 What types of radiation-generating equipment were present or used (e.g., neutron devices, radiography equipment/sources, portable x ray units, electron beam welders)? \_\_\_\_\_

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

8.6 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

8.7 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?

- \_\_\_ Yes
- \_\_\_ No
- \_\_\_ Don't know

**IF "NO" OR "DON'T KNOW", GO TO QUESTION 9, IF "YES":**

8.8 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 10, IF "YES":**

9.1 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:*

11. 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>
_____	_____
_____	_____
_____	_____
_____	_____

13. Where on your body was your badge worn?

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

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

\_\_\_ Yes, urine

\_\_\_ Yes, fecal

\_\_\_ Yes, breath

- No
- Don't know

15. 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 16, IF "YES":**

- 15.1 Would you be willing to provide copies to us, if we need those records?
- Yes
  - No

16. Was  {Covered Employee}  routinely surveyed (frisked) for external contamination?
- Yes
  - No
  - Don't know

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

- 16.1 Was  {Covered Employee}  surveyed before or after showering?
- Before
  - After

17. Was air monitoring for radiation performed in the work environment?
- Yes
  - No
  - Don't know

**IF "NO" OR "DON'T KNOW" GO TO QUESTION 18, 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 19, IF “YES”:**

18.1 When (over what time periods) did these occur? \_\_\_\_\_

19. 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 20, IF “YES”:**

19.1 Which buildings or areas? \_\_\_\_\_

20. 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:*

22. 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 23, IF “YES” :**

22.1 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 24, 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 radiation-generating equipment involved? If yes, what type? \_\_\_\_\_
- 23.4 Where did it take place? \_\_\_\_\_
- 23.5 Who was involved? \_\_\_\_\_
- 23.6 What actions were taken to remedy the exposure or contamination?  
 \_\_\_\_\_
- 23.7 What were \_\_\_{Covered Employee's}\_\_\_ location and activities during the incident? \_\_\_\_\_
- 23.8 What precautions were taken to protect him/her?  
 \_\_\_\_\_



23.9 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 24, 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 24, 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 24, IF "YES":**

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

\_\_\_ Yes

\_\_\_ No

**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 25, IF "YES":**

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

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

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, 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?

Yes

No

**IF "YES", OBTAIN UP TO FIVE NAMES AND ANY CONTACT INFORMATION AVAILABLE:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_