

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:

I am writing on behalf of the ORAU Team, the contractor assisting the National Institute for Occupational Safety and Health (NIOSH) with your dose reconstruction. We would like to ask you some specific questions about your work history and radiation exposure.

I would also like to let you know that your participation is voluntary. If you would like to talk with us, the information collected will be treated in a secure manner and will not be disclosed, unless otherwise compelled by law. The information you provide to us will be shared with staff working for NIOSH and the Department of Labor (DOL), both of whom have roles in this compensation program. If you have any special needs for the call (to discuss classified information, hearing impairments, Spanish-speaking interview, etc.) we will make arrangements to meet those special needs.

After we have talked with you, we will send you a summary report of the information that we talked about during the call. Once the report is complete and you have had time to look at it and comment on it, your claim will continue in the dose reconstruction process.

So that you know what to expect during the call, I have enclosed a list of the questions that we would like to ask you. Some things to keep in mind with these questions:

- You are not expected to answer or know all of the information in the questions. These questions cover a broad range of information. Also, we do not want or expect you to search for any of this information.
- We have included the questions so that you can jot down any thoughts you may have while looking over the questions. You do not need to fill out the questions and return them to us. We will take the information from you over the phone.
- We will look over the information you give us during the call when we are ready to start the dose reconstruction for your claim. Please keep in mind that the technical documents we use for doing your dose reconstruction may already include some or all of the information you might give us during the call. If you have given us additional information that is not covered in our technical documents, it will be used to complete your dose reconstruction.

When you have looked over the enclosed questions and feel that you are ready to schedule your call, please contact the ORAU Team toll-free at 1-800-790-6728 (1-800-790-ORAU) and ask to schedule your call to discuss

your work history and cancer information. 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.

Feel free to call our toll-free number if you have any questions about this letter. 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 Questions**  
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 speaking with you and asking the questions listed on the following pages.

These questions will provide you with the chance to let us know any additional information about your work history that might not be found in the exposure monitoring information we receive from the Department of Energy (DOE) or Atomic Weapons Employer (AWE). While we encourage all claimants to talk to us about their work history, your participation is voluntary. The information collected will be treated in a secure manner and will not be disclosed, unless otherwise compelled by law.

Some things to keep in mind with these questions:

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This should take no more than an hour. If we need to, we can divide this into a couple of shorter phone calls. If you have any special needs for the call (to discuss classified information, hearing impairments, Spanish-speaking interview, etc.) we will make arrangements to meet those special needs.

**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 \_\_G  
\_\_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. \_\_\_\_\_



## ORAU Team Dose Reconstruction Project for NIOSH

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NIOSH Tracking Number:

Date:

Name  
Address  
City, ST Zip

Dear Name:

I am writing on behalf of the ORAU Team, the contractor assisting the National Institute for Occupational Safety and Health (NIOSH) with your dose reconstruction. We would like to ask you some specific questions about the work history and radiation exposure of the energy employee represented by your claim.

I would also like to let you know that your participation is voluntary. If you would like to talk with us, the information collected will be treated in a secure manner and will not be disclosed, unless otherwise compelled by law. The information you provide to us will be shared with staff working for NIOSH and the Department of Labor (DOL), both of whom have roles in this compensation program. If you have any special needs for the call (to discuss classified information, hearing impairments, Spanish-speaking interview, etc.) we will make arrangements to meet those special needs.

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Feel free to call our toll-free number if you have any questions about this letter. 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 Questions**

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 speaking with you and asking the questions listed on the following pages.

These questions will provide you with the chance to let us know any additional information about the energy employees work history that might not be found in the exposure monitoring information we receive from the Department of Energy (DOE) or Atomic Weapons Employer (AWE). While we encourage all claimants to talk to us about the energy employee's work history, participation is voluntary. The information collected will be treated in a secure manner and will not be disclosed, unless otherwise compelled by law.

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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>
--------------------------





- 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:

The ORAU Team requests your help in reconstructing the radiation dose for [*name of covered employee*] on behalf of [*survivor claimant's name, if appropriate*]. The ORAU Team, the contractor assisting the National Institute for Occupational Safety and Health (NIOSH) with the dose reconstruction process, would like to talk with you in order to gather information concerning radiation exposure information for [*covered employee's or survivor claimant's name, as appropriate*] claim.

Your participation in this is voluntary. If you choose to talk with us, the information collected will be treated in a secure manner and will not be disclosed, unless otherwise compelled by law. The information you provide to the ORAU Team 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 when we talk with you (for example, hearing impairments, Spanish-speaking interview, etc.) ORAU will make arrangements to meet those special needs. After we have spoken with you, 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 telephone call, we have enclosed a list of the questions that will be covered. Please note that:

- You are not expected to answer or know all of the information in the questions. These questions cover a broad range of information. Also, we do not want or expect you to search for any of this information.
- We are giving you a copy of these questions so that you know what to expect during the call. While looking over the questions, you can jot down any thoughts you may have. You do not need to fill out the questions and return them to us. We will take the information from you over the phone.

When you have reviewed the enclosed questions and feel that you are ready to speak with us, please call the ORAU Team 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**  
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 talking with 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.

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. Some things to keep in mind with these questions on the following pages:

- You are not expected to answer or know all of the information in the questions. These questions cover a broad range of information. Also, we do not want or expect you to search for any of this information.
- We are giving you a copy of these questions so that you know what to expect during the call. While looking over the questions, you can jot down any thoughts you may have. You do not need to fill out the questions and return them to us. We will take the information from you over the phone.

This should take no more than an hour, although we may have to call you back for additional information. If we need to divide this into a couple of shorter calls, we can do that as well.

**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

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  
\_\_\_\_\_

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. \_\_\_\_\_