

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:

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 you provide will be treated in a confidential manner 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.

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.

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 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.
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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.

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			<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK _____
Cobalt			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK _____
Strontium/Yttrium			<input type="checkbox"/> S <input type="checkbox"/> L <input type="checkbox"/> G <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK _____
Technetium			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK _____
Iodine			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK _____
Cesium			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G <input type="checkbox"/> Y <input type="checkbox"/> 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

__L __S
__G
__Y
__N __DK

Uranium (natural)

__L __S
__G
__Y
__N __DK

Uranium(enriched)

__L __S
__Y __N
__DK

Neptunium

__L __S
__G
__Y
__N __DK

Plutonium

__L __S
__G
__Y __N
__DK

Americium

__L __S
__Y __N
__DK

Curium

__L __S
__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)?

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?

19.9 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 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

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 you provide will be treated in a confidential manner 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 know that your answers may be limited because many times, energy employees were not allowed to or did not talk about the work that they did.
- 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.
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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.

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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.

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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?

Building/Location

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

Radiation Monitoring

8. 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

10. 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 11, IF "YES":

10.1 Would you provide copies to us?

- Yes
- No

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

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:

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

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 you provide will be treated in a confidential manner 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.

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

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

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)?
- | | |
|--|-----------------|
| <input type="checkbox"/> Yes, urine | Frequency _____ |
| <input type="checkbox"/> Yes, fecal | Frequency _____ |
| <input type="checkbox"/> Yes, breath | Frequency _____ |
| <input type="checkbox"/> Yes, in-vivo/whole body count | Frequency _____ |
| <input type="checkbox"/> No | |
| <input type="checkbox"/> 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:

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. _____