OMB Control Number: 1218-0255 Expiration Date: 02/28/2017

## Background Information and Conflict of Interest Disclosure for Peer Reviewers Who Are Not To Be Appointed as Federal Employees: Short Form

For OS	SHA Task/Activity:						
	e see Appendix A for detailed definitions syment; 2)investing interests; 3) property						categories of 1)
Name	:						
Title:_							
Orgar	nization:						-
Phone	e:	Fax:					_
E-mai	l:	_					
Shipp	ing Address (No P.O. Boxes please):	Home	e	Work			
Street	::						
City:_	St	ate:	Posta	I/Zip Code	:		_
aspect o		ions for reduci	ing this bur	den, please s	end them to		
answe empha	activity you have been asked to participate in or the following questions. If you answer "ye asizing those areas that could raise question etitive advantage:	s" to any of t	he questio	ns, please	provide a f	ull explanat	tion, specifically
1.	To the best of your knowledge and belief and any of your and/or your spouse's service, that occurred in the past 24 mont	compensate					
	Yes No						
2.	To the best of your knowledge and belief and any of your and/or your spouse's re government agency, during the past 24 m	search supp					
	Yes No						

3.	To the best of your knowledge and belief, is there any connection between the subject chemical, agent, or topic and any consulting agreement that you and/or your spouse may have entered into in the past 24 months?					
	Yes No					
4.	To the best of your knowledge and belief, is there any connection between the subject chemical, agent, or topic and any expert witness activities engaged in by you and/or your spouse in the past 24 months?					
	Yes No					
5.	To the best of your knowledge and belief, have you, your spouse, or dependent child held in the past 24 months, any financial holdings (excluding well-diversified mutual funds and holdings with a value less than \$15,000) with any connection to the subject chemical, agent, or topic?					
	Yes No					
6.	Have you made any public statements or taken public positions on, or closely related to, the subject chemical, agent, or topic under review?					
	Yes No					
7.	Have you had previous involvement with the development of the document (or review materials) you have been asked to review?					
	Yes No					
8.	To the best of your knowledge and belief, is there any other information that might reasonably raise a question about actual or potential personal conflict of interest or bias (See Appendix A for factors to be considered in considering whether you have an actual or potential bias or conflict of interest.)?					
	Yes No					
9.	9. To the best of your knowledge and belief, is there any financial benefit that might be gained by you or your spous as a result of the outcome of this review.					
	Yes No					
in the	your period of service in connection with the activity for which this form is being completed, any changes nformation you provided, or any new relevant information, should be reported promptly by written or nic communication to the responsible entity contracting with you for your services.					
Nama:	Your signature Date					
ivallie.						
Review	ed by: Project Manager Date					

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