May 1, 2008

05-09-08A09:35 RCVD

National Institute for Occupational
Safety and Health
4676 Columbia Parkway, MS/C/46
Cincinnati, OH 45226-1998

RE: claim #

ATTN: Laurie Breyer,

My was an employee at Brookhaven National Laboratory in Upton, NY from

I am filing a request to be added to the Special Exposure Cohort class for Brookhaven National Laboratory profile was finished in August, 2007 and there are 97 pages of data from the DOE.

To the best of my knowledge, there was no internal monitoring for some individuals at Brookhaven National Laboratory and insufficient internal monitoring for the class in the early 1980's. My was involved in an incident during that time. came home one day to tell me that a person inspecting the badges wanted to know where had been because his badge was overexposed. mentioned that during one of the experiments on the equipment maintained, the warning light system indicating a radioactive area had not been activated and was in the area repairing some malfunction.
also mentioned that the equipment that repairing was still "hot".

Sincerely,

State of North Carolina
County of Wake
I, Rosalind R. Laitinen
a Notary Public of said County and State, do hereby certify
that
personally appeared before me this day and acknowledged the execution of the foregoing instrument.
Witness my hand and official seal, this the 6 day of May, 2008.
My Commission Expires: 2-18-09
Rosalind R. Laitinen

ROSALIND R. LAITINEN
NOTARY PUBLIC
WAKE COUNTY, N.C.

IMPORTANT: Petitions **DO NOT** need to be submitted by all potential members of a class of employees. ("Class" has a very specific legal meaning under the HHS rule. Petitioners should consider "class" to mean the group of employees who worked at the same DOE or AWE facility and who believe that [illegible] should be added to the Special Exposure Cohort). A single member of a class of employees, the survivor of a member, or an individual or entity authorized in writing by a member or survivor can petition on behalf of the entire class. Petitioners are not required by HHS to contact other members of the class or obtain their consent to submit a petition, although petitioners may wish to obtain information useful to the petition from other members of the class.

Instructions

Please read each of parts A — G in the form and complete only those parts appropriate to you, according to these instructions. A checklist has been provided on the last page of these instructions to help ensure that you have properly completed all of the sections applicable to you. Except for signatures, please **PRINT** all information clearly and neatly on the form.

If there is more than one petitioner, then each petitioner should complete those sections of parts A – C of the form that apply to them. Additional copies of the first two pages of this form are provided at the end of the form for this purpose. A maximum of three petitioners is allowed, but only one petitioner is required. Limiting the number of petitioners to three for each petition does not limit the number of members of the class covered by a petition, but will enable HHS to consider and decide petitions more efficiently.

If you need more space to provide additional information, use the continuation page provided at the end of the form and attach the continuation page(s) to Form B.

Part A

Petitioner Information: Complete Part A if you are an individual or entity authorized by an employee or a survivor to petition on behalf of a class of employees, as provided for under 42 CFR Part 83.7(c).

A.1 — Are you a contact person for an organization (other than a labor union): If you are a contact person for an organization, other than a labor organization, check Yes and go to A.2; if you are not a contact person, check No and go to A.3.

A.2 — Organization Information: If you are a contact person for a legally constituted organization, a firm, or another type of entity, enter the name of the organization and your position as the person who will serve as the principal contact with HHS for this petition. If you are NOT a contact person, leave this entry blank.

A.3 — Name of Petition Representative: Enter your full legal name (applies to both a contact person and an authorized representative of an energy employee or survivor).

A.4 — Address: Enter your current mailing address.

A.5 — Telephone Number: Enter the telephone number at which you can be reached from 8:00 am to 5:30 pm Eastern Standard Time on weekdays. Please specify more limited hours when you are available, if necessary.

A.6 — Email Address: (Optional) Enter your email address at work or home.

A.7 — Authorization: Check the box and attach the written authorization, as indicated A separate authorization form, "Petitioner Authorization Form", is available for this purpose.

If you are representing a survivor, go to Part B; if you are representing an employee, go to Part C.

Part B

Petitioner Information: Complete Part B if you are a Survivor of a former Energy Employee. Also complete this Part if you are an individual or entity (other than a labor organization) authorized by an employee or survivor to petition on behalf of a class of employees.

B.1 — Name of Survivor: Enter the full legal name of the survivor.

B.2 — Social Security Number: (Optional) Providing a Social Security Number is voluntary. Failure to disclose this number will not result in the denial of any right, benefit, or privilege to which you may be entitled. Personal information, like your social security number, will be protected under the Privacy Act.

Enter the Social Security Number of the survivor. If you are an authorized representative, make sure you have permission to enter the survivor's Social Security Number.

B.3 — Address: Enter the survivor's current mailing address.

If you are authorized to petition by an employee or a survivor under Part A of this form, you do not need to complete this entry.

B.4 — Telephone Number: Enter the telephone number at which the survivor can be reached from 8:00 am to 5:30 pm Eastern Standard Time on weekdays. Please specify more limited hours of availability, if necessary.

If you are authorized to petition by an employee or a survivor under Part A of this form, you do not need to complete this entry.

B.5 — Email Address: (Optional) Enter the survivor's email address at work or home.

If you are authorized to petition by an employee or a survivor under Part A of this form, you do not need to complete this entry.

B.6 — Relationship to Employee: Check the relationship of the survivor to the energy employee.

Go to Part C.

Part C

Petitioner Information: Complete Part C if you are an Energy Employee or a Survivor. Also complete this Part if you are an individual or entity (other than a labor organization) authorized by an employee or survivor to petition on behalf of a class of employees.

This section is to be completed by petitioners who are employees of DOE/AWE facilities or their survivors, or by petitioners authorized by employees or their survivors. This section does not have to be completed by labor organizations submitting a petition (labor organizations should complete Part D).

Please complete all the entries in this section, as applicable. The form allows for as many as three petitioners to provide this complete information if they so desire, but this is not necessary. We only require that a single petitioner provide complete information for this section.

C.1 — Name of Employee: Enter the full legal name of the energy employee.

C.2 — Former Name of Employee: If the employee had a different name at the time of employment at the DOE or Atomic Weapons Employer facility (for example, a maiden name), enter that name.

C.3 — Social Security Number: (Optional) Providing a Social Security Number is voluntary. Failure to disclose this number will not result in the denial of any right, benefit, or privilege to which you may be entitled. Personal information, like your social security number, will be protected under the Privacy Act.

Enter the Social Security Number of the energy employee. If you are an authorized representative, make sure you have permission to enter the employee's Social Security Number.

C.4 — Address: Enter the current mailing address of the energy employee.

If you are authorized to petition by an employee or a survivor under Part A of this form, you do not need to complete this entry.

C.5 — Telephone Number: Enter the telephone number at which the employee can be reached from 8:00 am to 5:30 pm Eastern Standard Time on weekdays. Please specify more limited hours of availability, if necessary.

If you are authorized to petition by an employee or a survivor under Part A of this form, you do not need to complete this entry.

C.6 — Email Address: (Optional) Enter the employee's email address at work or home.

If you are authorized to petition by an employee or a survivor under Part A of this form, you do not need to complete this entry.

C.7 —Employment Information Related to Petition: Enter the following employment information about this petition:

C.7a — Employee Number: Enter the employee number, if you know it. Not all employers assigned employee numbers.

C.7b — Dates of Employment: Enter the dates of employment at the facility (or approximate dates, if employment records are unavailable), from start date to end date.

C.7c — Employer Name: Enter the name of the employer.

C.7d — Work Site Location: Enter the location of the facility and work site relevant to the petition. Be as specific as possible about the work site, naming the specific building or work area if possible, as well as the facility location (e.g., Idaho National Engineering Laboratory).

C.7e — Supervisor's Name: Enter the Supervisor's name, if known.

Go to Part E.

Part D

Petitioner Information: Complete Part D if you are a labor organization.

This section is to be completed only by labor organizations submitting a petition on behalf of employees they represent or represented. If you are not such a labor organization, you should skip this part.

D.1 — Labor Organization Information: Enter the name of the labor organization and the position of the person who will serve as the principal contact with HHS for this petition.

D.2 — Name of Petition Representative: Enter the name of the official who will serve as the principal contact for HHS communications and inquiries regarding this petition.

D.3-D.5 — Contact Information: Enter the address, telephone number, and e-mail address of the labor official who will serve as the principal contact for HHS.

D.6 — Period during which labor organization represented employees covered by this petition: Enter dates as indicated. For active facilities at which your labor organization continues to represent employees, enter the date of the petition for the "end date." Please attach related documentation (e.g., relevant pages of labor-management contracts or NLRB certification).

D.7 — Identity of other labor organizations that may represent or have represented this class of Employees: Enter the names of any other labor organizations who may currently represent some members of the class of employees or have represented members of this class in the past, if you are aware of any. This information may assist HHS in contacting members of the petitioning class for information or to notify them, should HHS add their class to the Cohort.

Go to Part E.

Part E

Proposed Definition of Employee Class Covered by Petition

The information provided in this section will assist HHS in evaluating the petition. Petitioners should note that it is possible that, as HHS conducts its evaluation of a class, it may revise the definition proposed by the petitioner, making the class more expansive or more specific, and possibly combining the classes of several petitions or dividing the class of a single petition into two or more classes. Ultimately, HHS must define classes consistent with the criteria for determining whether or not the class should be added to the Cohort

E.1 — Name of DOE or AWE Facility: Enter the name of the DOE or AWE facility where the class of employees covered by this petition was employed.

NOTE: Although individual employees may have worked at more than one facility during their career, a petition must be specific to a class of employees at a single facility, as specified by the Act. It is acceptable to file petitions for more than one facility; however, you must file a separate petition for each facility.

E.2 — Locations at the Facility relevant to this petition: Name or describe the location(s) at the facility relevant to this petition; the locations where members of the class were exposed to radiation If the location does not have a name, such as a building number or floor or room of a building, describe the location by its more specific characteristics, such as the operation or process conducted there, or the equipment, fixtures, or facilities in that location. Be as specific as possible.

E.3 — List job titles and/or job duties of employees included in the class: List the job titles and/or job duties that characterize employees who you believe belong in the class, to the extent necessary to define the class.

Examples:

- If you can define the class by job duties alone, and you believe that anyone with such job duties should be included in the class, listing the job duties would be sufficient.
- If you believe all employees in a location during a period of time should be included in the class, regardless of job title or job duty, enter an "all" here instead of specifying job titles or job duties.
- However, if you believe that only persons with certain job duties involved in certain operations or processes should be included in the class, you must specify this.

The point is to define the class carefully and specifically, so that it includes all employees for whom you believe radiation doses cannot be estimated and whose health could have been endangered, and only such employees. To be certain your definition covers all employees that you intend to include, you may choose to list by name individuals who should be included in the class and who have not already been identified among the petitioners you have listed in this form.

E.4 — Employment Dates relevant to this petition: Enter the approximate or precise dates of the period of employment that applies to the petition. For example, the potential exposures to radiation may have occurred during a period of a certain operation, during a period when certain radiation protection policies were in place, during a period when radiation monitoring was omitted, or during a period for which exposure and monitoring records are lost.

E.5 — Is the petition based on one or more unmonitored, unrecorded, or inadequately monitored or recorded exposure incidents?: If the petition is based on one or more radiation exposure incidents for which exposures were unmonitored (unplanned events that resulted in radiation exposures, versus routine operations which may also result in radiation exposures), provide the date when the incident(s) began and ended and describe the incident(s) in as much detail as possible.

For example, you might describe the source of the radiation exposure or emission, its cause, the response to the incident, and the potential number of employees involved. You should report everything you know about the incident. NIOSH will use this information to identify the event and obtain additional information from the Department of Energy and other sources. If NIOSH finds it cannot confirm the occurrence of the event through information from the Department of Energy or any other sources, it will require that you obtain and provide medical evidence relating to the incident and/or one or more affidavits providing information about the incident, as provided under section 83.9(c)(3) of the Special Exposure Cohort Rule (42 CFR Part 83).

Go to Part F.

Part F

Basis for Proposing that Records and Information are Inadequate for Individual Dose Reconstructions

Complete at least one of the entries under this part. You are not required to complete more than one entry, *although you should complete more than one entry when such additional information is available to you.* This additional information may assist HHS in evaluating your petition.

F.1: Complete this entry if you are petitioning on the basis that certain radiation exposures and doses to the class were not monitored. By completing this entry, you do not need to establish (through documentation or affidavit) that there was no monitoring whatsoever, of any radiation exposures and doses incurred by the class of employees. You need only establish that some types of radiation exposures and doses incurred by the class were not monitored, or that during certain periods of time, certain operational procedures, or certain exposure incidents, the exposures and doses incurred by the class were not monitored.

For example, if the employees in the class were instructed to remove their radiation dosimetry badges for certain operations involving radiation exposures, this might qualify as unmonitored exposures, despite the fact that the employees might have routinely worn their radiation dosimetry badges during most operations. Similarly, if there was a period of time during an operation when there was no monitoring of internal doses, this might qualify as unmonitored exposures.

F.2: Complete this entry if you are petitioning on the basis that radiation monitoring records for members of the proposed class have been lost, falsified, or destroyed. Documentation or affidavits demonstrating that monitoring records are missing for a class of workers might be sufficient to indicate that the records have been lost or destroyed. Documentation or affidavits demonstrating differences between exposures or monitoring results and the current official records of these exposures or monitoring results might be sufficient to indicate that records might have been falsified. You should note, however, that records can be changed to reflect corrections to faulty monitoring results.

Also complete this entry if there is no information regarding monitoring, source, source term, or process from the site where the members of the proposed class worked.

By completing this entry, you do not need to establish (through documentation or affidavit) that there are no monitoring records whatsoever, for personal or area monitoring that was conducted for the class of employees, or that all the relevant records have been falsified. You need only indicate that the records relating to some types of radiation exposures and doses incurred by the class, or relating to certain periods of time, certain operations, or certain exposure incidents involving the class, have been lost, falsified, or destroyed, or that there is no such information.

F.3: Complete this entry if you are petitioning on the basis of an unpublished expert report addressing record limitations for the class of employees proposed in your petition. You are not required to use this approach to support your petition. Most petitioners are unlikely to be in a position to employ an expert to evaluate the limitations of DOE records on exposures to a particular class of employees. However, this is an option that might be used by some petitioners, particularly organizations. If you are considering this option, we suggest the expert you employ contact NIOSH before completing such an evaluation. NIOSH will ensure that the expert is aware of the availability of relevant information concerning the procedures by which NIOSH estimates radiation doses for cancer claims under the Act, including the HHS regulations on dose reconstruction methods (42 CFR Part 82) and related implementation guidelines.

F.4: Complete this entry if you are petitioning on the basis of a scientific or technical report that was published in a peer-reviewed journal or issued by a government agency of the Executive Branch of Government, or the General Accounting Office, the Nuclear Regulatory Commission, or the Defense Nuclear Facilities Safety Board. Federal agencies most likely to have funded or to fund such studies are DOE and NIOSH. It is possible that state environmental protection agencies might have funded such studies related to AWE facilities. Such reports are likely to have been issued either as scientific or technical reports available directly by request from government agencies or as research reports published in scientific journals.

Go to Part G.

Part G

Signature of Person(s) Submitting this Petition

Each petitioner should sign and date the petition as indicated. A maximum of three petitioners may sign the petition.

Summary of Form Requirements

To ensure that you have completed the required sections of the petition, please refer to the table below:

	Part A	Part B	Part C	Part D	Part E	Part F	Part G
Employee			X		X	X	X
Survivor		X	X		X	X	X
Authorized Representative	X	X (if applicable)	X		X	X	X
Labor				X	X	X	X

Appendix — Petitioner 2

If there is an additional petitioner (not a labor organization), he or she must complete the Appendix — Petitioner 2 and sign Section G of the original petition. Please refer back to pages 2 — 5 of this instruction set for more information on completing the appendix.

Appendix — Petitioner 3

If there is a third petitioner (not a labor organization), he or she must complete the Appendix — Petitioner 3 and sign Section G of the original petition. Please refer back to pages 2 — 5 of this instruction set for more information on completing the appendix.

Appendix — Continuation Page

The Continuation Page is provided for you if you need more space to provide additional information. Please photocopy as needed, and attach to the petition.

Public Burden Statement

Public reporting burden for this collection of information is estimated to average 300 minutes per response, including time for reviewing instructions, gathering the information needed, and completing the form. 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-E-11, Atlanta GA, 30333; ATTN:PRA 0920-0639. Do not send the completed petition form to this address. Completed petitions are to be submitted to NIOSH at the address provided in these instructions. Persons are not required to respond to the information collected on this form unless it displays a currently valid OMB number.

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) authorizes the President to designate additional classes of employees to be included in the Special Exposure Cohort (SEC). EEOICPA authorizes HHS to implement its responsibilities with the assistance of the National Institute for Occupational Safety (NIOSH), an Institute of the Centers for Disease Control and Prevention. Information obtained by NIOSH in connection with petitions for including additional classes of employees in the SEC will be used to evaluate the petition and report findings to the Advisory Board on Radiation and Worker Health and HHS.

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 for the processing of your petition or other purposes 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 to assist with the evaluation of SEC petitions; (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 forms and informational requests that you may receive from NIOSH in connection with the evaluation of an SEC petition.

Use of the NIOSH petition forms (A and B) is voluntary but your provision of information required by these forms is mandatory for the consideration of a petition, as specified under 42 CFR Part 83. Petitions that fail to provide required information may not be considered by HHS.

Special Exposure Cohort Petition
under the Energy Employees Occupational Illness Compensation Act

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
National Institute for Occupational Safety and Health

OMB Number: 0920-0639 Expires: 05/31/2007

Special Exposure Cohort Petition — Form B

Use of this form and disclosure of Social Security Number are voluntary. Failure to use this form or disclose this number will not result in the denial of any right, benefit, or privilege to which you may be entitled.

General Instructions on Completing this Form *(complete instructions are available in a separate packet)*:

Except for signatures, please **PRINT** all information clearly and neatly on the form.

Please read each of Parts A — G in this form and complete the parts appropriate to you. If there is more than one petitioner, then each petitioner should complete those sections of parts A – C of the form that apply to them. Additional copies of the first two pages of this form are provided at the end of the form for this purpose. A maximum of three petitioners is allowed.

If you need more space to provide additional information, use the continuation page provided at the end of the form and attach the completed continuation page(s) to Form B.

If you have questions about the use of this form, please call the following NIOSH toll-free phone number and request to speak to someone in the Office of Compensation Analysis and Support about an SEC petition: **1-800-356-4674.**

If you are:			
	☐ A Labor Organization,	Start at D	on Page 3
	☐ An Energy Employee (current or former),	Start at C	on Page 2
	☑ A Survivor (of a former Energy Employee),	Start at B	on Page 2
	☐ A Representative (of a current or former Energy Employee),	Start at A	on Page 1

A Representative Information — Complete Section A if you are authorized by an Employee or Survivor(s) to petition on behalf of a class.

A.1 **Are you a contact person for an organization?** ☐ Yes (Go to A.2) ☑ No (Go to A.3)

A.2 **Organization Information:**

Name of Organization

Position of Contact Person

A.3 **Name of Petition Representative:**

Mr./Mrs./Ms. First Name Middle Initial Last Name

A.4 **Address:**

Street Apt # P.O. Box

City State Zip Code

A.5 **Telephone Number:** ( ) -

A.6 **Email Address:**

A.7 ☐ Check the box at left to indicate you have attached to the back of this form written authorization to petition by the survivor(s) or employee(s) indicated in Parts B or C of this form. An authorization

If you are representing a Survivor, go to Part B; if you are representing an Employee, go to Part C.

Name or Social Security Number of First Petitioner.

B Survivor Information — Complete Section B if you are a Survivor or representative of a Survivor

B.1 **Name of Survivor:**

Mr./Mrs./Ms. First Name Middle Initial Last Name

B.2 **Social Security Number of Survivor:**

B.3 Address of Survivor:

Street Apt # P.O. Box

City State Zip Code

B.4 **Telephone Number of Survivor:**

B.5 **Email Address of Survivor:**

B.6 **Relationship to Employee:** ☑ Spouse ☐ Son/Daughter ☐ Parent ☐ Grandparent ☐ Grandchild

Go to Part C.

C Employee Information — Complete Section C UNLESS you are a labor organization

C.1 **Name of Employee:**

Mr./Mrs./Ms. First Name Middle Initial Last Name

C.2 **Former Name of Employee** (e.g., maiden name/legal name change/other):

N/A

Mr./Mrs./Ms. First Name Middle Initial Last Name

C.3 **Social Security Number of Employee:**

C.4 **Address of Employee** (if living):

Street Apt # P.O. Box

City State Zip Code

C.5 **Telephone Number of Employee:** ( ) N/A

C.6 **Email Address of Employee:** N/A

C.7 **Employment Information Related to Petition:**

C.7a Employee Number (if known):

C.7b Dates of Employment: Start End

C.7c Employer Name: Brookhaven National Labs

C.7d Work Site Location:

Upton, NY

C.7e Supervisor's Name:

Go to Part E.

Name or Social Security Number of First Petitioner:

D Labor Organization Information — Complete Section D ONLY if you are a labor organization

D 1 **Labor Organization Information:**

_____
Name of Organization

_____
Position of Contact Person

D.2 **Name of Petition Representative:**

_____

D.3 **Address of Petition Representative:**

_____
Street Apt # P.O. Box

_____
City State Zip Code

D.4 **Telephone Number of Petition Representative:** ( ) _____

D.5 **Email Address of Petition Representative:** _____

D.6 **Period during which labor organization represented employees covered by this petition** (please attach documentation): Start _____ End _____

D 7 **Identity of other labor organizations that may represent or have represented this class of employees** (if known):

_____

Go to Part E.

E. Proposed Definition of Employee Class

E.1 **Name of DOE or AWE Facility:** Brookhaven National Laboratory

E.2 **Locations at the Facility relevant to this petition:**

Entire Facility

E.3 **List job titles and/or job duties of employees included in the class. In addition, you can list by name any individuals other than petitioners identified on this form who you believe should be included in this class:**

all employees

E.4 **Employment Dates relevant to this petition:**

Start 1947 End present

Start End

Start End

E.5 **Is the petition based on one or more unmonitored, unrecorded, or inadequately monitored or recorded exposure incidents?:** ☐ Yes ☒ No

If yes, provide the date(s) of the incident(s) and a complete description (attach additional pages as necessary):

Go to Part F.

F. Basis for Proposing Complete Section F

Complete **at least one** of the following entries in this section by checking the appropriate box and providing the required information related to the selection. You are not required to complete more than one entry.

F.1 ☑ I/We have attached either documents or statements provided by affidavit that indicate that radiation exposures and radiation doses potentially incurred by members of the proposed class, that relate to this petition, were not monitored, either through personal monitoring or through area monitoring.

(Attach documents and/or affidavits to the back of the petition form.)

Describe as completely as possible, to the extent it might be unclear, how the attached documentation and/or affidavit(s) indicate that potential radiation exposures were not monitored.

see attached affadavit

F.2 ☑ I/ We have attached either documents or statements provided by affidavit that indicate that radiation monitoring records for members of the proposed class have been lost, falsified, or destroyed; or that there is no information regarding monitoring, source, source term, or process from the site where the employees worked.

(Attach documents and/or affidavits to the back of the petition form.)

Describe as completely as possible, to the extent it might be unclear, how the attached documentation and/or affidavit(s) indicate that radiation monitoring records for members of the proposed class have been lost, altered illegally, or destroyed.

see attached affadavit

Part F is continued on the following page.

F.3 ☐ I/We have attached a report from a health physicist or other individual with expertise in radiation dose reconstruction documenting the limitations of existing DOE or AWE records on radiation exposures at the facility, as relevant to the petition. The report specifies the basis for believing these documented limitations might prevent the completion of dose reconstructions for members of the class under 42 CFR Part 82 and related NIOSH technical implementation guidelines.

(Attach report to the back of the petition form.)

F.4 ☐ I/We have attached a scientific or technical report, issued by a government agency of the Executive Branch of Government or the General Accounting Office, the Nuclear Regulatory Commission, or the Defense Nuclear Facilities Safety Board, or published in a peer-reviewed journal, that identifies dosimetry and related information that are unavailable (due to either a lack of monitoring or the destruction or loss of records) for estimating the radiation doses of employees covered by the petition.

(Attach report to the back of the petition form.)

Go to Part G.

G Signature of Person(s) Submitting this Petition — Complete Section G.

All Petitioners should sign and date the petition. A maximum of three persons may sign the petition.

Signature [signature] Date 5/6/08

Signature Date

Signature Date

Notice: Any person who knowingly makes any false statement, misrepresentation, concealment of fact or any other act of fraud to obtain compensation as provided under EEOICPA or who knowingly accepts compensation to which that person is not entitled is subject to civil or administrative remedies as well as felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment or both. I affirm that the information provided on this form is accurate and true.

Send this form to:
SEC Petition
Office of Compensation Analysis and Support
NIOSH
4676 Columbia Parkway, MS-C-47
Cincinnati, OH 45226

If there are additional petitioners, they must complete the Appendix Forms for additional petitioners. The Appendix forms are located at the end of this document.

State of North Carolina
County of Wake
I, Rosalind R. Laitinen
a Notary Public of said County and State, do hereby certify
that
personally appeared before me this day and acknowledged the due execution of the foregoing instrument.
Witness my hand and official seal, this the 6 day of May, 2008
My Commission Expires: 2-18-09 Rosalind R. Laitinen

ROSALIND R. LAITINEN NOTARY PUBLIC WAKE COUNTY, N.C.

Name or Social Security Number of First Petitioner: 354-30-3430