

**Energy Employees Occupational Illness Compensation
Program Act (EEOICPA)
Occupational History Interview**

Miners/Millers/Ore Transporters

Section 1: INTRODUCTION			
Claim Number	Employee Name	DOL District Office	Interview Date/Time
Interviewer Name	Interviewee Name:	Relationship to Employee	
Do I have your consent to conduct this interview?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Section 2: EMPLOYEE PERSONAL HEALTH HISTORY

Please the appropriate response.
If yes, indicate relationship. *S- Self* *P- Parent* *G-Grandparent*

	Yes	No	Unsure	Relationship
Heart disease or Heart Attack				
Asthma				
High Blood pressure				
Anemia or Blood Disorders				
Diabetes				
Stroke				
Memory Problems				
Kidney Disease*				
Liver Disease*				
Skin Disease*				
Arthritis				
Sterility/Infertility**				
Cancer				
Specify Type(s):				
Other:				
(Specify Diagnosed Condition):				

* Note that we are asking about diseases other than cancer. If you have been diagnosed with a cancer of this organ, please refer to question, 'Cancers,' and note the organ involved in the space provided for specific type.
 ** Does not mean loss of sexual activity with old age.

Section 3: TOBACCO AND ALCOHOL HISTORY

Did the Employee Ever Use Tobacco products? (Cigarettes, Cigars, pipe, Snuff, Chewing Tobacco)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type:
	Age began	Age Stopped
	Average number used per day:	
Did applicant Ever consume Alcoholic Beverages?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type:
	Age began	Age Stopped

**Section 4: NON-URANIUM MINING, MILLING, ORE TRANSPORTING
WORK HISTORY**

1. Please list jobs held before or after employed at/or as Mine, Miller or as an Ore Transporter.
2. Please list your jobs in employer order, starting with the most recent.

Employer	Job Title(s)/Description(s)	Beginning (mm/yy)	Ending (mm/yy)

**Section 5 → Section 8
MUST be Completed for
EACH claimed Mining
Milling/Ore Transporting
Operation**

Section 5 (A): DOE/AEC MINING, MILLING OR ORE TRANSPORTING OPERATIONS (Please complete Section 5 (A)→Section 8 for each operation)

1. DOE/AEC Mining, Milling or Ore Transport Operations:

2. Name of Contractor or Subcontractor and Claimed Employment Dates:
(List all employers and corresponding dates of employment)

Mine, Mill, Ore Transport Owner/Operator	Approximate Employment Dates (mm/yy)

Have you ever participated in a Worker Screening Program or Epidemiological Study? Yes No
If so describe who performed screening and location:

Section 5 (B): LABOR CATEGORY

Any that apply (Note work category; activity was surface or underground; and approx date of employment)

<input checked="" type="checkbox"/>	Work Category	Underground or Surface	Approximate dates of Employment (Example:11/59 – 02/65)
	Mining Occupations		
	Drill Operator		
	Powder Man		
	Shooter		
	Slusher Operator		
	Loader		
	Superintendent		
	Foreman		
	Mucker Operator		
	Electrician		
	Mechanic		
	Jack Leg Operator		
	Shuttle Operator		
	Track Man		

	Work Category	Underground or Surface	Approximate dates of Employment (Example:11/59 – 02/65)
	Raise Driver		
	Cage Operator		
	Rock bolter		
	Scaler		
	Laborer/Helper		

	Mill Occupations		
	Superintendent		
	Engineer		
	Office Worker		
	Uranium Black Cake Operator		
	Uranium Furnace Operator		
	Foreman		
	Sampler		
	Loader		
	Crusher Operator		
	Pug Mill Operator		
	Laborer/Helper		
	Aerofall Mill Operator		
	Ball Mill Operator		
	Bucking Operator		
	Mteallurgist		
	Technician		
	Ion Exchange Operator		
	IX Operator		
	Bull Gang		
	Acid Leach Operator		
	Carbonate Leach Operator		
	Maintenance		
	Electrician		
	Mechanic		
	Powerhouse Operator		
	Roaster Operator		
	Dryer Operator		
	Chemist		
	Precipitation Operator		
	Yellow Cake Operator		
	Bagger		

	Ore Transport Occupations		
	Bulldozer Operator		
	Ore Receiver		

<input checked="" type="checkbox"/>	Work Category	Underground or Surface	Approximate dates of Employment (Example:11/59 – 02/65)
	Ore Transfer Man		
	Truck Driver		
	Weigh Master		
	Scale House Operator		
	Loader Operator		
Other (List all other positions held)			

Section 5 (C): UNION AFFILIATION
Please All Unions to which you belonged.

- | | | |
|---|---|---|
| <input type="checkbox"/> Carpenters' Union | <input type="checkbox"/> OCAW | <input type="checkbox"/> Steel Worker's Union |
| <input type="checkbox"/> IAM | <input type="checkbox"/> Operating Engineers' Union | <input type="checkbox"/> Teamsters' Union |
| <input type="checkbox"/> IBEW | <input type="checkbox"/> Painter's Union | <input type="checkbox"/> United Mine Workers |
| <input type="checkbox"/> IGAN (Guards' Union) | <input type="checkbox"/> Plumbers' and Pipefitters' Union | <input type="checkbox"/> Other Union |
| <input type="checkbox"/> Ironworkers' Union | <input type="checkbox"/> Sheet metal workers' Union | Name of Union:
_____ |
| <input type="checkbox"/> Laborers' Union | | |

Section 6: WORK AREAS

Please note years of employment and frequency in which the employee was performing specific type of mine related work activity.

Use the following key to fill in the "Frequency" box:

3 Daily or most days per week
2 Few times per month
1 Once per month or less

Area of Mine	Years of Employment	Frequency Pick 1-3
Production		

Area of Mine	Years of Employment	Frequency Pick 1-3
Drilling/Shooting		
Maintenance (INBY)		
Maintenance (OUTBY)		
Maintenance (SETUP)		
Crushing/Milling		
BathHouse		

Area of Mill	Years of Employment	Frequency Pick 1-3
Extraction		
Sampling Lab		
Grinding/Crushing		
Acid Leaching		
Carbonate Leaching		
Concentration/ Purification		
Separation/Precipitation		
Handling, Storage, and Shipping		
Mill Support, and Maintenance		
Tailings		

Additional Information:

Section 7: PERSONAL PROTECTIVE EQUIPMENT (PPE)

Description	Please <input checked="" type="checkbox"/> if Utilized	Please <input checked="" type="checkbox"/> Frequency of Use		
		Often /Always	Sometimes	Infrequent/Never
Apron or lab coat				
Respiratory Protection				
Supplied air or SCBA (Self Contained Breathing Apparatus)				
Face mask with filter/cartridges Type:				
Disposable mask				

Gloves Type:				
Eye Protection				
Safety Glasses				
Face Shield				
Goggles				
Radiation monitoring:				
Radiation monitoring badge (including film badge)				
Pencil/Pocket dosimeter				
Extremity (finger or wrist) monitor				
none worn				
other (describe):				
Uniform or Company Provided Clothing laundered by plant or third party				
Own clothing and own laundering				

Please describe the work situations and exposures where employee used PPE noted above:

Were there times when you felt you should have worn any of the above protective equipment but did not? Yes No

If Yes, Please explain:

Section 8: EXPOSURE INFORMATION

1. For each section please review the identified agent and indicate if the employee is aware of exposure
2. Indicate the approximate number of years known to be exposed
3. Indicate if the employee "processed" the agent (i.e. machined, polished, mixed or poured)

METALS			
Agent	Please <input checked="" type="checkbox"/> if You Were Exposed to This Metal	Approximate Numbers of Years Exposed	Please <input checked="" type="checkbox"/> if You Ever Processed (Machine, Drill, Grind, Polish) This Metal
Arsenic			
Beryllium			
Cadmium			
Chromium			
Cobalt			
Copper			
Iron			

Iron Oxide			
Lead			
Manganese			
Mercury			
Molybdenum			
Nickel			
Rhenium			
Scandium			
Selenium			
Silver			
Uranium			
Vanadium			
Zirconium/Zircalloy			
Other			

In what job titles were you exposed to metals? (select job titles from Section 5B--Labor Category)		
1.	2.	3.
4.	5.	6.

HIGH EXPLOSIVES			
Agent	Please <input checked="" type="checkbox"/> if Exposed	Approximate Numbers of Years Exposed	Please <input checked="" type="checkbox"/> if Employee Processed (melt, mix, pour) the Agent
A-6			
ANFO			
Baritol (Barium Nitrate+TNT)			
Boracitol (TNT+Boric Acid)			
CH6			
Comp B (TNT+ RDX)			
HMX			
LX-04-1 , LX-07-2(HMX+Viton A)			
LX-09 (HMX+ pDNPA+ FEFO)			
Octol			
PETN			
PBX			
RDX			
TNT			
XTX (PETN+ Silicone Rubber)			
Other Explosives			

In what job titles were you exposed to explosives? (select job titles from Section 5B--Labor Category)
--

1.	2.	3.
4.	5.	6.

SOLVENTS AND CHEMICALS

Agent	Please <input checked="" type="checkbox"/> if Exposed	Approximate Numbers of Years Exposed	Please <input checked="" type="checkbox"/> if Employee had Skin Contact
Acetone			
Acetonitrile			
Acids			
Alcohols			
Ammonia			
Benzene			
Butane			
Calcium Carbonate			
Carbon tetrachloride (Carbon Tet)			
Dimethylformamide (DMF)			
Ethers			
Hydrogen Fluoride			
Kerosene			
Methyl chloroform			
Methyl ethyl ketone (MEK)			
Methyl isobutyl ketone (MIBK)			
Methylene chloride (Stripease)			
Nitrogen Oxide			
Perchloroethylene			
Sodium Bicarbonate			
Sodium Carbonate			
Sodium Hydroxide			
Sulfides			
Sulfuric Acid			
Toluene			
Trichloroethane			
Trichloroethylene (TCE)			
Xanthate (Xanthic Acid)			

RADIATION

In what job titles were you exposed to solvents or chemicals? (select job titles from Section 5B Labor Category):

1.	2.	3.
4.	5.	6.

RADIATION

Agent	Please <input checked="" type="checkbox"/> if Exposed	Approximate Numbers of Years Exposed
--------------	--	---

Cesium		
Californium		
Cobalt machine		
Plutonium		
Polonium		
Protactinium		
Radium		
Thorium (Ionium – 230)		
Tritium		
Uranium		
Depleted Uranium		
X-ray machine/Source radiography		
Other Source:		

1. Where you ever involved in a major accident or incident at the site (include approximate dates and description of event)? Yes No

Describe:

2. Did you ever have your urine tested to measure radiation exposure? Yes No

In what job titles were you exposed to radiation? (select job titles from Section 5B--Labor Category)

1.	2.	3.
4.	5.	6.

PLASTICS / ADHESIVES/ RESINS

Agent	Please <input checked="" type="checkbox"/> if Exposed	Approximate Numbers of Years Exposed	Please <input checked="" type="checkbox"/> if Ever Processed or otherwise Directly Handled
Adiprene			
Foams			
Isocyanates (TDI)			
MOCA			
Other			

Did you ever have urine or other medical tests for MOCA exposures? 4,4'-Methylene-bis(2-chloroaniline)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
In what job titles were you exposed to plastics or binders? (select job titles from Section 5B Labor Category)			
1.	2.	3.	
4.	5.	6.	

DUSTS / FIBERS		
Agent	Please <input checked="" type="checkbox"/> if Exposed	Approximate Numbers of Years Exposed
Asbestos (pipe wrap, asbestos board)		
Coal Dust		
Diesel Particulate		
Fiberglass / Glass Wool / Mineral Fibers		
Metal Dusts		
Silica (sand blasting, masonry, concrete)		
Other		

In what job titles were you exposed to dusts or fibers? (Select from list of job titles listed in Section 5B-- Labor Category):		
1.	2.	3.
4.	5.	6.

Other Toxic Substances		
Agent	Please <input checked="" type="checkbox"/> if Exposed	Approximate Numbers of Years Exposed
In what job titles were you exposed to plastics or binders? (select job titles from Section 5B Labor Category)		
1.	2.	3.
4.	5.	6.

Do you believe all information relevant to your occupational history was addressed? Yes No
If no, please provide explain:

**THANK YOU
FOR
YOUR PARTICIPATION AND TIME**