

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

Section 1: INTRODUCTION			
Employee SSN	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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Section 2: EMPLOYEE PERSONAL HEALTH HISTORY				
Please check the appropriate response. If yes, indicate relationship.				
	Yes	No	Unsure	Relationship (S-Self, P-Parent, G-Grandparent)
Heart disease or Heart Attack				
High Blood pressure				
Anemia or Blood Disorders				
Diabetes				
Stroke				
Memory Problems				
Kidney Disease*				
Liver Disease*				
Skin Disease*				
Arthritis				
Sterility/Infertility**				
Lung Disease Specify Type (i.e., Asthma, Emphysema):				
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 "Specified 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:
	Average number drank per week	

Section 4: NON-DOE WORK HISTORY

1. Please list jobs held before or after the employee worked at the DOE Facility.
2. Please list the jobs in employer order, starting with the most recent.

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

**Section 5A → Section 8
MUST be Completed for
EACH claimed DOE
Facility**

Section 5 (A): DOE FACILITY (Please complete Section 5 (A) –Section 8 for each DOE facility)

1. DOE Facility:

2. Name of Contractor or Subcontractor and Claimed Employment Dates:

(List all employers and corresponding dates of employment)

Contractor/Subcontractor	Claimed Employment Dates (mm/yy)

Section 5 (B) DOE FORMER WORKER SCREENING PROGRAM

Was the employee a participant in a DOE screening program? if yes, please site and note worker population screened(production vs. construction) (* denotes “New” program)

No Unknown

- Amchtika
- Rocky Flats
- Idaho National Labs (Production__Construction* __)
- Nevada Test Site
- Los Alamos Nat. Labs
- INEEL (Production__Const* __)
- Portsmouth (Production__Const__)
- SRS (Production__Const__)
- Oak Ridge K25 (Production__Const.__)
- Oak Ridge Y-12 (Production__Const__)
- Iowa Army Ammunition Plant.
- Paducah Gaseous (Production__Const__)
- Pantex
- Hanford (Production__Const__)

- Mound* (Production__Const__)
- Fernald*(Production__Const__)
- Fermi National Accel.*
- Argonne National Lab*
- Ames Laboratory*
- Kansas City Plant* (Production __Construction__)
- Lawrence Livermore*
- Lawrence Berkley *
- Pinellas* (Production__Constuction__)
- Princeton Plasma Physics*
- Sandia Nat. Labs*
- Brookhaven Nat. Labs*
- Supplemental Care Program*
- Rocky Flats Former Worker Medical Surveillance Pr
- Former Beryllium Worker Medical Surveillance Prog
- Former Beryllilum Vendor Employee Medical Screening Program (remember MUST ALSO BE Designated as DOE facility)
- Fernald Settlement Fund

Section 5 (C): LABOR CATEGORY (While employed at a DOE Facility)

Any that apply

	Work Category	Approximate dates of Employment (Example: 11//59 – 02//65)
<i>Crafts</i>		
	Carpenter	
	Electrician	
	Heating, Ventilating, Air-conditioning maintenance	
	Machinist	
	Mason	
	Mechanic, Instrumental	
	Mechanic, Maintenance	
	Mechanic, Vehicle	
	Millwright	
	Painter	
	Plumber and/or Pipefitter	
	Structural and Metal Worker	
	Tool and Die Maker	
	Welder	
<i>Engineers</i>		
	Chemical Engineer	
	Civil Engineer	
	Construction Engineer	
	Electrical Engineer	
	Industrial Engineer	
	Mechanical Engineer	
	Quality Control Engineer	
	Safety Engineer	
<i>General Managers, Supervisors, and Project Managers</i>		
	First line supervisor	
	General manager or Executive	
	Project or Program Manager	
<i>Laborers and General Service Workers</i>		
	Change House Attendant	
	Decontamination /Decommissioning (D&D) worker	
	Firefighter (includes HAZMAT, firefighter/paramedic)	
	Food Service Worker	
	Janitors and Cleaners	
	Laundry Workers	
	Landfill worker	
	Locksmith	
	Handler, Helper, and Laborer (General)	

	Work Category	Approximate dates of Employment (Example:11//59 – 02//65)
	Light Vehicle Driver	
	Security Officer	
	Security Specialist	
	Truck Driver	
<i>Operators</i>		
	Chemical System	
	Component	
	Driller	
	Explosive Storage Operator	
	Material moving equipment operator	
	Production Systems	
	Utilities operator	
<i>Scientists</i>		
	Chemist	
	Environmental Scientist	
	Geologist	
	Materials Scientist	
	Social Scientist	
<i>Technicians</i>		
	Computer Repair and/or Setup	
	Drafter	
	Engineering Technician	
	Environmental Sciences Technician	
	Fire Systems Testing Technician	
	Industrial Safety and Health Technician	
	Laboratory Technician	
	Quality Control Technician	
	Test Fire Technician	
	X-Ray Technician	
<i>General Administrative and Professional Administrative</i>		
	Accountant or Auditor	
	Buyer, Procurement and Contracting Specialist	
	Compliance Inspector	
	Industrial Hygienist	
	Lawyer	
	Physician	
	Nurse	
	Security Specialist	
	Administrative Assistant	
	Office Clerk	
	Secretary	
	Typist or Word Processor	
<i>Other (List all other positions held)</i>		

	Work Category	Approximate dates of Employment (Example:11//59 – 02//65)

Section 5 (D): UNION AFFILIATION

Please All Unions to which you belonged.

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

Section 6: WORK AREAS (Building Name and Function)

Please note, the building, work activity, years of employment and frequency in which the employee was performing type of work activity in the identified location. If building name of number is unknown, please mark "unknown" and provide description of activities occurring in building.

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

- 5 Daily or most days per week
- 4 2-3 days per week
- 3 1-2 days per week
- 2 Few times per month
- 1 Once per month or less

Building Number/Name or Description	Work Activity	Years of Employment	Frequency Pick 1-3
<i>Example: C200 or Process Bld</i>	<i>Maintenance</i>	<i>1952-58</i>	<i>3</i>

Building Number/Name or Description	<i>Work Activity</i>	Years of Employment	Frequency Pick 1-3

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				
Full protective suit				
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
Beryllium			
Cadmium			
Chromium			
Lead			
Manganese			
Mercury			
Nickel			
Zirconium/Zircalloy			
Other			

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

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

RADIOLOGICAL

Agent	Please <input checked="" type="checkbox"/> if Exposed	Approximate Numbers of Years Exposed
Cesium		
Californium		
Cobalt machine		
Plutonium		
Polonium		
Tritium		
Uranium		
Depleted Uranium		
X-ray machine		
Other radiation Source:		

1. Where you ever involved in a major accident or incident at the site? Yes No
 Describe incident include approximate dates and locations if possible:

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 5C--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			
MOCA			
Isocyanates (TDI)			
Foams			
Other			
Did you ever have urine or other medical tests for MOCA exposures? 4,4'-Methylene-bis(2-chloroaniline)			<input type="checkbox"/> Yes
In what job titles were you exposed to plastics or binders? (select job titles from Section 5C Labor Category)			<input type="checkbox"/> No
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)		
Silica (sand blasting, masonry, concrete)		
Coal dust		
Fiberglass / glass wool / mineral fibers		
Other, metal dusts		

In what job titles were you exposed to dusts or fibers? (Select from list of job titles listed in Section 5C-- Labor Category):

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

Other Toxic Substances

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



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**