

How many hours per week did your job involve potential exposure to radiation and/or radioactive materials? _____ hrs/week

4. Which buildings or locations did you work in, for each of your routine duties?

Building/Location	Duties

5 Describe what you did on the job, as routine duties.

Obtain additional details on duties, as necessary:

5.1 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.

Radionuclide	Response	Isotope(s) if known	Form		
Tritium	Y N DK		S	L	G
Co	Y N DK		S	L	G
Sr/Y	Y N DK		S	L	G
Tc	Y N DK		S	L	G
I	Y N DK		S	L	G
Cs	Y N DK		S	L	G
Tl	Y N DK		S	L	G
Pb	Y N DK		S	L	G
Po	Y N DK		S	L	G
Rn (progeny)	Y N DK		S	L	G
Ra	Y N DK		S	L	G
Ac	Y N DK		S	L	G
Eu	Y N DK		S	L	G
Th (natural)	Y N DK		S	L	G
Pa	Y N DK		S	L	G
U (natural)	Y N DK		S	L	G
U (enriched)	Y N DK		S	L	G
Np	Y N DK		S	L	G
Pu	Y N DK		S	L	G
Am	Y N DK		S	L	G
Cm	Y N DK		S	L	G

Cf

Y N DK

S L G

Others

___(1)
___(2)
___(3)

___S ___L ___G
___S ___L ___G
___S ___L ___G

5.2 What quantities of radioactive materials were present or processed (ounces, pounds, kilograms, drums) over what time periods? _____

5.3 What types of production processes involving radioactive materials occurred in areas where you worked? _____

5.4 What types of radiation-generating equipment were present or used (e.g., neutron devices, radiography equipment)? _____

5.5 What specific tasks did you perform, using what types of radioactive materials (in what quantities), and/or radiation generating equipment? _____

5.6 What exposure/contamination control measures were used to protect you?

<u>Measure</u>	<u>Frequency of use</u>		
___ Hoods	___ Always	___ Sometimes	___ Never
___ Glove boxes	___ Always	___ Sometimes	___ Never
___ Shielding	___ Always	___ Sometimes	___ Never
___ Other enclosures (explain)	___ Always	___ Sometimes	___ Never
___ Local ventilation	___ Always	___ Sometimes	___ Never
___ Anti-contamination clothing	___ Always	___ Sometimes	___ Never
___ Respirators	___ Always	___ Sometimes	___ Never
___ Other personal protective equipment (specify)	___ Always	___ Sometimes	___ Never
___ Showers	___ Always	___ Sometimes	___ Never

5.7 Did you conduct your work under a radiation work permitting system?

___ Yes
___ No
___ Don't know

IF "NO" OR "DON'T KNOW", GO TO QUESTION 6, IF "YES":

5.8 During what time period(s)? _____

6.4 Where on your body was your badge worn?

Time Period Body Location

_____	_____
_____	_____
_____	_____
_____	_____

7. Did you participate in a biological radiation monitoring program (urine/fecal/breath)?

- Yes, urine
- Yes, fecal
- Yes, breath
- No
- Don't know

8. Do you have copies of your dosimeter badge or biological monitoring records?

- Yes, badge
- Yes, biological
- No

IF "NO" GO TO QUESTION 9, IF "YES" :

8.1 Would you provide copies to us? Yes
 No

IF "YES" GO TO QUESTION 9, IF "NO" EXPLAIN THE IMPORTANCE OF THIS INFORMATION AND ADDRESS ANY CONCERNS, AS FEASIBLE. IF THE ANSWER REMAINS "NO":

8.2 Why not? _____

9. Did you routinely survey yourself (frisk) for external contamination?

IF "NO" GO TO QUESTION 10, IF "YES":

9.1 When did you survey yourself, before or after showering? Before
 After

10. Was there general area air monitoring for radiation performed in the work environment?

- Yes
- No
- Don't know

IF "NO" OR "DON'T KNOW" GO TO QUESTION 11, IF "YES":

When (over what time periods) did this occur? _____

11. 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 12, IF "YES":

When did these occur? _____

IF CLAIMANT WORKED AT FERNALD, MALINCKRODT, OR FUSRAP, OR IF THE CLAIMANT RESPONDED IN QUESTION 4 THAT HE WORKED WITH RADIUM AND/OR THORIUM, ASK THE FOLLOWING QUESTION; IF NOT, GO TO QUESTION 13:

12. 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 13, IF "YES":

12.1 Which buildings or areas? _____

13. Were you ever restricted from the workplace or certain job duties because you had reached a radiation dose limit? Yes

No

Section 5: Radiation Incidents

I need to ask you about any radiation exposure or contamination incidents that may have occurred while you were in this job. For each incident you may recall, I'll ask a series of questions:

4. Were you ever involved in an incident involving radiation exposure or contamination?

Yes

No

IF "NO" GO TO QUESTION 15, IF "YES" ASK THE FOLLOWING QUESTIONS FOR EACH INCIDENT IDENTIFIED:

14.1 What happened and when? _____

Which radioactive materials were involved, and in what form and quantity? _____

Which radiation-generating equipment was involved? _____

Where did it take place? _____

Who was involved? _____

What actions were taken to remedy the exposure or contamination? _____