Conflict or Bias Disclosure Form

Identification			
1. Name of Individual or Corp	orate Entity:	Stuart Hinnefeld	
2. Name of Employer:	NIOSH		
3. Today's Date: January 10, 2007			
4. Site/Facilities addressed or	n this form	See Attached	
Questions to Identify a Cor	nflict or Bias		
1. Are you ¹ currently engaged Energy (DOE)? Check Yes or	l in any capacit No.	y (paid or unpaid) by the U.S. Department of	
		VE and other federally-owned or -operated sites. For perated sites category shall be referred to in this	
function for any site. If yes, plea	ase provide detai	the COB cannot perform any key Program ils about each DOE location (specific site or sites) on of your activities for DOE, and whether you are	
No X proceed to Ques	stion 2.		
2. Do you, or did you, work ei site? Check Yes or No.	ther <u>at</u> or <u>for</u> th	is DOE or Atomic Weapons Employer (AWE)	
	entation of radiatio	ntractor or site subcontractor that includes n protection and/or health physics program policies, ctivities at the site.	
	tes. Please prov	vith the COB cannot perform a key Program ide details below about the DOE or AWE site(s)	
No <u>X</u> , proceed to Ques	etion 3.		

¹ For purposes of completing this form, "you" refers to an individual or an employer (depending on which party is completing the form).

3. Do you, or did you, work for any of the past or current operators of this site? Check Yes or No. "Operator" refers to the governmental and/or corporate entities responsible for performing and overseeing day-to-day activities at the site, and includes work, as defined above, performed by the operator's (sub)contractors ___, provide the names of the past or current operators, the name of the site that the operator did or does administer and the specific times (starting and stopping dates) that you worked, or continue to work, for the operator and proceed to Question 4. No X proceed to Question 6. 4. During the time you worked for that operator, was that operator responsible for this site? Check Yes or No. Yes _____, proceed to Question 5. No _____, proceed to Question 6. 5. Did your work for the operator have an impact on this site? Check Yes or No. "Impact" means that your work involved decision-making authority over management, direction, or implementation of radiation protection and/or health physics program policies, procedures or practices related to atomic weapons activities at the site. __, then a COB exists and the individual with the COB cannot perform a key Program function for this site or sites. Please provide details about the nature of the impact your work for the operator had on the site below. Stop. No _____, proceed to Question 6. 6. Did you work for DOE in the past? Check Yes or No. "Work for DOE" does not include work, as defined above, for DOE of less than four months' continuous duration as a student intern, graduate fellow or in another primarily educational capacity. It also does not include having received a financial stipend from DOE for graduate study, a fellowship in the context of an established DOE fellowship program intended to support graduate-level work, or receipt of a federal government retirement pension for prior DOE service. ____, please provide details about each DOE location (specific site or sites) you worked for in the past and a description of your work for DOE (you may use a checklist listing DOE/AWE

sites) and then proceed to Question 7.

NoX, proceed to Question 8.
7. Did your work for DOE have an <u>impact</u> on the site which is the subject of the key Program function document? Check Yes or No.
"Impact" means that your work involved decision-making authority over management, direction, or implementation of radiation protection and/or health physics program policies, procedures or practices related to atomic weapons activities at the site.
Yes, then a COB exists and the individual with the COB cannot perform a key Program function for this site or sites. Please provide details below about the nature of the impact your work for the operator had on the site. Stop.
No, then proceed to Question 8.
8. Do you have a familial relationship, or a supervisory or subordinate work relationship with an EEOICPA claimant whose claim involves this site? Check Yes or No.
"Familial relationship" encompasses a current spouse, child, parent, sibling or grandparent that worked at o for the site; or any survivors a current spouse, child, parent, sibling or grandparent that are eligible to file claims under the Program.
"Supervisory or subordinate work relationship" is one where (a) the individuals in question are/were in the same reporting chain and within two organizational levels of one another; <u>and</u> (b) "Work" means employment at or for the site, site contractor or site subcontractor that includes management, direction, or implementation of radiation protection and/or health physics program policies, procedures or practices related to atomic weapons activities at the site.
Yes, then a COB exists and the individual with the COB cannot perform a key Program function for this site or sites. Please provide below details about the nature of your relationship with the EEOICPA claimant. Stop.

NoX , then proceed to Question 9.
9. Do you have a familial relationship, or supervisory or subordinate work relationship with anyone who has had an impact, during the time period covered by the key Program document, related to the site which is the subject of the key Program function document? Check Yes or No.
Yes, then proceed to Question 10.
No X , then proceed to Question 11.
10. If you have a subordinate relationship to someone who has (had) an impact on the site, has a different person been designated to review your job performance as it relates to the site? Check Yes or No.
Yes, a COB does not exist. Proceed to Question 11. No, then a COB exists and the individual with the COB cannot perform a key Program function for this site or sites. Please provide more detailed information about your relationship with the person having an impact on the site. Stop.
11. Do or did you have a familial, financial or non-financial professional (e.g., providing expert advice) relationship with any attorney at the time the attorney represented an EEOICPA claimant, DOE or the operator?
Yes, then a COB exists and the individual with the COB cannot perform a key Program function for this site or sites. Please provide details about the relationship with the attorney, to include (if applicable) a list of cases for which you assisted the attorney as well as the names of parties on whose behalf you testified or otherwise provided assistance. Stop.
No X then a COB does not exist

Additional Details for Disclosure Questions 1-11

Please specify the number of the question(s) for which you are giving additional details.

Item 9. I have a supervisory work relationship with employees who may have had an impact on the following sites: Savannah River, Ashland Oil, Feed Materials Production Center (FMPC), Los
Alamos, Paducah Gaseous Diffusion Plant, Oak Ridge National Lab (X-10), Oak Ridge Gaseous Diffusion Plant (K-25), the Y-12 Facility, Portsmouth Gaseous Diffusion Plant, Tennessee Valley Authority, and the University of Florida. However, none of those subordinates will serve in key
Program functions for their respective "conflicted" sites, so my actions with respect to these sites will not be affected by these supervisor-subordinate relationships.

Name: Stuart Hinnefeld Date: January 10, 2007

	Covered Site	City	State
Χ	Ashland Oil	Tonawanda	NY
Χ	Feed Materials Production Center (FMPC)	Fernald	ОН
Χ	Los Alamos National Laboratory	Los Alamos	NM
Χ	Mound Plant	Miamisburg	ОН
Χ	Oak Ridge Gaseous Diffusion Plant (K-25)	Oak Ridge	TN
Х	Oak Ridge National Laboratory (X-10)	Oak Ridge	TN
Χ	Paducah Gaseous Diffusion Plant	Paducah	KY
Х	Portsmouth Gaseous Diffusion Plant	Piketon	ОН
Х	Savannah River Site	Aiken	SC
Х	University of Florida	Gainesville	FL
Χ	Y-12 Plant	Oak Ridge	TN