

# Conflict or Bias Disclosure Form

## Identification

Name of Individual or Corporate Entity: John J. Johnson  
Name of Employer: NIOSH/OCAS  
Today's Date: 1/11/2007  
Sites/Facilities addressed on this form: University of Florida

## Questions to Identify a Conflict or Bias

1. Are you<sup>1</sup> currently engaged in any capacity (paid or unpaid) by the U.S. Department of Energy (DOE)? Check Yes or No.

“Site” and “facility” are defined to include DOE, AWE and other federally-owned or -operated sites. For purposes of brevity, the “other federally-owned or -operated sites” category shall be referred to in this document as “other” sites.

Yes \_\_\_\_\_, a COB exists and the individual with the COB cannot perform any key Program function for any site. If yes, please provide details about each DOE location (specific site or sites) at which you are currently engaged, a description of your activities for DOE, and whether you are paid or unpaid. Stop.

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No  proceed to Question 2.

2. Do you, or did you, work either at or for this DOE or Atomic Weapons Employer (AWE) site? Check Yes or No.

“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 , a COB exists and the individual with the COB cannot perform a key Program function related to this site or sites. Please provide details below about the DOE or AWE site(s) you work/worked at or for. Stop.

Worked at the University of Florida in the Radiological and Environmental Health and Safety Organization. Worked for the University of Florida as a student staffer, functioning in as the Assistant Radiological Safety Officer performing Principal investigator laboratory surveys, facility surveys, packaging and shipping of radioactive waste, and performed issuance and reading of dosimetry.

<sup>1</sup> For purposes of completing this form, “you” refers to an individual or an employer (depending on which party is completing the form).

No \_\_\_\_\_, proceed to Question 3.

**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

Yes \_\_\_\_\_, 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.

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No \_\_\_\_\_, 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.

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 nature of the impact your work for the operator had on the site below. Stop.

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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.

Yes \_\_\_\_\_, 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.

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No \_\_\_\_\_, proceed to Question 8.

**7. Did your work for DOE 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.

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.

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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 or 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; and (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.

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No \_\_\_\_\_, 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 related to the site? Check Yes or No.**

Yes \_\_\_\_\_, then proceed to Question 10.

No \_\_\_\_\_, 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.

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**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.

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No \_\_\_\_\_, then a COB does not exist.