

**Clarification & Guidance
DOE-0342 Chronic Beryllium Disease Prevention Procedure**

Proposed
 Reviewed
 Rejected
 Accepted
 Approved for Use
 Procedure Updated Complete N/A

ID Number:

Title/Subject:

Status:

Reviewed	Committee Chair	<u>Scott Seydel</u>	Date	<u>6/23/11</u>
Rejected	Committee Chair	<u>N/A</u>	Date	<u>—</u>
Accepted	Committee Chair	<u>Scott Seydel</u>	Date	<u>6/23/11</u>
Concurrence	DOE-RL	<u>Pete J. Garcia Jr.</u>	Date	<u>6/29/11</u>
Concurrence	DOE-ORP	<u>Brian A. Henderson</u>	Date	<u>6/29/11</u>
Approved For Use	Committee Chair	_____	Date	_____
DOE-0342				
Updated	Committee Chair	_____	Date	_____

*23 JUN 11
MEM*

AMH Documents Read Route Form

Document Title: Beryllium Medical Support Plan			
Document Number: AMH-CS-135A1, Rev. 9			
Author: Dr. Fawcett			
Date: 1/13/10			
Reviewed, No Changes	No Significant Changes, No Signatures	Significant Changes, Signature and Read List¹	Significant Changes, All Hands Read²
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Read List Recipients¹: Nurses & Providers			
Documentation of Significant Changes Made^{1,2}:			
<ul style="list-style-type: none"> • 2.1.1 – Removed the word Associated from the header, now reads : Beryllium Worker Program • 2.1.2 – verbiage changed to reflect workers option to remain in Be program while employed at Hanford and deleted wording about declining exams or testing • 2.4 – Added sentences “AMH develops and maintainsAMH makes the “beryllium Information Booklet available on the AMH website” • 2.4 – Replace AMH with the Employer as responsible party to provide Be Info booklet. Booklet formerly referred to as “summary.” • 2.4 - Added sentences after bulleted list • Changed format of 6.2 • Minor acronym changes and formatting throughout 			

Instructions for Use: Document Authors should spend a few minutes to complete this form for each new document or revision. This form will be turned in with the draft document. Based on the amount of revisions, some or all AMH employees will need to read the document when published.

If there are no changes or no significant changes, the Author need not fill out the “*Read List Recipients*” or “*Documentation of Significant Changes Made*” categories before submitting the form to the Requirements Management Specialist (RMS).

When the Author deems there to be significant changes to their document, they will select either “*Substantive Changes, Signature and Read List*” or “*Substantive Changes, All Hands Read.*” They will complete the *Read List Recipients* box to list who they believe should read the new document. Authors can enter each name or they can enter entire teams (e.g., Performance Assurance). Authors will then complete the *Documentation of Significant Changes Made* section. Authors should briefly summarize



AMH Documents Read Route Form

their significant changes to point readers to the appropriate sections of the document (e.g., “incorporated two new procedures 3.7 and 3.8”).



AdvanceMed Hanford

Occupational Health Services

Beryllium Medical Support Plan

AMH-CS-135A1	Effective:	05/14/2009 -3/16/10
	Supersedes:	05/14/2009 03/31/08
	Revision #:	89
	Old #:	AMH-MP-MP120
<input checked="" type="checkbox"/> Approved By:	Signature	Date
Principal Manager, Martin Zizzi George Baxter	<i>Signature on File</i>	<u>3/16/10</u>
<input checked="" type="checkbox"/> Author:		
Site Occupational Medical Director, Brian P. Fawcett, MD MPH	<i>Signature on File</i>	<u>3/16/10</u>
<input checked="" type="checkbox"/> Subject Matter Expert:		
Beryllium Case Management Nurse, Mary Sams, RN, COHN	<i>Signature on File</i>	<u>2/17/10</u>
Scheduling Special Projects Team Leader, Lisa Whitmore Zaccaria	<i>Signature on File</i>	<u>2/16/10</u>
Population Health Specialist, Lynn Gates	<i>Signature on File</i>	<u>2/16/10</u>
<input checked="" type="checkbox"/> Editor:		
Sr. Administrative Assistant, Patricia Davison	<i>Signature on File</i>	<u>2/16/10</u>

Table of Contents

1.0	Introduction.....	1
1.1	Purpose.....	1
1.2	Applicability	1
1.3	Implementation	1
1.4	Definitions.....	1
2.0	Project Definition.....	2
2.1	AMH Beryllium Monitoring Programs	2
2.1.1	Beryllium-Associated Worker Program	3
2.1.2	Beryllium: Previous Exposure	3
2.1.3	Initial Exam for Workers with Previous Exposure to Beryllium.....	3
2.1.4	Exposure to Beryllium	3
2.2	Medical Evaluations.....	3
2.2.1	Review of Initial (Baseline) Medical Evaluation.....	4
2.2.2	Other Referrals (Beryllium-related Medical Issues).....	5
2.3	Reporting.....	5
2.3.1	Reporting to the Responsible Employer	5
2.3.2	Reporting to the Worker	6
2.4	Medical Consent (§850.36).....	7
2.5	Counseling (§850.37).....	7
2.6	Recordkeeping (§850.39).....	7
3.0	Project Schedule.....	8
4.0	Roles and Responsibilities	8
4.1	AdvanceMed Hanford.....	8
4.2	Contractor	9
4.3	Department of Energy	9
5.0	References.....	9
6.0	Sample Forms and Letters	10
6.1	Sample - Informed Consent Form.....	10
6.2	Sample Statement of Patient Rights.....	11

AdvanceMed Hanford Beryllium Medical Support Plan

AMH-CS-135A1, Rev.8.9

Published: 05/14/093/16/10

1.0 Introduction

1.1 Purpose

This plan defines roles and responsibilities of the Site Occupational Medical Contractor (SOMC) for the medical elements of the Chronic Beryllium Disease Prevention Programs (CBDPP) ~~Programs~~.

1.2 Applicability

This plan is applicable to all current Hanford workers provided services under the U.S. Department of Energy (DOE) Occupational Health Services Contract No. DE-AC06-04RL14383, including those with past or present, current or potential, exposure to beryllium at any DOE site.

1.3 Implementation

Effective upon publication

1.4 Definitions

Generally, the same definitions used in 10 CFR 850 (The Rule) are used in and apply to this Medical Support Plan (MSP).

AdvanceMed Hanford (AMH) uses “Beryllium Associated Worker” as defined in §850.3, as the governing definition of current workers who have in the past, or currently have the potential for exposure to beryllium. At Hanford, a sub-set of this broad-based definition has been developed to further classify workers according to their health status or job requirements. These definitions are described below:

- *Beryllium affected worker*- Beryllium-affected workers are those workers who are affected (medically) by beryllium exposure, e.g. beryllium sensitization, chronic beryllium disease (CBD), or a medical condition otherwise associated with beryllium exposure.
- *Beryllium worker*- A Hanford Site-specific term that refers to a current worker who has been designated in the Hanford Site Employee Job Task Analysis (EJTA) System by his/her manager to be available to perform work that is anticipated to involve exposure to airborne beryllium at or above the employer designated ~~control~~ action levels. It is a subset of “Beryllium-Associated Worker” as discussed in 10 CFR 850.3.

**AdvanceMed Hanford
Beryllium Medical Support Plan**

AMH-CS-135A1, Rev.8 9

Published: 05/14/093/16/10

In addition, other terms used in the MSP are:

EJTA-Employee Job Task Analysis (EJTA)- The Hanford Site database to which worker-specific input is provided by the employee, the manager, and the company Industrial Hygienist (IH), defines the work activities, hazards, and exposures (physical, chemical, biological) to which the worker is subjected or exposed.

2.0 Project Definition

AMH provides medical monitoring as defined in the Hanford Site CBDPP and provides support to Site contractors in meeting the requirements of 10 CFR 850 for beryllium as the SOMC to DOE. AMH's medical director is the designated Site Occupational Medical Director (SOMD) and is responsible for administering the medical monitoring program. A qualified physician will be appointed AMH medical beryllium manager by the SOMD.

The AMH beryllium case management nurse assists in coordinating contractor procedures as described in the individual contractor appendices with the medical monitoring program. AMH coordinates the self-identification process to identify workers who may have been exposed to beryllium.

Beryllium worker: A Hanford Site-specific term that refers to a current worker who has been designated in the Hanford Site Employee Job Task Analysis (EJTA) System by his/her manager to be available to perform work that is anticipated to involve exposure to airborne beryllium at or above the employer designated control levels. It is a subset of "Beryllium-Associated Worker" as discussed in 10 CFR 850.3. In addition, other terms used in the MSP are:

EJTA: The Hanford Site database to which worker-specific input is provided by the employee, the manager, and the company Industrial Hygienist (IH), IH, defines the work activities, hazards, and exposures (physical, chemical, biological) to which the worker is subjected or exposed

AMH administers the beryllium monitoring programs using information provided by the DOE contractor which includes:

- a list of beryllium-associated workers
- baseline and updated inventory of beryllium-listed facilities
- hazard assessment and personal air monitoring (exposure) data including tasks and activities
- types of personal protective equipment used

2.1 AMH Beryllium Monitoring Programs

AMH provides two beryllium medical monitoring programs and two beryllium-related services. Both incorporate the required elements of the exams specified by 10 CFR 850.

**AdvanceMed Hanford
Beryllium Medical Support Plan**

AMH-CS-135A1, Rev.8.9

Published: 05/14/093/16/10

2.1.1 Beryllium-Associated Worker Program

This program provides medical monitoring for current beryllium workers (~~beryllium-assigned workers~~). Participants are enrolled through the EJTA process by their employer. The program consists of a baseline evaluation followed by annual periodic evaluations.

2.1.2 Beryllium: Previous Exposure

This program provides periodic medical monitoring for those who may have been exposed to beryllium at any DOE site in the past. Enrollment and related testing, including the Beryllium Lymphocyte Proliferation Test (BeLPT), are voluntary. Participants are identified by their employers or self-identified. Workers are offered enrollment when they are removed as a beryllium-associated worker by their EJTA. Workers ~~will~~ may elect to remain enrolled in a beryllium program for the duration of their eligible Hanford employment, ~~but can decline further examinations or testing at any time.~~ If an employee declines further participation, he/she may request participation again at any time. The examination consists of periodic evaluations every three years or as medically indicated.

2.1.3 Initial Exam for Workers with Previous Exposure to Beryllium

This service provides the baseline evaluation for workers identified as having had a potential previous exposure to beryllium at Hanford, or another DOE site through one or more of the following processes:

- completing the *Hanford Site Beryllium Questionnaire*
- completing the *DOE Historic Health Exposure Questionnaire*
- contacting the beryllium case management nurse
- recommendation from their employer
- recommendation from an AMH licensed ~~Medical Staff~~ medical staff member

2.1.4 Exposure to Beryllium

This service is applied in situations where overexposure to beryllium may have occurred. Based on the results of the examination, the worker is placed in a beryllium monitoring program and is offered referrals to Behavioral Health Services and the beryllium case management nurse.

2.2 Medical Evaluations

The AMH licensed medical providers perform beryllium evaluations based on medical protocols. Medical evaluations will be conducted in accordance with, but not be limited to, CFR 10 850 .34(b). When appropriate, at no cost to the worker, an external provider, who has experience and knowledge in diagnosing and treating beryllium related medical conditions, may be consulted as an extension of the medical monitoring program.

**AdvanceMed Hanford
Beryllium Medical Support Plan**

AMH-CS-135A1, Rev. 8.9

Published: 05/14/093/16/10

2.2.1 Review of Initial (Baseline) Medical Evaluation

AMH acts on behalf of the responsible employer in performing initial and periodic beryllium medical monitoring evaluations and consultations. For beryllium associated workers enrolled in an AMH beryllium medical monitoring program, AMH also facilitates the multiple physician review process. This may include scheduling and payment for medical tests and evaluations for the purpose of diagnosing beryllium sensitization and/or CBD. If the beryllium-associated worker chooses to make his/her own arrangements for second and subsequent medical opinions, AMH will not facilitate scheduling or payment for those services. In these cases, AMH advises the worker to notify the employer of their intent to seek another opinion independent of AMH and discuss payment options. The worker can then proceed with setting up an appointment. AMH counsels the worker that employer notification should be done within fifteen days of his/her receipt of the most recent test results. AMH does not provide specific medical care or treatment of beryllium disease within the scope of the medical monitoring program.

The Multiple Physician Review process is explained to the worker during initial and periodic evaluations. Written notification of the results of the initial evaluation, including notification to the worker of the right to seek a second written medical opinion, is given to the worker within ten work days of receiving all test results related to that evaluation. The worker may request a second opinion at any time following the initial evaluation. AMH assists the worker in identifying medical facilities or providers, in scheduling appointments, and completing the multiple physician review process.

In the event the initial evaluation and the second opinion are in disagreement, AMH actively engages the second provider in discussions in an attempt to reach agreement. If this activity is not successful, AMH works with the worker and his/her private medical provider to identify a third medically qualified provider to review all relevant medical information and conduct any medical evaluations necessary to arrive at a definitive diagnosis. AMH acts consistently with the findings, determinations, and recommendations of the third provider or attempts to reach an agreement with the worker that is consistent with the recommendations of at least one of the other two providers.

If the worker desires an alternate approach to the one described here, AMH counsels the individual to make the necessary arrangements as long as the process is timely and protective of the worker and is consistent with 10 CFR 850. In all cases, the consulting providers and evaluating facilities are to be the worker's choice so long as the provider is a licensed provider who is familiar with the health effects of beryllium.

Medical information resulting from second and third opinion evaluations will be provided to AMH so that it can be incorporated into the medical record as part of

AdvanceMed Hanford
Beryllium Medical Support Plan

AMH-CS-135A1, Rev. 8.9

Published: 05/14/093/16/10

beryllium medical monitoring. A Release of Information (ROI) form will be completed.

If a diagnosis of beryllium sensitization or CBD is reached for a worker, he/she is informed of his/her right to file for worker's compensation coverage either under the Department of Labor (DOL) and/or through the Washington State worker's compensation based systems managed by the DOE third party administrator. Workers are encouraged to contact their employer's Human Resources or other responsible department to arrange and obtain details concerning these programs and to determine other benefit options. At the point that a worker's compensation and/or DOL claim is accepted for CBD, AMH will continue to facilitate the referral and appointment scheduling, but funding and other provisions of the referral will fall under the responsible worker's compensation jurisdiction. (See Sections 6.1 and 6.2)

2.2.2 Other Referrals (Beryllium-related Medical Issues)

After the definitive diagnosis is made, beryllium-affected workers may require additional medical evaluation and/or testing. AMH coordinates medical referrals as needed or requested by any worker enrolled in an AMH beryllium medical monitoring program. The process is consistent with already established medical referral processes used by AMH and the Hanford Site contractors. These referrals are based on medical necessity and appropriateness for the purpose of determining a medical diagnosis and are considered as an extension of the medical monitoring process. They may be arranged in conjunction with or separate from the previously discussed multiple physician review process.

2.3 Reporting

2.3.1 Reporting to the Responsible Employer

As required by 10 CFR 850.34(e), the SOMD will provide the responsible employer with a medical examination report (excluding non-affected workers under 2.1.2 Beryllium: Previous Exposure). This report is provided within 10 working days of receiving all beryllium related test results for that particular examination. Included in the report are:

- Medical diagnoses that are relevant to occupational exposure to beryllium (e.g. Affected Worker or Non-Affected Worker, Evaluations Pending, or secondary effects of, or complications relating to, chronic beryllium disease that compromise the worker's ability to function in the workplace)
- A notification that all recommendations and test results have been communicated to the worker

The report will not include any specific records, findings or diagnoses that are not related to the medical conditions that may be affected by beryllium exposure.

AdvanceMed Hanford
Beryllium Medical Support Plan

AMH-CS-135A1, Rev.8.9

Published: 05/14/093/16/10

2.3.2 Reporting to the Worker

The beryllium associated worker receives written communication from the examining provider explaining beryllium-related test results, any positive findings and medical recommendations. Any worker with positive findings also has an opportunity to meet personally with the examining provider. The beryllium-associated worker receives a copy of the written medical opinion letter that is sent to the employer. All reports are provided to the worker within 10 working days of receiving all beryllium-related test results for that particular examination.

When a worker is determined to be beryllium affected, the beryllium case management nurse, if desired by the employee, will coordinate a meeting among the AMH staff, the worker, and IH or Safety personnel as appropriate. All available information will be reviewed in an attempt to determine where past exposures may have occurred and discuss future protective measures and accommodations if indicated.

2.3.3 Medical Removal Protection Benefits

10 CFR 850 and interpretive guidance from DOE Headquarters (Record ID D04-12-002) provide two separate pathways for initiation of medical removal benefits. (1) A written medical opinion from the SOMD that an individual should be removed from further exposure to beryllium. (2) A written medical opinion that secondary effects of, or complications relating to, chronic beryllium disease compromise the worker's ability to function in the workplace.

The SOMD will provide the responsible employer a written medical opinion with diagnosis of the worker as an Affected Worker, a Non-Affected Worker, or a temporary diagnosis pending further evaluation. If the worker is a Beryllium Assigned worker, and there is a potential health risk associated with further exposure to beryllium, an immediate phone notification will be made to the employee and manager informing him/her of the employee status and recommend immediate implementation of the applicable parts of the company CBDPP. The DOE approved contractors ~~Chronic Beryllium Disease Prevention Programs~~ (CBDPP) contain the necessary procedures and ~~Control Levels~~ control levels to prevent future exposures to Affected Workers. If the diagnosis is temporary, it will be so specified in the medical opinion and a follow up opinion will be made available once the diagnosis is either determined to be present or ruled out.

If, as a result of a medical evaluation(s) performed in accordance with 10 CFR 850. 34, it is determined that an individual has either secondary effects of or complications relating to chronic beryllium disease that compromise the worker's ability to function in the workplace, the SOMD will provide this information in a written medical opinion. Where a contractor determines independent of a medical evaluation an affected worker is no longer able to perform the essential job functions for medical reasons, the contractor may request a work suitability

AdvanceMed Hanford
Beryllium Medical Support Plan

AMH-CS-135A1, Rev.8.9

Published: 05/4/093/16/10

evaluation and a written medical opinion. The contractor may then use the medical opinion to implement 10 CFR 850.35 as interpreted by DOE Interpretation D04-12-002, and specified in the contractor's CBDPP.

2.4 Medical Consent (§850.36)

AMH uses 10 CFR 850, Appendix A, "Informed Consent Form" to obtain consent of the worker scheduled for beryllium medical monitoring. The medical consent is obtained at the time of the medical evaluation (See Section 6.2 – Informed Consent Form Sample). AMH develops and maintains the "Beryllium Information Booklet" which is a summary of the medical monitoring program and information on program testing and examinations. AMH makes the "Beryllium Information Booklet available on the AMH website. One week before the first medical evaluation or procedure (or upon worker's request), AMHthe employer provides (or has provided) each worker with a summary of the medical monitoring program and information on program testing and examinations. The summarythe "Beryllium Information Booklet". The booklet includes:

- medical testing included in the monitoring program
- explanation and risks of tests and examinations
- type of data collected in the medical monitoring and epidemiology programs
- where the data are kept and how they are used
- how confidential data are protected

AMH makes the booklet available to workers under 2.1.2 Beryllium: Previous Exposure and includes a link to the online booklet in baseline beryllium worker appointment notices and reminders.

2.5 Counseling (§850.37)

As part of the medical counseling process (§850.37(f)(3), the provider furnishes information to the worker regarding the risks of exposure to beryllium and refers them to their company CBDPP. This counseling and consultation, as well as the employee's acknowledgement of the same, is documented on the *Beryllium Information Checklist* form. The contractor will provide additional counseling to meet the non-medical counseling requirements.

Counseling includes an explanation of the provisions and procedures of the medical monitoring program (§850.37(f)(1), information about follow-up medical diagnostic evaluation and treatment options (§850.37(f)(2), and the risk of continued beryllium exposure for sensitized workers and those with CBD (§850.37(f)(7). AMH provides psychological counseling to sensitized workers and workers with CBD through the Employee Assistance Program (§850.37(f)(3).

2.6 Recordkeeping (§850.39)

AdvanceMed Hanford Beryllium Medical Support Plan

AMH-CS-135A1, Rev.89

Published: 05/14/093/16/10

Records may be released for appropriate official purposes of DOE, National Institute of Occupational Safety and Health (NIOSH), Occupational Safety and Health Administration (OSHA), state health department, or Congress. Medical information without personal identifiers such as name, social security number, address, or phone number or other information that could be used to identify particular workers is provided to certain individuals such as DOE officials responsible for CBDPP, scientists and researchers working under DOE agreements, and the Oakridge Institute for Science and Education (ORISE).

AMH works cooperatively with Site contractors to analyze medical, job, and exposure data in order to identify workers or groups of workers potentially at risk for beryllium sensitization or CBD and working conditions that may contribute to that risk. AMH maintains a database of beryllium-associated workers including workers with previous exposure to beryllium (self-identified or identified by employer) and current beryllium-assigned workers (identified through the EJTA).

As the Beryllium Site Coordinator, AMH maintains the Hanford Beryllium Registry and submits encrypted information semi-annually to the DOE Office of Epidemiological Surveillance Studies within the Office of Environment, Safety and Health or designee, i.e., ORISE, to be included in the national beryllium registry. Personal identifiers are removed from any transmitted information.

3.0 Project Schedule

This program has been continuously used since inception of Occupational Health Services Contract No. DE-AC06-04RL14383, and is updated with new guidance, direction, and medical standards and considerations.

4.0 Roles and Responsibilities

4.1 AdvanceMed Hanford

AMH administers the functions of the SOMC, providing medical monitoring as defined in this MSP, which is provided as an attachment to the Hanford Site CBPDD and as a support to Site contractors in meeting the requirements of 10 CFR 850. AMH will administer a Memorandum of Agreement with each contractor that utilizes its services to clearly define roles and responsibilities pertaining to 10 CFR 850 and 851.

The AMH SOMD is responsible for administering and determining the provisions of the medical monitoring program.

The AMH Beryllium Case Management ~~Nurse~~nurse assists in coordinating contractor procedures as described in the individual contractor appendices with the medical monitoring program. AMH coordinates the self-identification process to identify workers who may have been exposed to beryllium in the past.

**AdvanceMed Hanford
Beryllium Medical Support Plan**

AMH-CS-135A1, Rev.8.9

Published: 05/14/093/16/10

4.2 Contractor

As the responsible employer, contractors have responsibility for determining all reasonable accommodations. They also have full discretion and responsibility for offering, considering, and providing medical removal plan benefits and all related elements, as specified in 10 CFR 850, including interpretation of 10 CFR 850 provided by DOE.

Contractors supply the following to the SOMC:

- A list of beryllium-associated workers
- Attachment 4: AdvanceMed Hanford Beryllium Medical Support Plan (cont.)
- A baseline inventory of beryllium listed facilities
- Hazard assessment and exposure monitoring data, including past and current related duties of beryllium-associated workers as they pertain to beryllium exposure
- Records of beryllium exposure
- Types of personal protective equipment used
- A description of personal protective and respiratory protective equipment used in the past, present, or anticipated for future use

4.3 Department of Energy

DOE provides oversight and direction of the SOMC Medical Programs. They also have approval over any Memorandum of Agreement between AMH and the Hanford Site contractors.

5.0 References

1. 10 CFR 850. 1999.
2. Occupational Health Services Contract No. DE-AC06-04RL14383
3. DOE Technical Standard: Beryllium Associated Worker Registry Data Collection and Management Guidance, DOE-STD-1187-2005, May 2005.
4. DOE Interpretation D04-12-002

AdvanceMed Hanford
Beryllium Medical Support Plan

AMH-CS-135A1, Rev.8.9

Published: 05/14/093/16/10

6.0 Sample Forms and Letters

6.1 Sample - Informed Consent Form

 CHRONIC BERYLLIUM DISEASE PREVENTION PROGRAM INFORMED CONSENT FORM
<p>I, _____, have carefully read and understand the attached information about the Be-LPT and other medical tests. I have had the opportunity to ask any questions that I may have concerning these tests and my questions have been answered to my satisfaction.</p> <p>I understand that the tests are confidential, but not anonymous. I understand that if the results of any test suggest a health problem, the examining physician will discuss the matter with me, whether or not the result is related to my work with beryllium. I understand that my employer will be notified of my diagnosis only if I have a beryllium sensitization or Chronic Beryllium Disease (CBD). My employer will not receive the results or diagnoses of any health condition not related to beryllium exposure.</p> <p>I understand that, if the results of one or more of these tests indicate that I have a health problem related to beryllium, additional examinations will be recommended. If additional tests indicate I do have a beryllium sensitization or CBD, the Site Occupational Medical Director may recommend that I be removed from working with beryllium.</p> <p>If I agree to be removed, I understand that I may be transferred to another job for which I am qualified (or for which I can be trained) and where my beryllium exposure will be as low as possible, but in no case above the action level. I will maintain my total normal earnings, seniority, and other benefits for up to two years if I agree to be permanently removed.</p> <p>I understand that if I apply for another job or for insurance, I may be requested to release my medical records to a future employer or an insurance company. I understand that AMH will maintain all medical information relative to the tests performed on me in segregated medical files separate from my personnel files, treated as confidential medical records, and used or disclosed only as provided by the Americans with Disability Act, the Privacy Act of 1974, or as required by a court order or under the law.</p> <p>I understand that the results of my medical tests for beryllium will be included in the Beryllium Registry maintained by DOE, and that a unique identifier will be used to maintain the confidentiality of my medical information. Personal identifiers will not be included in any reports generated from the DOE Beryllium Registry. I understand that the results of my tests and examinations may be published in reports or presented at meetings, but that I will not be identified.</p> <p>I consent to having the following medical evaluations if determined by the AMH examiner to be needed:</p> <ul style="list-style-type: none"><input type="checkbox"/> Physical examination (respiratory system, skin and eyes)<input type="checkbox"/> Chest x-ray<input type="checkbox"/> Spirometry (breathing test)<input type="checkbox"/> Be-LPT (blood test called the beryllium-induced lymphocyte proliferation test)<input type="checkbox"/> Other test(s) (Specify): _____ <p>Beryllium-Previous Exposure: I understand that this program is voluntary and I am free to withdraw at any time from all or any part of the medical surveillance program.</p> <p><input type="checkbox"/> I consent to the tests indicated above. <input type="checkbox"/> I decline participation in the beryllium-previous exposure program</p> <p>Patient Signature : _____ Date: _____</p> <p>Beryllium Worker: In order to continue to perform this work I agree to participate fully in the requirements of the medical surveillance program including the tests indicated above.</p> <p>Patient Signature : _____ Date: _____</p> <p><i>I have explained and discussed any questions that the employee expressed concerning the Be-LPT, physical examination, and other medical testing as well as the implications of those tests.</i></p> <p>Print Name of AMH Beryllium Educator/Examiner: _____</p> <p>Signature : _____ Date: _____</p>

RC-8800-731 (03/10)

**AdvanceMed Hanford
Beryllium Medical Support Plan**

AMH-CS-135A1, Rev.8 9

Published: 05/14/093/16/10

6.2 Sample Statement of Patient Rights



STATEMENT OF PATIENT RIGHTS RELATING TO BERYLLIUM RESULTS

AMH has informed me that I have borderline and/or positive test result(s) from the beryllium lymphocyte proliferation test (Be-LPT).

As a result of multiple borderline or positive test results from the Be-LPT:

- I have the right to be protected from ongoing significant exposure to beryllium.
- If I am concerned about a risk at any time for exposure above the levels indicated in the site-wide CBDPP, I am encouraged to discuss my concern with my employer's management, safety professionals, or AMH medical providers.
- I have discussed with the physician, physician assistant or beryllium case management nurse my right to have current industrial-hygiene monitoring data provided by my employer when I am asked or required to enter posted or suspected beryllium buildings.

I am aware of my right to file an application for benefits for occupational disease with the following agencies:

- **State Workers' Compensation**
Workers must file for worker's compensation within 2 years from the date a physician gives them written notice of the existence of an occupational disease. Contact your company's workers' compensation office for additional information.
- **Energy Employees Occupational Illness Compensation Program Act (EEOICPA)**
Workers who have had one positive Be-LPT test result are eligible for medical benefits that include ongoing medical surveillance and medical treatment. Contact the EEOICPA resource center for additional information.

Employee Signature

Date

AMH Staff Signature

Date

BC8800-741 (02/10)

**AdvanceMed Hanford
Beryllium Medical Support Plan**

AMH-CS-135A1, Rev.8.9

Published: 05/4/093/16/10

**P.O. Box 150 G3-70
Richland, WA 99352**

STATEMENT OF PATIENT RIGHTS RELATING TO BERYLLIUM RESULTS

~~A physician or physician assistant has informed me that I have a borderline or positive test result from the beryllium lymphocyte proliferation test (Be-LPT).~~

~~As a result of the multiple borderline or positive test results from the Be-LPT:~~

- ~~• I have the right to be protected from ongoing significant exposure to beryllium.~~
- ~~• If I am concerned about a risk at any time for exposure above the levels indicated in my company CBDPP, I am encouraged to discuss my concern with my employer's management, safety professionals, or AMH medical providers.~~
- ~~• I have discussed with the physician, physician assistant or beryllium case management nurse my right to have current, industrial hygiene monitoring data provided by my employer when I am asked or required to enter posted or suspected beryllium buildings.~~

~~I am aware of my right to file an application for benefits for occupational disease with the following agencies:~~

- ~~• State Workers' Compensation (GCSI)
Workers must file for worker's compensation within 2 years from the date a physician gives them written notice of the existence of an occupational disease. Contact your company's workers' compensation office for additional information.~~
- ~~• Energy Employees Occupational Illness Compensation Program Act (EEOICPA)
Workers who have had one positive Be-LPT test result are eligible for medical benefits that include ongoing medical surveillance and medical treatment. Contact the EEOICPA resource center for additional information.~~

Employee Signature

Date

AMH Beryllium Educator/Provider Signature

Date

AMH Documents Read Route Form

Document Title: Beryllium Medical Support Plan			
Document Number: AMH-CS-135A1, Rev. 10			
Author: Dr. Fawcett			
Date: 1/13/10			
Reviewed, No Changes <input type="checkbox"/>	No Significant Changes, No Signatures <input type="checkbox"/>	Significant Changes, Signature and Read List¹ <input checked="" type="checkbox"/>	Significant Changes, All Hands Read² <input type="checkbox"/>
Read List Recipients¹: Nurses & Providers			
Documentation of Significant Changes Made^{1,2}: <ul style="list-style-type: none"> • Sections renumbered as needed • Section 2.1 – change in number of Be related services from 2 to 1 (1st paragraph) • Section 2.1.2 verbiage about voluntary Be programs. Added Bulleted section identifying how participants to the Voluntary Be Program can be determined. • 2.1.3 deleted entire section (Initial Exam for Workers with Previous Exposure to Beryllium) • 2.1.4 descriptive language enhanced (this will become section 2.1.3 in version 10) • 2.2.1 5th paragraph – enhanced language explaining worker benefits • 2.3.1 – removed example of employees with occupational exposure to Be. • 2.3.3 – 2nd paragraph – refined 1st sentence language re: diagnosis 			

Instructions for Use: Document Authors should spend a few minutes to complete this form for each new document or revision. This form will be turned in with the draft document. Based on the amount of revisions, some or all AMH employees will need to read the document when published.

If there are no changes or no significant changes, the Author need not fill out the “*Read List Recipients*” or “*Documentation of Significant Changes Made*” categories before submitting the form to the Requirements Management Specialist (RMS).

When the Author deems there to be significant changes to their document, they will select either “*Substantive Changes, Signature and Read List*” or “*Substantive Changes, All Hands Read.*” They will complete the *Read List Recipients* box to list who they believe should read the new document. Authors can enter each name or they can enter entire teams (e.g., Performance Assurance). Authors will then complete the *Documentation of Significant Changes Made* section. Authors should briefly summarize



AdvanceMed Hanford
Occupational Health Services

AMH Documents Read Route Form

their significant changes to point readers to the appropriate sections of the document (e.g., “incorporated two new procedures 3.7 and 3.8”).



Style Definition: Heading 1: Font: Bold
Style Definition: Heading 2: Indent: Left: 0.32", Hanging: 0.4", Tab stops: Not at 1.03"

Beryllium Medical Support Plan

AMH-CS-135A1	Effective:	3/168/25/10
	Supersedes:	05/14/20093/16/10
	Revision #:	910
	Old #:	AMH-MP-MP120
Approved By:	Signature	Date
Principal Manager, George Baxter	<i>Signature on File</i>	3/168/25/10
Author:		
Site Occupational Medical Medicine Director, Brian P. Fawcett, MD MPH	<i>Signature on File</i>	3/168/25/10
Subject Matter Expert:		
Beryllium Case Management Nurse, Mary Sams Susan Madara, RN, COHN	<i>Signature on File</i>	2/178/25/10
Special Projects Team Leader Lisa Zaccaria	<i>Signature on File</i>	2/168/25/10
Population Health Specialist, Lynn Gates	<i>Signature on File</i>	2/168/24/10
Editor:		
Sr. Administrative Assistant, Patricia Davison	<i>Signature on File</i>	2/168/24/10

Table of Contents

<p>1.0 Introduction 1</p> <p>1.1 Purpose 1</p> <p>1.2 Applicability 1</p> <p>1.3 Implementation 1.3</p> <p style="padding-left: 20px;">This plan is applicable to all current Hanford workers provided services under the U.S. Department of Energy (DOE) Occupational Health Services Contract No. DE-AC06-04RL14383, including those with past or present, current or potential, exposure to beryllium at any DOE site. 1</p> <p>1.4 Definitions/Implementation 1</p> <p>2.0 Project Definition 1.5</p> <p style="padding-left: 20px;">Definitions 1</p> <p>2.1 AMH Beryllium Monitoring Programs 2.0</p> <p style="padding-left: 20px;">Project Definition 2</p> <p style="padding-left: 40px;">2.1.1 AMH Beryllium-Associated Worker Program Monitoring Programs 2</p> <p style="padding-left: 80px;">2.1.2.1 Beryllium-Previous Exposure Worker Program 3</p> <p style="padding-left: 80px;">2.1.3 Initial Exam for Workers with Previous Exposure to 2 Beryllium Program: Voluntary 3</p> <p style="padding-left: 80px;">2.1.4.3 Exposure to Beryllium 3</p> <p>2.2 Medical Evaluations 4</p> <p style="padding-left: 20px;">2.2.1 Review of Initial (Baseline) Medical Evaluation 4</p> <p style="padding-left: 20px;">2.2.2 Other Referrals (Beryllium-related Medical Issues) 5</p> <p>2.3 Reporting 5</p> <p style="padding-left: 20px;">2.3.1 Reporting to the Responsible Employer 5</p> <p style="padding-left: 20px;">2.3.2 Reporting to the Worker 6</p> <p>2.4 Medical Consent (§850.36) 7</p> <p>2.5 Counseling (§850.37) 7</p> <p>2.6 Recordkeeping (§850.39) 8</p> <p>3.0 Project Schedule 8</p> <p>4.0 Roles and Responsibilities 9</p> <p style="padding-left: 20px;">4.1 AdvanceMed Hanford 9</p> <p style="padding-left: 20px;">4.2 Contractor 9</p> <p style="padding-left: 20px;">4.3 Department of Energy 9</p> <p>5.0 References 10</p> <p>6.0 Sample Forms and Letters 11</p> <p style="padding-left: 20px;">6.1 Sample - Informed Consent Form 11</p> <p style="padding-left: 20px;">6.2 Sample - Statement of Patient Rights Form 12</p>	<p>Formatted ... [3]</p> <p>Formatted ... [5]</p> <p>Formatted ... [1]</p> <p>Field Code Changed ... [2]</p> <p>Field Code Changed ... [4]</p> <p>Formatted ... [8]</p> <p>Field Code Changed ... [7]</p> <p>Field Code Changed ... [9]</p> <p>Formatted ... [10]</p> <p>Formatted ... [6]</p> <p>Field Code Changed ... [11]</p> <p>Formatted ... [12]</p> <p>Field Code Changed ... [13]</p> <p>Formatted ... [14]</p> <p>Field Code Changed ... [15]</p> <p>Formatted ... [16]</p> <p>Field Code Changed ... [17]</p> <p>Formatted ... [18]</p> <p>Field Code Changed ... [19]</p> <p>Formatted ... [20]</p> <p>Formatted ... [21]</p> <p>Field Code Changed ... [22]</p> <p>Formatted ... [23]</p> <p>Formatted ... [24]</p> <p>Field Code Changed ... [25]</p> <p>Formatted ... [26]</p> <p>Formatted ... [27]</p> <p>Field Code Changed ... [28]</p> <p>Formatted ... [29]</p> <p>Formatted ... [32]</p> <p>Field Code Changed ... [33]</p> <p>Formatted ... [34]</p> <p>Formatted ... [30]</p> <p>Field Code Changed ... [31]</p> <p>Field Code Changed ... [35]</p> <p>Formatted ... [36]</p> <p>Field Code Changed ... [37]</p> <p>Formatted ... [38]</p> <p>Field Code Changed ... [39]</p> <p>Formatted ... [40]</p> <p>Formatted ... [41]</p> <p>Field Code Changed ... [42]</p> <p>Formatted ... [43]</p> <p>Field Code Changed ... [44]</p> <p>Formatted ... [45]</p> <p>Formatted ... [46]</p> <p>Field Code Changed ... [47]</p> <p>Formatted ... [48]</p> <p>Field Code Changed ... [49]</p> <p>Formatted ... [50]</p> <p>Field Code Changed ... [51]</p> <p>Formatted ... [52]</p> <p>Field Code Changed ... [53]</p> <p>Formatted ... [54]</p> <p>Formatted ... [55]</p> <p>Field Code Changed ... [56]</p> <p>Formatted ... [57]</p> <p>Field Code Changed ... [58]</p>
---	---

**AdvanceMed Hanford
Beryllium Medical Support Plan**

AMH-CS-135A1, Rev. 910

Published: 3/468/25/10

1.0 Introduction

1.1 Purpose

This plan defines roles and responsibilities of the Site Occupational ~~Medical~~ Medicine Contractor (SOMC) for the medical elements of the Chronic Beryllium Disease Prevention Programs (CBDPP).

Formatted: Indent: Left: 1"

1.2 Applicability

1.3 This plan is applicable to all current Hanford workers provided services under the U.S. Department of Energy (DOE) Occupational Health Services Contract No. DE-AC06-04RL14383, including those with past or present, current or potential, exposure to beryllium at any DOE site.

Formatted: Indent: Left: 0"

~~1.3~~1.4 **Implementation**

Effective upon publication

Formatted: Indent: First line: 0.45"

~~1.4~~1.5 **Definitions**

Generally, the same definitions used in 10 CFR 850 (The Rule) are used in and apply to this Medical Support Plan (MSP).

Formatted: Indent: Left: 1"

AdvanceMed Hanford (AMH) uses "Beryllium Associated Worker" as defined in §850.3, as the governing definition of current workers who have in the past, or currently have the potential for exposure to beryllium. At Hanford, a sub-set of this broad-based definition has been developed to further classify workers according to their health status or job requirements. These definitions are described below:

- *Beryllium affected worker*- Beryllium-affected workers are those workers who are affected (medically) by beryllium exposure, e.g. beryllium sensitization, chronic beryllium disease (CBD), or a medical condition otherwise associated with beryllium exposure.

Formatted: Indent: Left: 1", First line: 0", Tab stops: 1", List tab + Not at 0.75" + 1.05"

- *Beryllium worker*- A Hanford Site-specific term that refers to a current worker who has been designated in the Hanford Site Employee Job Task Analysis (EJTA) System by his/her manager to be available to perform work that is anticipated to involve exposure to airborne beryllium at or above the employer designated action levels. It is a subset of "Beryllium-Associated Worker" as discussed in 10 CFR 850.3.

Formatted: Indent: Left: 1", Tab stops: 1", List tab

Formatted: Indent: Left: 1", First line: 0", Tab stops: 1", List tab + Not at 0.75" + 1.05"

In addition, other terms used in the MSP are:

Formatted: Indent: Left: 1", Tab stops: 1", List tab

**AdvanceMed Hanford
Beryllium Medical Support Plan**

AMH-CS-135A1, Rev. 910

Published: 3/168/25/10

Employee Job Task Analysis (EJTA)- The Hanford Site database to which worker-specific input is provided by the employee, the manager, and the company Industrial Hygienist (IH), defines the work activities, hazards, and exposures (physical, chemical, biological) to which the worker is subjected or exposed.

2.0 Project Definition

AMH provides medical monitoring as defined in the Hanford Site CBDPP and provides support to Site contractors in meeting the requirements of 10 CFR 850 for beryllium as the SOMC to DOE. AMH's medical director is the designated Site Occupational Medical Director (SOMD) and is responsible for administering the medical monitoring program. A qualified physician will be appointed AMH's medical beryllium manager by the SOMD.

The AMH beryllium case management nurse assists in coordinating contractor procedures as described in the individual contractor appendices with the medical monitoring program. AMH coordinates the self-identification process to identify workers who may have been exposed to beryllium.

Beryllium worker: A Hanford Site-specific term that refers to a current worker who has been designated in the Hanford Site EJTA System by his/her manager to be available to perform work that is anticipated to involve exposure to airborne beryllium at or above the employer designated action levels. It is a subset of "Beryllium-Associated Worker" as discussed in 10 CFR 850.3. In addition, other terms used in the MSP are:

EJTA: The Hanford Site database to which worker-specific input is provided by the ~~employee~~employee, the manager, and the company IH, defines the work activities, hazards, and exposures (physical, chemical, biological) to which the worker is subjected or exposed

AMH administers the beryllium monitoring programs using information provided by the DOE contractor which includes:

- a list of beryllium-associated workers
- baseline and updated inventory of beryllium-listed facilities
- hazard assessment and personal air monitoring (exposure) data including tasks and activities
- types of personal protective equipment used

2.1 AMH Beryllium Monitoring Programs

AMH provides two beryllium medical monitoring programs and ~~two one~~ beryllium-related ~~services~~ service. Both incorporate the required elements of the exams specified by 10 CFR 850.

Formatted: Indent: Left: 1"

**AdvanceMed Hanford
Beryllium Medical Support Plan**

AMH-CS-135A1, Rev. 910

Published: 3/16/25/10

2.1.1 Beryllium Worker Program

This program provides medical monitoring for current beryllium workers. Participants are enrolled through the EJTA process by their employer. The program consists of a baseline evaluation followed by annual periodic evaluations.

Formatted: Indent: Left: 1.13"

2.1.2 Beryllium: Previous Exposure Program: Voluntary

This program provides periodic medical monitoring for those who may have been exposed to beryllium at any DOE site in the past. Enrollment and related testing, including the Beryllium Lymphocyte Proliferation Test (BeLPT), are voluntary. Participants are identified through one or more of the following processes:

- completing the Hanford Site Beryllium Questionnaire
- completing the DOE Historic Health Exposure Questionnaire
- contacting the beryllium case management nurse
- recommendation from by their employers or self-identified employer
- recommendation from an AMH licensed medical staff member

Formatted: Indent: Left: 1.13", First line: 0", Tab stops: Not at 0.25"

Formatted: Font color: Black

Workers are offered enrollment when they are removed as a beryllium-associated worker by their EJTA. Workers may elect to remain enrolled in a beryllium program for the duration of their eligible Hanford employment. If an employee declines further participation, he/she may request participation again at any time. The examination consists of periodic evaluations every three years or as medically indicated.

Formatted: Indent: Left: 1.13"

2.1.3 Initial Exam for Workers with Previous Exposure to Beryllium

This service provides the baseline evaluation for workers identified as having had a potential previous exposure to beryllium at Hanford, or another DOE site through one or more of the following processes:

- completing the Hanford Site Beryllium Questionnaire
- completing the DOE Historic Health Exposure Questionnaire
- contacting the beryllium case management nurse
- recommendation from their employer
- recommendation from an AMH licensed medical staff member

Formatted: Indent: Left: 1.13", First line: 0", Tab stops: Not at 0.25"

2.1.4.1.3 Exposure to Beryllium

This service exposure and unusual event exam is applied in situations where overexposure for workers who have been occupationally exposed to beryllium may have occurred (Be) in an emergency/acute situation. Based on the results of the examination, the worker is placed in a beryllium monitoring program and is offered referrals to Behavioral Health Services and the beryllium case management nurse.

Formatted: Indent: Left: 1.13"

**AdvanceMed Hanford
Beryllium Medical Support Plan**

AMH-CS-135A1, Rev. 910

Published: 3/168/25/10

2.2 Medical Evaluations

The AMH licensed medical providers perform beryllium evaluations based on medical protocols. Medical evaluations will be conducted in accordance with, but not be limited to, CFR 10 850 .34(b). When appropriate, at no cost to the worker, an external provider, who has experience and knowledge in diagnosing and treating beryllium related medical conditions, may be consulted as an extension of the medical monitoring program.

Formatted: Indent: Left: 1"

2.2.1 Review of Initial (Baseline) Medical Evaluation

AMH acts on behalf of the responsible employer in performing initial and periodic beryllium medical monitoring evaluations and consultations. For beryllium associated workers enrolled in an AMH beryllium medical monitoring program, AMH also facilitates the multiple physician review process. This may include scheduling and payment for medical tests and evaluations for the purpose of diagnosing beryllium sensitization and/or CBD. If the beryllium-associated worker chooses to make his/her own arrangements for second and subsequent medical opinions, AMH will not facilitate scheduling or payment for those services. In these cases, AMH advises the worker to notify the employer of their intent to seek another opinion independent of AMH and discuss payment options. The worker can then proceed with setting up an appointment. AMH counsels the worker that employer notification should be done within fifteen days of his/her receipt of the most recent test results. AMH does not provide specific medical care or treatment of beryllium disease within the scope of the medical monitoring program.

Formatted: Indent: Left: 1.13"

The Multiple Physician Review process is explained to the worker during initial and periodic evaluations. Written notification of the results of the initial evaluation, including notification to the worker of the right to seek a second written medical opinion, is given to the worker within ten work days of receiving all test results related to that evaluation. The worker may request a second opinion at any time following the initial evaluation. AMH assists the worker in identifying medical facilities or providers, in scheduling appointments, and completing the multiple physician review process.

In the event the initial evaluation and the second opinion are in disagreement, AMH actively engages the second provider in discussions in an attempt to reach agreement. If this activity is not successful, AMH works with the worker and his/her private medical provider to identify a third medically qualified provider to review all relevant medical information and conduct any medical evaluations necessary to arrive at a definitive diagnosis. AMH acts consistently with the findings, determinations, and recommendations of the third provider or attempts to reach an agreement with the worker that is consistent with the recommendations of at least one of the other two providers.

If the worker desires an alternate approach to the one described here, AMH counsels the individual to make the necessary arrangements as long as the

**AdvanceMed Hanford
Beryllium Medical Support Plan**

AMH-CS-135A1, Rev. 910

Published: 3/16/25/10

process is timely and protective of the worker and is consistent with 10 CFR 850. In all cases, the consulting providers and evaluating facilities are to be the worker's choice so long as the provider is a licensed provider who is familiar with the health effects of beryllium.

Medical information resulting from second and third opinion evaluations will be provided to AMH so that it can be incorporated into the medical record as part of beryllium medical monitoring. A Release of Information (ROI) form will be completed.

If a diagnosis of beryllium sensitization or CBD is reached for a worker, he/she is informed of his/her right to file for ~~worker's compensation coverage either under the Department of Labor (DOL) and/or through the benefits with Washington State worker's compensation based systems managed by the DOE through DOE's third party administrator; and for benefits from Department of Labor's (DOL) Energy Employees Occupational Illness Compensation Program Act.~~ Workers are encouraged to contact their employer's Human Resources ~~or other responsible department~~ and their local EEOICPA resource center to arrange and obtain details concerning these programs and to determine other benefit options. At the point that a worker's compensation and/or DOL claim is accepted for CBD, AMH will continue to facilitate the referral and appointment scheduling, but funding and other provisions of the referral will fall under the responsible worker's compensation jurisdiction. (See Sections 6.1 and 6.2)

2.2.2 Other Referrals (Beryllium-related Medical Issues)

After the definitive diagnosis is made, beryllium-affected workers may require additional medical evaluation and/or testing. AMH coordinates medical referrals as needed or requested by any worker enrolled in an AMH beryllium medical monitoring program. The process is consistent with already established medical referral processes used by AMH and the Hanford Site contractors. These referrals are based on medical necessity and appropriateness for the purpose of determining a medical diagnosis and are considered as an extension of the medical monitoring process. They may be arranged in conjunction with or separate from the previously discussed multiple physician review process.

Formatted: Indent: Left: 1.13"

2.3 Reporting

2.3.1 Reporting to the Responsible Employer

As required by 10 CFR 850.34(e), the SOMD will provide the responsible employer with a medical examination report (excluding non-affected workers under 2.1.2 Beryllium: Previous Exposure). This report is provided within 10 working days of receiving all beryllium related test results for that particular examination. Included in the report are:

Formatted: Indent: Left: 1.13"

AdvanceMed Hanford
Beryllium Medical Support Plan

AMH-CS-135A1, Rev. 910

Published: 3/168/25/10

- Medical diagnoses that are relevant to occupational exposure to beryllium (e.g. ~~Affected Worker or Non-Affected Worker, Evaluations Pending,~~ or secondary effects of, or complications relating to, chronic beryllium disease that compromise the worker's ability to function in the workplace).
- A notification that all recommendations and test results have been communicated to the worker

Formatted: Indent: Left: 1.13", First line: 0"

The report will not include any specific records, findings or diagnoses that are not related to the medical conditions that may be affected by beryllium exposure.

Formatted: Indent: Left: 1.13"

2.3.2 Reporting to the Worker

The beryllium associated worker receives written communication from the examining provider explaining beryllium-related test results, any positive findings and medical recommendations. Any worker with positive findings also has an opportunity to meet personally with the examining provider. The beryllium worker receives a copy of the written medical opinion letter that is sent to the employer. All reports are provided to the worker within 10 working days of receiving all beryllium-related test results for that particular examination.

Formatted: Indent: Left: 1.13"

When a worker is determined to be beryllium affected, the beryllium case management nurse, if desired by the employee, will coordinate a meeting among the AMH staff, the worker, and IH or Safety personnel as appropriate. All available information will be reviewed in an attempt to determine where past exposures may have occurred and discuss future protective measures and accommodations if indicated.

2.3.3 Medical Removal Protection Benefits

10 CFR 850 and interpretive guidance from DOE Headquarters (Record ID D04-12-002) provide two separate pathways for initiation of medical removal benefits. (1) A written medical opinion from the SOMD that an individual should be removed from further exposure to beryllium. (2) A written medical opinion that secondary effects of, or complications relating to, chronic beryllium disease compromise the worker's ability to function in the workplace.

Formatted: Indent: Left: 1.13"

The SOMD will provide the responsible employer a written medical opinion with diagnosis of the worker as an ~~Affected Worker, a Non-Affected Worker, sensitized, CBD~~ or a temporary ~~diagnosis restriction~~ pending further evaluation. If the worker is a Beryllium ~~Assigned~~ worker, and there is a potential health risk associated with further exposure to beryllium, an immediate phone notification will be made to the employee and manager informing him/her of the employee status and recommend immediate implementation of the applicable parts of the company CBDPP. The DOE approved contractors

**AdvanceMed Hanford
Beryllium Medical Support Plan**

AMH-CS-135A1, Rev. 910

Published: 3/168/25/10

CBDPP contain the necessary procedures and control levels to prevent future exposures to Affected Workers. If the diagnosis is temporary, it will be so specified in the medical opinion and a follow up opinion will be made available once the diagnosis is either determined to be present or ruled out.

If, as a result of a medical evaluation(s) performed in accordance with 10 CFR 850.34, it is determined that an individual has either secondary effects of or complications relating to chronic beryllium disease that compromise the worker's ability to function in the workplace, the SOMD will provide this information in a written medical opinion. Where a contractor determines independent of a medical evaluation an affected worker is no longer able to perform the essential job functions for medical reasons, the contractor may request a work suitability evaluation and a written medical opinion. The contractor may then use the medical opinion to implement 10 CFR 850.35 as interpreted by DOE Interpretation D04-12-002, and specified in the contractor's CBDPP.

2.4 Medical Consent (§850.36)

AMH uses 10 CFR 850, Appendix A, "Chronic Beryllium Disease Prevention Program

Informed Consent Form" to obtain consent of the worker scheduled for beryllium medical monitoring. The medical consent is obtained at the time of the medical evaluation (See Section 6.2 – Informed Consent Form Sample). AMH develops and maintains the "Beryllium Information Booklet" which is a summary of the medical monitoring program and information on program testing and examinations. AMH makes the "Beryllium Information Booklet available on the AMH website. One week before the first medical evaluation or procedure (or upon worker's request), the employer provides (or has provided) each worker with the "Beryllium Information Booklet". The booklet includes:

- medical testing included in the monitoring program
- explanation and risks of tests and examinations
- type of data collected in the medical monitoring and epidemiology programs
- where the data are kept and how they are used
- how confidential data are protected

AMH makes the booklet available to workers under 2.1.2 Beryllium: ~~Previous Exposure Program: Voluntary~~ and includes a link to the online booklet in baseline beryllium worker appointment notices and reminders.

2.5 Counseling (§850.37)

As part of the medical counseling process (§850.37(f)(3)), the provider furnishes information to the worker regarding the risks of exposure to beryllium and refers them to their company CBDPP. This counseling and consultation, as well as the

Formatted: Indent: Left: 1"

Formatted: Indent: Left: 1", First line: 0", Tab stops: Not at 0.25"

Formatted: Indent: Left: 1"

Formatted: Indent: Left: 1"

**AdvanceMed Hanford
Beryllium Medical Support Plan**

AMH-CS-135A1, Rev. 910

Published: 3/16/25/10

employee's acknowledgement of the same, is documented on the *Beryllium Information Checklist* form. The contractor will provide additional counseling to meet the non-medical counseling requirements.

Counseling includes an explanation of the provisions and procedures of the medical monitoring program (§850.37(f)(1), information about follow-up medical diagnostic evaluation and treatment options (§850.37(f)(2), and the risk of continued beryllium exposure for sensitized workers and those with CBD (§850.37(f)(7). AMH provides psychological counseling to sensitized workers and workers with CBD through the Employee Assistance Program (§850.37(f)(3).

2.6 Recordkeeping (§850.39)

Records may be released for appropriate official purposes of DOE, National Institute of Occupational Safety and Health (NIOSH), Occupational Safety and Health Administration (OSHA), state health department, or Congress. Medical information without personal identifiers such as name, social security number, address, or phone number or other information that could be used to identify particular workers is provided to certain individuals such as DOE officials responsible for CBDPP, scientists and researchers working under DOE agreements, and the Oakridge Institute for Science and Education (ORISE).

AMH works cooperatively with Site contractors to analyze medical, job, and exposure data in order to identify workers or groups of workers potentially at risk for beryllium sensitization or CBD and working conditions that may contribute to that risk. AMH maintains a database of beryllium-associated workers including workers with previous exposure to beryllium (self-identified or identified by employer) and current beryllium-assigned workers (identified through the EJTA).

As the Beryllium Site Coordinator, AMH maintains the Hanford Beryllium Registry and submits encrypted information semi-annually to the DOE Office of Epidemiological Surveillance Studies within the Office of Environment, Safety and Health or designee, i.e., ORISE, to be included in the national beryllium registry. Personal identifiers are removed from any transmitted information.

3.0 Project Schedule

This program has been continuously used since inception of Occupational Health Services Contract No. DE-AC06-04RL14383, and is updated with new guidance, direction, and medical standards and considerations.

Formatted: Indent: Left: 1"

**AdvanceMed Hanford
Beryllium Medical Support Plan**

AMH-CS-135A1, Rev. 910

Published: 3/4/68/25/10

4.0 Roles and Responsibilities

4.1 AdvanceMed Hanford

AMH administers the functions of the SOMC, providing medical monitoring as defined in this MSP, which is provided as an attachment to the Hanford Site CBPDD and as a support to Site contractors in meeting the requirements of 10 CFR 850. AMH will administer a Memorandum of Agreement with each contractor that utilizes its services to clearly define roles and responsibilities pertaining to 10 CFR 850 and 851.

Formatted: Indent: Left: 1"

The AMH SOMD is responsible for administering and determining the provisions of the medical monitoring program.

The AMH Beryllium Case Management nurse assists in coordinating contractor procedures as described in the individual contractor appendices with the medical monitoring program. AMH coordinates the self-identification process to identify workers who may have been exposed to beryllium in the past.

4.2 Contractor

As the responsible employer, contractors have responsibility for determining all reasonable accommodations. They also have full discretion and responsibility for offering, considering, and providing medical removal plan benefits and all related elements, as specified in 10 CFR 850, including interpretation of 10 CFR 850 provided by DOE.

Formatted: Indent: Left: 1", Tab stops: 1", Left + 1.25", Left

Contractors supply the following to the SOMC:

- A list of beryllium-associated workers
- Attachment 4: AdvanceMed Hanford Beryllium Medical Support Plan (cont.)
- A baseline inventory of beryllium listed facilities
- Hazard assessment and exposure monitoring data, including past and current related duties of beryllium-associated workers as they pertain to beryllium exposure
- Records of beryllium exposure
- Types of personal protective equipment used
- A description of personal protective and respiratory protective equipment used in the past, present, or anticipated for future use

Formatted: Indent: Left: 1", First line: 0", Tab stops: 1", Left + 1.25", Left + Not at 0.25"

4.3 Department of Energy

DOE provides oversight and direction of the SOMC Medical Programs. They also have approval over any Memorandum of Agreement between AMH and the Hanford Site contractors.

Formatted: Indent: Left: 1"

**AdvanceMed Hanford
Beryllium Medical Support Plan**

AMH-CS-135A1, Rev. 910

Published: 3/168/25/10

5.0 References

1. 10 CFR 850. 1999.
2. Occupational Health Services Contract No. DE-AC06-04RL14383
3. DOE Technical Standard: Beryllium Associated Worker Registry Data Collection and Management Guidance, DOE-STD-1187-2005, May 2005.
4. DOE Interpretation D04-12-002

AdvanceMed Hanford
Beryllium Medical Support Plan

AMH-CS-135A1, Rev. 9/10

Published: 3/16/25/10

6.0 Sample Forms and Letters

6.1 Sample - Informed Consent Form

 CHRONIC BERYLLIUM DISEASE PREVENTION PROGRAM INFORMED CONSENT FORM
<p>I, _____, have carefully read and understand the attached information about the Be-LPT and other medical tests. I have had the opportunity to ask any questions that I may have concerning these tests and my questions have been answered to my satisfaction.</p> <p>I understand that the tests are confidential, but not anonymous. I understand that if the results of any test suggest a health problem, the examining physician will discuss the matter with me, whether or not the result is related to my work with beryllium. I understand that my employer will be notified of my diagnosis only if I have a beryllium sensitization or Chronic Beryllium Disease (CBD). My employer will not receive the results or diagnoses of any health condition not related to beryllium exposure.</p> <p>I understand that, if the results of one or more of these tests indicate that I have a health problem related to beryllium, additional examinations will be recommended. If additional tests indicate I do have a beryllium sensitization or CBD, the Site Occupational Medical Director may recommend that I be removed from working with beryllium.</p> <p>If I agree to be removed, I understand that I may be transferred to another job for which I am qualified (or for which I can be trained) and where my beryllium exposure will be as low as possible, but in no case above the action level. I will maintain my total normal earnings, seniority, and other benefits for up to two years if I agree to be permanently removed.</p> <p>I understand that if I apply for another job or for insurance, I may be requested to release my medical records to a future employer or an insurance company. I understand that AMH will maintain all medical information relative to the tests performed on me in segregated medical files, separate from my personnel files, treated as confidential medical records, and used or disclosed only as provided by the Americans with Disability Act, the Privacy Act of 1974, or as required by a court order or under the law.</p> <p>I understand that the results of my medical tests for beryllium will be included in the Beryllium Registry maintained by DOE, and that a unique identifier will be used to maintain the confidentiality of my medical information. Personal identifiers will not be included in any reports generated from the DOE Beryllium Registry. I understand that the results of my tests and examinations may be published in reports or presented at meetings, but that I will not be identified.</p> <p>I consent to having the following medical evaluations if determined by the AMH examiner to be needed:</p>
<p><input type="checkbox"/> Physical examination (respiratory system, skin and eyes)</p> <p><input type="checkbox"/> Chest x-ray</p> <p><input type="checkbox"/> Spirometry (breathing test)</p> <p><input type="checkbox"/> Be-LPT (blood test called the beryllium-induced lymphocyte proliferation test)</p> <p><input type="checkbox"/> Other test(s) (Specify): _____</p> <p>Beryllium-Previous Exposure: I understand that this program is voluntary and I am free to withdraw at any time from all or any part of the medical surveillance program.</p> <p><input type="checkbox"/> I consent to the tests indicated above. <input type="checkbox"/> I decline participation in the beryllium-previous exposure program</p> <p>Patient Signature : _____ Date: _____</p> <p>Beryllium Worker: In order to continue to perform this work I agree to participate fully in the requirements of the medical surveillance program including the tests indicated above.</p> <p>Patient Signature : _____ Date: _____</p> <p><i>I have explained and discussed any questions that the employee expressed concerning the Be-LPT, physical examination, and other medical testing as well as the implications of those tests.</i></p> <p>Print Name of AMH Beryllium Educator/Examiner: _____</p> <p>Signature : _____ Date: _____</p>

AC-RR00.731 (03/10)

**AdvanceMed Hanford
Beryllium Medical Support Plan**

AMH-CS-135A1, Rev. 910

Published: 3/16/25/10

6.2 Sample Statement of Patient Rights Form

**AdvanceMed Hanford
Beryllium Medical Support Plan**

AMH-CS-135A1 Rev 910

Published: 3/16/25/10

Formatted: Heading 2, Left, Indent: Left:
0.72"



STATEMENT OF PATIENT RIGHTS RELATING TO BERYLLIUM RESULTS

AMH has informed me that I have borderline and/or positive test result(s) from the beryllium lymphocyte proliferation test (Be-LPT).

As a result of multiple borderline or positive test results from the Be-LPT:

- I have the right to be protected from ongoing significant exposure to beryllium.
- If I am concerned about a risk at any time for exposure above the levels indicated in the site-wide CBDPP, I am encouraged to discuss my concern with my employer's management, safety professionals, or AMH medical providers.
- I have discussed with the physician, physician assistant or beryllium case management nurse my right to have current industrial-hygiene monitoring data provided by my employer when I am asked or required to enter posted or suspected beryllium buildings.
- I understand that as a beryllium associated worker (current worker who is exposed through beryllium work, or has had past or potential past exposure to beryllium at a DOE facility), my employer provides the opportunity under AMH's medical surveillance program for me to seek 2nd and 3rd medical opinions (Multiple Physician Review) upon my request. I understand requests for Multiple Physician Review must be made to AMH in writing within 15 days following receipt of my results.

I am aware of my right to file an application for benefits for occupational disease with the following agencies:

- State Workers' Compensation
Workers must file for worker's compensation within 2 years from the date a physician gives them written notice of the existence of an occupational disease. Contact your company's workers' compensation office for additional information.
- Energy Employees Occupational Illness Compensation Program Act (EEOICPA)
Workers who have had one positive Be-LPT test result may be eligible for medical benefits that include ongoing medical surveillance and medical treatment. Contact the EEOICPA resource center for additional information.

Employee Signature

Date

AMH Staff Signature

Date

BC-8800-741 (07/10)

Page 1: [1] Formatted	H3969431	6/17/2011 7:20:00 AM
Tab stops: 0.46", Left + Not at 0.5"		
Page 1: [2] Change	Unknown	
Field Code Changed		
Page 1: [3] Formatted	H3969431	6/17/2011 7:20:00 AM
Font: Calibri, 11 pt		
Page 1: [4] Change	Unknown	
Field Code Changed		
Page 1: [5] Formatted	H3969431	6/17/2011 7:20:00 AM
Font: Calibri, 11 pt		
Page 1: [6] Formatted	H3969431	6/17/2011 7:20:00 AM
Tab stops: 0.61", Left + Not at 0.67"		
Page 1: [7] Change	Unknown	
Field Code Changed		
Page 1: [8] Formatted	H3969431	6/17/2011 7:20:00 AM
Font: Calibri, 11 pt		
Page 1: [9] Change	Unknown	
Field Code Changed		
Page 1: [10] Formatted	H3969431	6/17/2011 7:20:00 AM
Font: Calibri, 11 pt		
Page 1: [11] Change	Unknown	
Field Code Changed		
Page 1: [12] Formatted	H3969431	6/17/2011 7:20:00 AM
Font: Calibri, 11 pt		
Page 1: [13] Change	Unknown	
Field Code Changed		
Page 1: [14] Formatted	H3969431	6/17/2011 7:20:00 AM
Font: Calibri, 11 pt		
Page 1: [15] Change	Unknown	
Field Code Changed		
Page 1: [15] Change	Unknown	
Field Code Changed		
Page 1: [16] Formatted	H3969431	6/17/2011 7:20:00 AM
Font: Calibri, 11 pt		
Page 1: [17] Change	Unknown	
Field Code Changed		

Field Code Changed

Page 1: [20] Formatted	H3969431	6/17/2011 7:20:00 AM
-------------------------------	-----------------	-----------------------------

Font: Calibri, 11 pt

Page 1: [21] Formatted	H3969431	6/17/2011 7:20:00 AM
-------------------------------	-----------------	-----------------------------

TOC 2, Tab stops: 0.61", Left + Not at 0.5"

Page 1: [22] Change	Unknown	
----------------------------	----------------	--

Field Code Changed

Page 1: [22] Change	Unknown	
----------------------------	----------------	--

Field Code Changed

Page 1: [23] Formatted	H3969431	6/17/2011 7:20:00 AM
-------------------------------	-----------------	-----------------------------

Font: Calibri, 11 pt

Page 1: [24] Formatted	H3969431	6/17/2011 7:20:00 AM
-------------------------------	-----------------	-----------------------------

TOC 1, Tab stops: 0.46", Left + Not at 0.67"

Page 1: [25] Change	Unknown	
----------------------------	----------------	--

Field Code Changed

Page 1: [25] Change	Unknown	
----------------------------	----------------	--

Field Code Changed

Page 1: [26] Formatted	H3969431	6/17/2011 7:20:00 AM
-------------------------------	-----------------	-----------------------------

Font: Calibri, 11 pt

Page 1: [27] Formatted	H3969431	6/17/2011 7:20:00 AM
-------------------------------	-----------------	-----------------------------

TOC 2, Tab stops: 0.61", Left + Not at 1"

Page 1: [28] Change	Unknown	
----------------------------	----------------	--

Field Code Changed

Page 1: [28] Change	Unknown	
----------------------------	----------------	--

Field Code Changed

Page 1: [29] Formatted	H3969431	6/17/2011 7:20:00 AM
-------------------------------	-----------------	-----------------------------

Font: Calibri, 11 pt

Page 1: [30] Formatted	H3969431	6/17/2011 7:20:00 AM
-------------------------------	-----------------	-----------------------------

Tab stops: 0.92", Left + Not at 1"

Page 1: [31] Change	Unknown	
----------------------------	----------------	--

Field Code Changed

Page 1: [32] Formatted	H3969431	6/17/2011 7:20:00 AM
-------------------------------	-----------------	-----------------------------

Font: Calibri, 11 pt

Page 1: [33] Change	Unknown	
----------------------------	----------------	--

Field Code Changed

Page 1: [34] Formatted	H3969431	6/17/2011 7:20:00 AM
-------------------------------	-----------------	-----------------------------

Page 1: [35] Change	Unknown	
Field Code Changed		
Page 1: [36] Formatted	H3969431	6/17/2011 7:20:00 AM
Font: Calibri, 11 pt		
Page 1: [37] Change	Unknown	
Field Code Changed		
Page 1: [38] Formatted	H3969431	6/17/2011 7:20:00 AM
Font: Calibri, 11 pt		
Page 1: [39] Change	Unknown	
Field Code Changed		
Page 1: [40] Formatted	H3969431	6/17/2011 7:20:00 AM
Font: Calibri, 11 pt		
Page 1: [41] Formatted	H3969431	6/17/2011 7:20:00 AM
Tab stops: 0.61", Left + Not at 0.67"		
Page 1: [42] Change	Unknown	
Field Code Changed		
Page 1: [43] Formatted	H3969431	6/17/2011 7:20:00 AM
Font: Calibri, 11 pt		
Page 1: [44] Change	Unknown	
Field Code Changed		
Page 1: [45] Formatted	H3969431	6/17/2011 7:20:00 AM
Font: Calibri, 11 pt		
Page 1: [46] Formatted	H3969431	6/17/2011 7:20:00 AM
Tab stops: 0.92", Left + Not at 1"		
Page 1: [47] Change	Unknown	
Field Code Changed		
Page 1: [48] Formatted	H3969431	6/17/2011 7:20:00 AM
Font: Calibri, 11 pt		
Page 1: [49] Change	Unknown	
Field Code Changed		
Page 1: [50] Formatted	H3969431	6/17/2011 7:20:00 AM
Font: Calibri, 11 pt		
Page 1: [51] Change	Unknown	
Field Code Changed		
Page 1: [52] Formatted	H3969431	6/17/2011 7:20:00 AM
Font: Calibri, 11 pt		

Font: Calibri, 11 pt

Page 1: [55] Formatted	H3969431	6/17/2011 7:20:00 AM
-------------------------------	-----------------	-----------------------------

Tab stops: 0.61", Left + Not at 0.67"

Page 1: [56] Change	Unknown
----------------------------	----------------

Field Code Changed

Page 1: [57] Formatted	H3969431	6/17/2011 7:20:00 AM
-------------------------------	-----------------	-----------------------------

Font: Calibri, 11 pt

Page 1: [58] Change	Unknown
----------------------------	----------------

Field Code Changed

Page 1: [59] Formatted	H3969431	6/17/2011 7:20:00 AM
-------------------------------	-----------------	-----------------------------

Font: Calibri, 11 pt

Page 1: [60] Formatted	H3969431	6/17/2011 7:20:00 AM
-------------------------------	-----------------	-----------------------------

Tab stops: 0.92", Left + Not at 1"

Page 1: [61] Change	Unknown
----------------------------	----------------

Field Code Changed

Page 1: [62] Formatted	H3969431	6/17/2011 7:20:00 AM
-------------------------------	-----------------	-----------------------------

Font: Calibri, 11 pt

Page 1: [63] Change	Unknown
----------------------------	----------------

Field Code Changed

Page 1: [64] Formatted	H3969431	6/17/2011 7:20:00 AM
-------------------------------	-----------------	-----------------------------

Font: Calibri, 11 pt

Page 1: [65] Change	Unknown
----------------------------	----------------

Field Code Changed

Page 1: [66] Formatted	H3969431	6/17/2011 7:20:00 AM
-------------------------------	-----------------	-----------------------------

Font: Calibri, 11 pt

Page 1: [67] Change	Unknown
----------------------------	----------------

Field Code Changed

Page 1: [68] Formatted	H3969431	6/17/2011 7:20:00 AM
-------------------------------	-----------------	-----------------------------

Font: Calibri, 11 pt

Page 1: [69] Formatted	H3969431	6/17/2011 7:20:00 AM
-------------------------------	-----------------	-----------------------------

Tab stops: 0.61", Left + Not at 0.67"

Page 1: [70] Change	Unknown
----------------------------	----------------

Field Code Changed

Page 1: [71] Formatted	H3969431	6/17/2011 7:20:00 AM
-------------------------------	-----------------	-----------------------------

Font: Calibri, 11 pt

Page 1: [72] Change	Unknown
----------------------------	----------------

Page 1: [74] Change	Unknown	
Field Code Changed		
Page 1: [75] Formatted	H3969431	6/17/2011 7:20:00 AM
Font: Calibri, 11 pt		
Page 1: [76] Change	Unknown	
Field Code Changed		
Page 1: [77] Formatted	H3969431	6/17/2011 7:20:00 AM
Font: Calibri, 11 pt		
Page 1: [78] Change	Unknown	
Field Code Changed		
Page 1: [79] Formatted	H3969431	6/17/2011 7:20:00 AM
Font: Calibri, 11 pt		
Page 1: [80] Change	Unknown	
Field Code Changed		
Page 1: [81] Formatted	H3969431	6/17/2011 7:20:00 AM
Font: Calibri, 11 pt		
Page 1: [82] Formatted	H3969431	6/17/2011 7:20:00 AM
Tab stops: 0.46", Left + Not at 0.5"		
Page 1: [83] Change	Unknown	
Field Code Changed		
Page 1: [84] Formatted	H3969431	6/17/2011 7:20:00 AM
Font: Calibri, 11 pt		
Page 1: [85] Change	Unknown	
Field Code Changed		
Page 1: [86] Formatted	H3969431	6/17/2011 7:20:00 AM
Font: Calibri, 11 pt		
Page 1: [87] Change	Unknown	
Field Code Changed		
Page 1: [88] Formatted	H3969431	6/17/2011 7:20:00 AM
Font: Calibri, 11 pt		
Page 1: [89] Change	Unknown	
Field Code Changed		
Page 1: [90] Formatted	H3969431	6/17/2011 7:20:00 AM
Font: Calibri, 11 pt		
Page 1: [91] Formatted	H3969431	6/17/2011 7:20:00 AM
Tab stops: 0.61", Left + Not at 0.67"		

Font: Calibri, 11 pt

Page 1: [94] Change	Unknown
----------------------------	----------------

Field Code Changed

Page 1: [95] Formatted	H3969431	6/17/2011 7:20:00 AM
-------------------------------	-----------------	-----------------------------

Font: Calibri, 11 pt

Page 1: [96] Change	Unknown
----------------------------	----------------

Field Code Changed

Page 1: [97] Formatted	H3969431	6/17/2011 7:20:00 AM
-------------------------------	-----------------	-----------------------------

Font: Calibri, 11 pt

Page 1: [98] Change	Unknown
----------------------------	----------------

Field Code Changed

Page 1: [99] Formatted	H3969431	6/17/2011 7:20:00 AM
-------------------------------	-----------------	-----------------------------

Font: Calibri, 11 pt

Page 1: [100] Change	Unknown
-----------------------------	----------------

Field Code Changed

Page 1: [101] Formatted	H3969431	6/17/2011 7:20:00 AM
--------------------------------	-----------------	-----------------------------

Font: Calibri, 11 pt

Page 1: [102] Change	Unknown
-----------------------------	----------------

Field Code Changed

Page 1: [103] Formatted	H3969431	6/17/2011 7:20:00 AM
--------------------------------	-----------------	-----------------------------

Font: Calibri, 11 pt

Page 1: [104] Formatted	H3969431	6/17/2011 7:20:00 AM
--------------------------------	-----------------	-----------------------------

Tab stops: 0.46", Left + Not at 0.5"

Page 1: [105] Change	Unknown
-----------------------------	----------------

Field Code Changed

Page 1: [106] Formatted	H3969431	6/17/2011 7:20:00 AM
--------------------------------	-----------------	-----------------------------

Font: Calibri, 11 pt

Page 1: [107] Change	Unknown
-----------------------------	----------------

Field Code Changed

Page 1: [108] Formatted	H3969431	6/17/2011 7:20:00 AM
--------------------------------	-----------------	-----------------------------

Font: Calibri, 11 pt

Page 1: [109] Change	Unknown
-----------------------------	----------------

Field Code Changed

Page 1: [110] Formatted	H3969431	6/17/2011 7:20:00 AM
--------------------------------	-----------------	-----------------------------

Font: Calibri, 11 pt

Page 1: [111] Change	Unknown
-----------------------------	----------------

Page 1: [113] Formatted	H3969431	6/17/2011 7:20:00 AM
--------------------------------	-----------------	-----------------------------

Tab stops: 0.61", Left + Not at 0.67"

Page 1: [114] Change	Unknown
-----------------------------	----------------

Field Code Changed

Page 1: [115] Formatted	H3969431	6/17/2011 7:20:00 AM
--------------------------------	-----------------	-----------------------------

Font: Calibri, 11 pt

Page 1: [116] Change	Unknown
-----------------------------	----------------

Field Code Changed

Page 1: [117] Formatted	H3969431	6/17/2011 7:20:00 AM
--------------------------------	-----------------	-----------------------------

Font: Calibri, 11 pt

Page 1: [118] Change	Unknown
-----------------------------	----------------

Field Code Changed

Page 1: [119] Formatted	H3969431	6/17/2011 7:20:00 AM
--------------------------------	-----------------	-----------------------------

Font: Calibri, 11 pt

Page 1: [120] Change	Unknown
-----------------------------	----------------

Field Code Changed

Page 1: [121] Formatted	H3969431	6/17/2011 7:20:00 AM
--------------------------------	-----------------	-----------------------------

Font: Calibri, 11 pt