

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF OHIO
EASTERN DIVISION

In re:
WELDING FUME PRODUCTS
LIABILITY LITIGATION

Case No. 1:03-CV-17000

MDL Docket No. 1535

JUDGE KATHLEEN OMALLEY

This Document Relates To All Cases

FACT SHEET FOR PLAINTIFFS

This Fact Sheet must be completed by each Plaintiff in the above-captioned action who claims harmful exposure to manganese in welding fumes, or who is the representative of a person (or the estate of a deceased person) who claims harmful exposure to welding fumes. Upon completing these materials, you must certify that all of the information provided is true and correct to the best of your knowledge, information and belief, and that you have executed and supplied the documents being demanded.

If additional space is needed for any response, please continue your answer on separate sheets and attach them to the completed Fact Sheet. Conversely, if the response to any question is that the person completing this Fact Sheet does not know or does not recall the information requested, that response should be entered in the appropriate location (s).

Name of Plaintiff: _____

I. CASE INFORMATION

- A. Please state the name, address, telephone number, fax number, and email address of the principal attorney representing you:

Name

Firm

City, State and Zip Code

Telephone number

Fax number

Email address

- B. If you are completing this Fact Sheet in a representative capacity (*e.g.*, on behalf of the estate of a deceased person), please complete the following:

1. _____
Your Full Name

C. Present Street Address: _____

City State Zip Code

Length of Residence at this address: _____

D. Are you currently married? Yes _____ No _____

If "Yes," spouse's name: _____

If "No," last known address of any former spouses:

Has your spouse filed a loss of consortium claim in this case?

Yes _____ No _____

E. To your knowledge, has anyone in your family or any relative of yours ever been diagnosed with or suffered from Parkinson's Disease or experienced any other movement disorder, neurological illness, or deficit, including but not limited to, shaking, tremor, rigidity, or numbness and/or tingling sensations, or psychological illness or condition, including but not limited to depression, insomnia, bipolar, disorder, mania, manic depression or aggression?

Yes _____ No _____ I don't know _____

If yes, identify each such person below and provide the information requested.

1. Name: _____

2. Occupation: _____

3. Relation to You: _____

4. Description of Medical Condition: _____

5. Age at Onset of Condition: _____

6. Current Age (or Age at Death): _____

7. If Applicable, Cause of Death: _____

F. Have you ever served in any branch of the U.S. Military? Yes _____ No _____

If yes, please state:

1. Did you receive an honorable discharge? Yes _____ No _____

2. Were you discharged for any reason relating to your health or physical condition? Yes _____ No _____

If yes, state what the condition was:

3. Did any of your occupational tasks include welding or exposure to welding fumes? Yes _____ No _____

If yes, state the location where the exposure occurred:

III. EMPLOYMENT INFORMATION

A. For *each* job, beginning with the most recent, in which you allege that you were or are exposed to welding fumes, please provide the following information [use additional sheets for additional jobs]:

1. Name of employer: _____

2. Location of work site: _____

Town/City

State

Zip Code

3. Job title(s) and tasks: _____

4. Dates of your alleged exposure at this job: _____

5. The percentage of time you spent working inside (approx.): _____

The percentage of time you spent working outside (approx.): _____

[Total should equal 100%]

6. Estimated time each day and how many days per week you were exposed to fumes: _____

7. The approximate height, width and length of the structure in which you worked when working inside:

8. The type of ventilation used in the area(s) in which you worked:

9. Was your exposure caused by your welding or someone else welding in your presence? If the latter, how far from you did the other person weld?

10. Which of the following welding processes have you used or did you work in close proximity to:

A. Shielded Metal Arc Welding (SMAW, stick)	Yes _____	No _____	Do Not Recall _____
B. Gas Metal Arc Welding (GMAW, MIG)	Yes _____	No _____	Do Not Recall _____
C. Gas Tungsten Arc Welding (GTAW, TIG)	Yes _____	No _____	Do Not Recall _____
D. Flux Cored Arc Welding (FCAW)	Yes _____	No _____	Do Not Recall _____
E. Plasma Arc Welding (PAC, PAW)	Yes _____	No _____	Do Not Recall _____
F. Submerged Arc Welding (SAW)	Yes _____	No _____	Do Not Recall _____
G. Carbon Arc Welding (CAW)	Yes _____	No _____	Do Not Recall _____
H. Electro Slag Welding (ESW)	Yes _____	No _____	Do Not Recall _____
I. Electro Gas Welding (EGW)	Yes _____	No _____	Do Not Recall _____
J. Stand Welding	Yes _____	No _____	Do Not Recall _____
K. Oxyacetylene Welding	Yes _____	No _____	Do Not Recall _____
L. Beddon Plate Welding	Yes _____	No _____	Do Not Recall _____
M. Torch Blazing	Yes _____	No _____	Do Not Recall _____
N. Oxygen Cutting	Yes _____	No _____	Do Not Recall _____
O. Air Carbon Arc Cutting	Yes _____	No _____	Do Not Recall _____

11. Identify each welding consumable to which you were exposed by the AWS classification, trade name, or other identifying characteristic:

12. Who was/were the manufacturer(s), supplier(s), and distributor(s) of the welding consumable(s) to which you allege you were exposed?

13. Did any of your alleged exposure at this employment occur while working on projects that were undertaken by, on behalf, or as part of a contract with the U.S. military? Yes _____ No _____

If yes, identify the project(s):

14. Please list any Respiratory Protection Device(s) or other equipment, device, procedure, or technique to reduce your possible exposure to, or inhalation of, welding fumes *that you were advised to use or that you were told were available to you* at this job by any employer, co-worker, or union representative and identify the person who provided the advice or information.

[Note: As used in this Fact Sheet, the term ‘Respiratory Protection Device(s)’ means respirators, safety masks, air supplied hood, or any other devices, instruments, products, or objects designed to prevent or reduce an individual’s inhalation of welding fumes, gases, or vapors.]

15. The percentage of time (not to exceed 100%), per shift, that each Respiratory Protection Device was *actually used* by you:

16. Please list any additional safety precautions *that were actually taken by you*, if any, to avoid inhalation of welding fumes:

17. Do you allege that your exposure to welding fumes at this place of employment caused you an injury for which you are seeking recovery in this lawsuit?:

Yes: _____ No: _____

B. Please state the following for *each* employment from the time you first started working until the present where you DO NOT ALLEGE you were exposed to welding fumes:

1.

Employer Name

Employer Address

Dates of Employment

Occupation/Job Title/Major Tasks Performed

Immediate Supervisor

2. All Chemicals, Fumes, Gases, Dusts, Metals, Fibers, Petrochemicals or combustibles, or combustion products of any kind you were exposed to at this job.

[Attach additional sheets if necessary to list information regarding additional employers]

C. Have you been exposed to welding fumes or gases outside of or apart from the employment identified and described in your answer to III.A, above?

Yes: _____ No: _____

If yes, for each such exposure, state:

1. The location where the exposure occurred:

-
2. The inclusive dates of the exposure:

 3. The tasks being performed when you were exposed:

 4. Whether your exposure was caused by your welding or by someone else welding in your presence:

 5. The type of welding process utilized during each alleged exposure (see Request III.A.10):

 6. The welding consumables used—state the AWS classification, trade name, or other identifying characteristic, and the base metal and coating used during each exposure:

 7. The manufacturer, supplier, and/or distributor of each such consumable:

 8. The frequency and duration of your exposure:

 9. Any Respiratory Protective Device(s) you wore or utilized or which was available for your use:

 10. A description of the place where the alleged exposure occurred, including whether it was indoors or outdoors and the method and extent of air flow and ventilation.

11. Do you allege that your exposure to welding fumes at this location caused you an injury for which you are seeking recovery in this lawsuit?:

Yes: _____ No: _____

IV. CLAIM-RELATED INFORMATION

A. State how and when you first heard that welding fumes may be harmful.

B. Claim Information

1. Identify each disease, illness, or medical injury, or any other type of injury which you claim you suffered as a result of your exposure to welding fume:

2. As to each such disease, illness or injury, provide the name and address of the doctor who diagnosed the condition and the date of the diagnosis:

3. Describe any physical or psychological symptoms that you have experienced in connection with each disease, illness, or other medical injury being claimed by you in this case.

4. State the name and address of all medical practitioners from whom you have sought treatment for each disease, illness, or other medical injury that you have listed above and list the dates on which such treatment was sought:

5. What, if any, testing or diagnostic tests were performed by any of the diagnosing or treating medical professionals identified above (including but not limited to MRIs, PET scans, blood tests, urine tests, hair samples, etc.):

6. State all costs, including medical costs, you believe you have incurred as a result of your alleged exposure to welding fume and the approximate date such expense(s) were incurred. "Medical costs" includes, but is not limited to, all charges for care, treatment or diagnosis by a medical professional; all hospital costs, charges and expenses; and all medication expenses.

7. State any payments you receive from any health, medical, hospitalization, or workers' compensation insurance company, welfare fund, government agency, charity, fund, or other public, private, or non-profit entity in relation to any condition or circumstance for which you seek compensation in this matter.

8. If you claim or expect to claim that you have lost earnings or suffered an impairment of earning capacity as a result of any condition which you believe was caused by your exposure to welding fumes:

State the total amount of time which you have lost from work as a result of any and all conditions on which you claim or believe was caused by your exposure to welding fumes and your understanding of the amount of income which you lost:

9. State your earned income for each of the last five (5) years:

Year	Income
_____	\$ _____

____ \$ _____
____ \$ _____
____ \$ _____

V. PRIOR CLAIMS

A. Have you ever filed a lawsuit or made a claim, other than in the present lawsuit, relating to any bodily injury, disease, illness, or other medical condition?

Yes _____ No _____

If "Yes," state:

1. The claims you made: _____
2. The name of the court in which each action was filed:

3. The docket or civil action number assigned to each such claim, action or suit:

4. The date on which the claim was filed: _____
5. The name and address of each medical professional who examined, treated, counseled or otherwise assisted you in connection with the claim:

6. The disposition of the claim, including the amount and date of any award.

7. Did you testify either at trial or at a deposition? Yes: _____ No: _____

B. Have you ever filed a worker's compensation claim? Yes _____ No _____

If yes, please provide the following for each claim:

1. Date claim was filed: _____
2. Name and address of the office where the claim was filed:

3. Claim/docket number, if applicable: _____
4. Nature of disability claimed: _____
5. Period of disability: _____
6. Disposition of the claim: _____
7. Amount of award: _____
8. Name and address of each medical practitioner who examined, treated, counseled or otherwise assisted you in connection with the claim:

C. Have you ever filed a disability claim with the Social Security or Veterans Administration?

Yes _____ No _____

If yes, please provide the following for each claim:

1. Date claim was filed: _____
2. Name and address of the office where the claim was filed:
3. Claim/file number: _____
4. Nature of disability claimed: _____
5. Period of disability: _____
6. Disposition of the claim: _____
7. Amount of award: _____
8. Name and address of each medical practitioner who examined you in connection with the claim:

[Attach additional sheets if necessary to describe more than one claim in any of the above categories]

VI. MEDICAL HISTORY

A. With respect to any examination, testing, or screening in which you have participated for any welding-fume-related disease, illness, condition, or other injury for which you seek compensation in this case, please state:

1. How did you come to know of the existence of such screening and that you were eligible to participate in it? (e.g., newspaper, radio or television advertising, word of mouth, announcement at work or union, fliers, pamphlets, attorney advertising, a telephone call). Specifically identify the source by name.

2. The date of each such examination, testing, or screening:

3. The name and address of each clinic, laboratory, hospital, or facility at which such examination, testing, or screening was performed:

4. The medical test(s), neuropsychological tests, or other or diagnostic method(s) or electronic devices used during each examination, testing, or screening (e.g., pulmonary function tests, chest x-ray(s), radiographic, or radiological procedures, NMI, PET scan, CT scans, MRI scans, tremor frequency assessment tests, etc.):

5. The duration of each stage of the examination, testing or screening in which you participated.

6. Did you fill out a questionnaire or was one filled out on your behalf?

Yes _____ No _____

If yes, where is that questionnaire located? _____

7. Were you told, encouraged, or otherwise advised by any medical professional during or after the screening to contact an attorney?

Yes _____ No _____

If "Yes," who so advised you? _____

8. State any condition with which you were diagnosed as a result of the examination, testing or screening and provide the name and address of each physician who made the diagnosis:

9. Were you advised during or after the screening to consult with a movement disorder specialist, or some other, physical or mental health care professional?

Yes _____ No _____

If "Yes," who so advised you? _____

10. After the screening, did you in fact seek further medical attention, advice, examination, counseling, or other assistance in relation to the results of the screening or advice or information provided to you during the screening concerning your physical or mental health?

Yes _____ No _____

If "yes," from whom? _____

What was their diagnosis? _____

11. Did you receive any monetary or in-kind compensation or reimbursement for your participation in the screening?

Yes _____ No _____

If "yes," what compensation? _____

[**Note:** For this Fact Sheet the term "medical professional" means any doctor (including interns and residents), nurse, psychologist, psychiatrist, counselor, or any other person who provides or assists in the provision of any medical or mental health services.]

B. To the best of your knowledge, have you ever used, ingested, or otherwise been exposed to any of the following during your course of employment:

1. Insecticides, *e.g.*, DDT

Yes _____ No _____ Don't Recall _____

If yes, please list the approximate date(s) of such use, ingestion or exposure:

2. Trichloroethylene

Yes _____ No _____ Don't Recall _____

If yes, please list the approximate date(s) of such use, ingestion or exposure:

3. Acetone

Yes _____ No _____ Don't Recall _____

If yes, please list the approximate date(s) of such use, ingestion or exposure:

4. Hazardous waste material

Yes _____ No _____ Don't Recall _____

If yes, please list the approximate date(s) of such use, ingestion or exposure:

5. Vinyl chloride monomer

Yes _____ No _____ Don't Recall _____

If yes, please list the approximate date(s) of such use, ingestion or exposure:

6. Carbon tetrachloride (*e.g.*, fire extinguishers, solvents, fumigants)

Yes _____ No _____ Don't Recall _____

If yes, please list the approximate date(s) of such use, ingestion or exposure:

7. Benzene

Yes _____ No _____ Don't Recall _____

If yes, please list the approximate date(s) of such use, ingestion or exposure:

8. Chlorinated hydrocarbons

Yes _____ No _____ Don't Recall _____

If yes, please list the approximate date(s) of such use, ingestion or exposure:

9. Arsenic (*e.g.*, dyes, paint, petroleum, ceramics, semi-conductors)

Yes _____ No _____ Don't Recall _____

10. Amanita mushroom poisoning

Yes _____ No _____ Don't Recall _____

If yes, please list the approximate date(s) of such use, ingestion or exposure:

11. Aflatoxin (*e.g.*, nuts, barley, corn, wheat, soybeans)

Yes _____ No _____ Don't Recall _____

If yes, please list the approximate date(s) of such use, ingestion or exposure:

12. Dry cleaning chemicals
Yes _____ No _____ Don't Recall _____

If yes, please list the approximate date(s) of such use, ingestion or exposure:

13. Cleaning supplies, floorwax
Yes _____ No _____ Don't Recall _____

If yes, please list the approximate date(s) of such use, ingestion or exposure:

14. Carbon monoxide
Yes _____ No _____ Don't Recall _____

If yes, please list the approximate date(s) of such use, ingestion or exposure:

15. Gasoline
Yes _____ No _____ Don't Recall _____

If yes, please list the approximate date(s) of such use, ingestion or exposure:

16. Polychlorinated biphenyls (PCBs)
Yes _____ No _____ Don't Recall _____

If yes, please list the approximate date(s) of such use, ingestion or exposure:

17. Zinc, mercury, lead, or cadmium
Yes _____ No _____ Don't Recall _____

If yes, please list the approximate date(s) of such use, ingestion or exposure:

C. Has a doctor ever diagnosed you with any of the following:

Check yes or no; if "yes" provide the date of diagnosis, and doctor or hospital information.

Disorder or Disease	Yes	No	Date Diagnosed	Name and address of Doctor and/or Hospital who diagnosed you
Parkinson's Disease				
Parkinsonism				
Manganism				
Neuropathy				
Pneumonitis				
Asthma				
Emphysema				
Asbestosis				
Silicosis				
Heart Disease				
Hypertension or High Blood Pressure				
Osteoporosis				
Anemia				
Malaria				
Avitaminosis				
Liver Dysfunction				

D. Smoking/alcohol usage:

1. Have you ever smoked? Yes _____ No _____
2. If yes, what year did you start smoking? _____
3. If yes, what did you smoke?

Cigarettes _____ Brand Name _____
Cigars _____ Brand Name _____
Pipes _____ Brand Name _____

4. How old were you when you started smoking? _____
5. How many packs did you smoke per day? _____
6. Did you stop smoking? Yes _____ No _____
If yes, how old were you when you stopped? _____
7. On average, how much alcohol do you/did you drink?
Did not drink: _____
0-3 drinks per week: _____
3-6 drinks per week: _____
6-12 drinks per week: _____
12 or more drinks per week: _____

VII. CONSPIRACY ALLEGATIONS

A. To the extent that you allege that the Defendants engaged in a conspiracy to fraudulently conceal or misrepresent certain information, please provide the following information:

1. Identify any communications between you and each of the Defendants.

2. Identify any contractual relationships, business dealings or other contact or relationship between you and each of the Defendants.

3. State whether, at any point prior to this lawsuit, you had any personal knowledge of or membership in NEMA (the National Electrical Manufacturers Association), AWS (the American Welding Society), or ANSI (the American National Standards Institute), or any other professional organization related to welding. If so, state how and what you knew of these organizations; whether or not you were a member; and if you were a member, for what years

VIII. WARNINGS

A. Were you ever given any written instructions or warnings regarding welding fumes or manganese?

Yes _____ No _____ Don't Recall _____

If yes, state *verbatim* the substance of the instructions or warnings:

If yes, please also state when the written instructions or warnings were given and identify each person or entity from whom you received the warnings or instructions.

Approximate date

Name of person or entity (and address if not otherwise provided)

B. Were you ever given any oral instructions or warnings regarding welding fumes or manganese?

Yes _____ No _____ Don't Recall _____

If yes, state *verbatim* the substance of the instructions or warnings:

If yes, please also state when the written instructions or warnings were given and identify each person or entity from whom you received the warnings or instructions.

Approximate date

Name of person or entity (and address if not otherwise provided)

- C. State whether you personally saw or heard any communication, statement, or other representation (*e.g.*, advertisement, Material Safety Data Sheet or “MSDS,” warning label) regarding the safety of or hazards associated with welding fumes or welding consumables prior to instituting this lawsuit. If so:
1. Identify the person, company or organization making this communication, statement or representation, including whether the person, company or organization is a manufacturer and/or supplier and/or distributor of welding consumables;

 2. Identify the communication, statement or representation, including the nature and content of the statement and the type of welding process utilized or welding consumable to which the statement related:

 3. Provide the date that you saw or heard the communication, statement or representation:

DECLARATION

I, _____, declare under penalty of perjury that all of the information provided in this Fact Sheet is true and correct to the best of my knowledge, information, and belief. I understand and am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Signature: _____

Sworn to before me this ____ day of _____, 200__.

Notary Public