

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE

In re:	:	
	:	Chapter 11
USG CORPORATION,	:	
a Delaware corporation, et al.,	:	Jointly Administered
	:	Case No. 01-2094 (JKF)
Debtors.	:	
<hr/>		
USG CORPORATION, et al.,	:	
	:	
Movant	:	
	:	
v.	:	
	:	
OFFICIAL COMMITTEE OF ASBESTOS PERSONAL	:	Civil Action No. 04-1559 (JFC)
INJURY CLAIMANTS, OFFICIAL COMMITTEE OF	:	Civil Action No. 04-1560 (JFC)
UNSECURED CREDITORS, OFFICIAL	:	
COMMITTEE OF ASBESTOS PROPERTY	:	
DAMAGE CLAIMANTS AND LEGAL	:	
REPRESENTATIVE FOR FUTURE CLAIMANTS,	:	
	:	
Respondents.	:	

**DEBTORS' STANDARD QUESTIONNAIRE TO
SELECT PERSONAL INJURY ASBESTOS CLAIMANTS**

COOLEY GODWARD LLP

Stephen C. Neal (CA 170085)

Scott D. Devereaux (CA 146050)

3000 El Camino Real

Five Palo Alto Square

Palo Alto, CA 94306

Tel: (650) 843-5000

RICHARDS, LAYTON, & FINGER, P.A.

Daniel J. DeFranceschi (DE No. 2732)

Paul N. Heath (DE No. 3704)

P.O. Box 551

One Rodney Square

Wilmington, Delaware 19899

Tel: (302) 651-7700

JONES DAY

David G. Heiman (OH 0038271)

Brad B. Erens (IL 6206864)

North Point

901 Lakeside Avenue

Cleveland, Ohio 44114-1190

Tel: (216) 586-3939

Counsel for Debtors

Answer separately and truthfully in writing each of the questions in this Questionnaire in accordance with the Questionnaire's Definitions and Instructions. Read the entire Questionnaire carefully before completing it. Your completed Questionnaire must be returned no later than thirty (30) days from the day you received it. Make sure that you and your attorney, if you have one, sign the last page of the Questionnaire under oath. Completion of this Questionnaire is mandatory under Federal Rules of Civil Procedure, Rules 26 and 33, made applicable to this proceeding by Federal Rules of Bankruptcy Procedure 7026 and 7033.

DEFINITIONS

The words in CAPITALS in the Questionnaire are defined as follows:

1. The INJURED PARTY is the person who allegedly has or had a medical condition caused by asbestos exposure, including but not limited to MESOTHELIOMA, LUNG CANCER, OTHER CANCER, PLEURAL PLAQUES, DIFFUSE PLEURAL THICKENING, ASBESTOSIS, or other non-malignant asbestos-related condition.
2. The PERSONAL REPRESENTATIVE OF THE INJURED PARTY is the person or entity that is filing the claim on behalf of the INJURED PARTY if the INJURED PARTY is legally incompetent or deceased. This person or entity may be, for example, the INJURED PARTY's legal guardian, executor, or administrator. This person or entity is not the attorney representing the INJURED PARTY or the attorney representing the PERSONAL REPRESENTATIVE OF THE INJURED PARTY.
3. The CLAIMANT is either the INJURED PARTY or, if the INJURED PARTY is legally incompetent or deceased, the PERSONAL REPRESENTATIVE OF THE INJURED PARTY.
4. DEBTORS are any or all of the following corporations: USG Corporation, United States Gypsum Company, USG Interiors, Inc., USG Interiors International, Inc., L&W Supply Corporation, Beadex Manufacturing, LLC, B-R Pipeline Company, La Mirada Products Co., Inc., USG Industries, Inc., USG Pipeline Company, and Stocking Specialists, Inc.
5. US GYPSUM is United States Gypsum Company. For a description of the businesses of US GYPSUM and other DEBTORS and a listing of the types of products they manufactured or sold that may have contained asbestos, see Appendix C to this Questionnaire.
6. PLEURAL PLAQUES is a non-malignant, circumscribed or localized area of fibrous material appearing in the lining of the lung or the chest wall.
7. DIFFUSE PLEURAL THICKENING is a diffuse (as opposed to circumscribed or localized) area of fibrosis appearing in the lining of the lung or the chest wall.
8. ASBESTOSIS is diffuse fibrosis (or scarring) on both lungs caused by the inhalation of asbestos fibers.
9. LUNG CANCER is a malignant tumor of the lungs.
10. MESOTHELIOMA is a malignant tumor of the pleura, which is the thin membrane or lining surrounding the lung (pleural mesothelioma). It may also be a malignant tumor of the lining of the abdominal cavity (peritoneal mesothelioma).
11. OTHER CANCER is any cancer other than LUNG CANCER or MESOTHELIOMA and includes but is not limited to colon cancer, laryngeal (voicebox) cancer, esophageal cancer, pharyngeal (throat) cancer, stomach cancer, breast cancer, ovarian cancer, liver cancer, brain cancer, lymphoma (cancer of the lymph nodes (or tissues)), and prostate cancer.
12. FORCED VITAL CAPACITY (FVC) describes the total amount of air that can be forcibly and quickly exhaled after inhaling as much air as possible.
13. FORCED EXPIRATORY VOLUME (FEV₁) describes the volume of air that can be forced from the lungs in one second of effort.
14. TOTAL LUNG CAPACITY (TLC) represents the total amount of air that can be taken into the lungs, including the air that cannot be exhaled.
15. DIFFUSION CAPACITY (DLCO or D_{co}) measures the exchange of oxygen from the air to the blood stream.

INSTRUCTIONS

1. Read carefully the entire Questionnaire and the Definitions and Instructions before completing the Questionnaire. It is important to read the entire Questionnaire at least once before completing it because you may need to photocopy some sections prior to filling them out so that you can submit multiple copies of the sections. See Instruction No. 4, below.
2. Type or print your answers to each question neatly and legibly using black or blue ink. Use capital letters and avoid contact with the edge of the character boxes. Mark check boxes with an "X" (example at right). Do not use a felt-tip pen, do not write outside the boxes or blocks, and do not bend or fold the pages of the Questionnaire. Do not distribute this Questionnaire to others for their completion because each Questionnaire has a unique identifying number for each CLAIMANT.
3. Be complete, accurate, and truthful in your answers to the questions asked. This Questionnaire is an official court document that may be used as evidence in any legal proceeding regarding your claim. The penalty for presenting a fraudulent Questionnaire is a fine of up to \$500,000 or imprisonment for up to five years, or both. 18 U.S.C. §§ 152 & 3571.
4. If you cannot fit all information in any particular section or page, make a copy of that page before filling it out and add the necessary information to the copied page(s). Attach as many additional pages as needed.
5. Submit with the Questionnaire copies of any and all medical reports or records that show, support, conflict with, or otherwise relate to a diagnosis or lung function analysis of the INJURED PARTY alleged in Part 2 of the Questionnaire, including but not limited to:
 - A. Physical exam results;
 - B. Pathology reports;
 - C. Diagnostic tests or reports;
 - D. Laboratory tests;
 - E. Letters or other written statements from a doctor or medical clinic;
 - F. Radiographic evaluations, such as x-rays or CT Scans; and
 - G. Pulmonary function test (PFT) reports, including:
 - (i) Spirogram tracings;
 - (ii) FORCED VITAL CAPACITY (FVC);
 - (iii) FORCED EXPIRATORY VOLUME (FEV1);
 - (iv) TOTAL LUNG CAPACITY (TLC); and
 - (v) DIFFUSION CAPACITY (DLCO or D_{co}).
 - H. Written statements by a doctor or medical clinic regarding the cause or potential cause of a diagnosis.

You may submit photocopies of these medical reports or records instead of the original reports or records.
6. If the INJURED PARTY is deceased, submit the death certificate with the Questionnaire. If this Questionnaire is being filed by the PERSONAL REPRESENTATIVE OF THE INJURED PARTY, submit with the Questionnaire written evidence of your authority to act on behalf of the INJURED PARTY.
7. If the INJURED PARTY or the PERSONAL REPRESENTATIVE OF THE INJURED PARTY responded to interrogatories or was deposed in a lawsuit filed by or on behalf of the INJURED PARTY for asbestos-related personal injury, submit with the Questionnaire a copy of any and all such interrogatory responses and depositions. If a written claim, including but not limited to a proof of claim form, was submitted by or on behalf of the INJURED PARTY for asbestos-related personal injury in another bankruptcy case or against a trust established pursuant to a plan of reorganization or liquidation in another bankruptcy case, submit with the Questionnaire a copy of any and all such written claims. See Part 9 of the Questionnaire.
8. If in Part 4 you identify a co-worker or other person upon whom you rely for your belief that the INJURED PARTY was exposed to an asbestos-containing product of US GYPSUM or another DEBTOR, and if that co-worker or other person was deposed in any asbestos-related personal injury action, submit with the Questionnaire a copy of any and all such depositions. See Part 4 of the Questionnaire.

9. In Parts 4-7 of the Questionnaire, you are asked to provide Standard Occupational Classification Codes and Standard Industrial Classification Codes. For a list of these codes, refer to Appendices D and E, respectively, to the Questionnaire.
10. Make sure that the INJURED PARTY or the PERSONAL REPRESENTATIVE OF THE INJURED PARTY completes and signs both the Authorization To Disclose Health Information Pursuant to HIPPA contained in Appendix A and the Authorization for Release of Earnings Information and Employment Records From the Social Security Administration contained in Appendix B. You do not need to complete the Request for Social Security Earnings Information Form (Form SSA-7050-F4) that is included in Appendix B with the Authorization. This form is only for your reference. You need only complete and return the Authorization on the first page of Appendix B, in addition to the Authorization in Appendix A.
11. Make sure that the CLAIMANT and the attorney of the CLAIMANT, if any, signs the Questionnaire. Make a copy of your completed Questionnaire for your records and submit the original Questionnaire and all supporting documentation to the following address:

If by mail:

Rust Consulting, Inc. Return Address
P.O. Box XXXX
Faribault, MN 55021-XXXX

If by hand or overnight delivery:

Rust Consulting, Inc.
201 S. Lyndale Ave.
Faribault, MN 55021

Place your Questionnaire in the mail or hand or overnight deliver it no later than thirty (30) days after the day you received this Questionnaire. Do not submit your Questionnaire by facsimile, telecopy, or other electronic transmission. Do not send your Questionnaire to DEBTORS or DEBTORS' counsel.

PART 1: IDENTIFYING INFORMATION

Provide identifying information regarding the INJURED PARTY, the PERSONAL REPRESENTATIVE OF THE INJURED PARTY, and the CLAIMANT'S attorney, if any.

A. INJURED PARTY – the person who allegedly has or had a medical condition caused by asbestos exposure.

1. Full Name:
Last

First MI

2. Other Names Used:
(including maiden name)
Last

First MI

3. Social Security Number: - -

4. Gender: Male Female

5. Date of Birth: / /
Month Day Year

6. The Injured Party is: Living Deceased (If deceased, enclose the death certificate.)

a. If deceased, date of death: / /
Month Day Year

b. If deceased, was death asbestos-related? Yes No

7. If the INJURED PARTY is living, provide that person's:

a. Mailing Address:

Street/P.O. Box

City State Zip

b. Daytime Phone Number:

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PART 1: IDENTIFYING INFORMATION (Continued)

B. PERSONAL REPRESENTATIVE OF THE INJURED PARTY (not filing attorney) – If the INJURED PARTY is legally incompetent or deceased, and has a PERSONAL REPRESENTATIVE other than, or in addition to, his/her attorney, provide the following information for the PERSONAL REPRESENTATIVE submitting the claim. **(Enclose written evidence of your authority to act on behalf of the INJURED PARTY.)**

1. Name of PERSONAL REPRESENTATIVE:

Last

MI
First

2. PERSONAL REPRESENTATIVE'S Social Security Number:

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3. Relationship to INJURED PARTY:

The PERSONAL REPRESENTATIVE is the INJURED PARTY'S:

(Guardian, Administrator, Brother, etc.)

4. PERSONAL REPRESENTATIVE'S

a. Mailing Address:

Street/P.O. Box

City State Zip

b. Daytime Phone Number:

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C. Attorney – If the CLAIMANT is represented by an attorney, provide the following information.

1. Attorney Name:

Last

MI
First

2. Email Contact Information:

3. Name of Law Firm:

(Print full name)

4. Firm Address:

Street/P.O. Box

City State Zip

5. Phone Number:

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Fax Number:

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PART 2: ASBESTOS-RELATED AND OTHER INJURIES

Provide information about the INJURED PARTY's asbestos-related personal injury.

1. Has the INJURED PARTY been diagnosed with cancer? Yes No

2. If "Yes," identify the type of cancer that was diagnosed for the INJURED PARTY and the date of diagnosis. Refer to the definitions of LUNG CANCER, MESOTHELIOMA, and OTHER CANCER on page 1 of this Questionnaire.

LUNG CANCER Date of Diagnosis: /
Month Year

MESOTHELIOMA Date of Diagnosis: /
Month Year

OTHER CANCER Date of Diagnosis: /
Month Year

If OTHER CANCER, describe.

3. Has the doctor who made the diagnosis of cancer stated that the cancer in question was caused by asbestos exposure? Yes No

4. HAS the INJURED PARTY been diagnosed with a non-malignant asbestos-related condition? Yes No

5. If "Yes," identify the type of non-malignant asbestos-related condition that was diagnosed for the INJURED PARTY and the date of diagnosis. Refer to the definitions of PLEURAL PLAQUES, DIFFUSE PLEURAL THICKENING, and ASBESTOSIS on page 1 of this Questionnaire.

PLEURAL PLAQUES Date of Diagnosis: /
Month Year

DIFFUSE PLEURAL THICKENING Date of Diagnosis: /
Month Year

ASBESTOSIS Date of Diagnosis: /
Month Year

OTHER Non-Malignant Asbestos-Related Condition Date of Diagnosis: /
Month Year

If Other Non-Malignant Asbestos-Related Condition, describe.

PART 2: ASBESTOS-RELATED AND OTHER INJURIES (Continued)

6. Has the doctor who made the diagnosis of non-malignant asbestos-related condition stated that the condition in question was caused by asbestos exposure? Yes No

7. Provide all of the following information regarding the INJURED PARTY'S most recent lung function test results.

a. FORCED VITAL CAPACITY (FVC):

Test Date: / / Result: . L % of Predicted: %
 Month Day Year

b. FORCED EXPIRATORY VOLUME (FEV₁):

Test Date: / / Result: . L % of Predicted: %
 Month Day Year

c. TOTAL LUNG CAPACITY (TLC):

Test Date: / / Result: . L % of Predicted: %
 Month Day Year

d. DIFFUSION CAPACITY (DLCO or D_{co}):

Test Date: / / Result: . L % of Predicted: %
 Month Day Year

8. Provide information regarding the INJURED PARTY'S most recent ILO x-ray reading.

Reading Date: / / Results: /
 Month Day Year

9. a. Has the INJURED PARTY been diagnosed with any other lung condition? Yes No

Another lung condition includes but is not limited to:

- (i) chronic obstructive pulmonary disease (including emphysema and chronic bronchitis),
- (ii) asthma,
- (iii) pneumonia,
- (iv) interstitial lung disease (idiopathic pulmonary fibrosis),
- (v) silicosis,
- (vi) effusion (fluid around the lung (pleural cavity)), and
- (vii) congestive heart failure (fluid in the lung) (lung edema).

b. If "Yes," describe the other lung condition.

10. Attach to this Questionnaire copies of any and all medical reports or records that show, support, conflict with, or otherwise relate to a diagnosis or lung function analysis identified in this Part, including but not limited to:

- a. Physical exam results;
- b. Pathology reports;
- c. Diagnostic tests or reports;
- d. Laboratory tests;
- e. Letters or other written statements from a doctor or medical clinic;
- f. Radiographic evaluations, such as x-rays or CT Scans;
- g. Pulmonary function test (PFT) reports, including:
 - i) Spirogram tracings;
 - ii) FORCED VITAL CAPACITY (FVC);
 - iii) FORCED EXPIRATORY VOLUME (FEV₁);
 - iv) TOTAL LUNG CAPACITY (TLC); and
 - v) DIFFUSION CAPACITY (DLCO or D_{co}).
- h. Written statements by a doctor or medical clinic regarding the cause or potential cause of a diagnosis.

You may submit photocopies of these medical reports or records instead of the original reports or records.

PART 2: ASBESTOS-RELATED AND OTHER INJURIES (Continued)

11. Provide information regarding the doctor(s) who made any diagnosis or performed any exam or test identified in this Part. If there are multiple doctors, photocopy this section and attach additional pages.

a. Doctor's Name:
Last

First MI

b. Doctor's Address:
Street/P.O. Box

City State Zip

d. Doctor's Diagnosis:

e. Exam(s) or Test(s) Performed:

PART 3: SMOKING HISTORY OF THE INJURED PARTY

1. Has the INJURED PARTY ever smoked cigarettes, cigars, or pipes? Yes No

Mark the box(es) that apply and provide the information requested.

Cigarettes: <input type="checkbox"/> Cigars: <input type="checkbox"/> Pipes: <input type="checkbox"/>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:30%;">Age When First Started Smoking</th> <th style="width:70%;">Date, If Any, When Completely Stopped Smoking</th> </tr> <tr> <td style="text-align:center;"><input type="text"/> Age Started</td> <td style="text-align:center;"><input type="text"/> / <input type="text"/> Month Year</td> </tr> <tr> <td style="text-align:center;"><input type="text"/> Age Started</td> <td style="text-align:center;"><input type="text"/> / <input type="text"/> Month Year</td> </tr> <tr> <td style="text-align:center;"><input type="text"/> Age Started</td> <td style="text-align:center;"><input type="text"/> / <input type="text"/> Month Year</td> </tr> </table>	Age When First Started Smoking	Date, If Any, When Completely Stopped Smoking	<input type="text"/> Age Started	<input type="text"/> / <input type="text"/> Month Year	<input type="text"/> Age Started	<input type="text"/> / <input type="text"/> Month Year	<input type="text"/> Age Started	<input type="text"/> / <input type="text"/> Month Year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:100%;">Average Daily Usage</th> </tr> <tr> <td>Packs per Day: <input type="text"/> . <input type="text"/> * (#)</td> </tr> <tr> <td>Cigars per Day: <input type="text"/> . <input type="text"/> * (#)</td> </tr> <tr> <td>Pipes per Day: <input type="text"/> . <input type="text"/> * (#)</td> </tr> </table>	Average Daily Usage	Packs per Day: <input type="text"/> . <input type="text"/> * (#)	Cigars per Day: <input type="text"/> . <input type="text"/> * (#)	Pipes per Day: <input type="text"/> . <input type="text"/> * (#)
Age When First Started Smoking	Date, If Any, When Completely Stopped Smoking													
<input type="text"/> Age Started	<input type="text"/> / <input type="text"/> Month Year													
<input type="text"/> Age Started	<input type="text"/> / <input type="text"/> Month Year													
<input type="text"/> Age Started	<input type="text"/> / <input type="text"/> Month Year													
Average Daily Usage														
Packs per Day: <input type="text"/> . <input type="text"/> * (#)														
Cigars per Day: <input type="text"/> . <input type="text"/> * (#)														
Pipes per Day: <input type="text"/> . <input type="text"/> * (#)														

2. Has the INJURED PARTY ever used chewing tobacco or snuff? Yes No

Mark the box(es) that apply and provide the information requested.

Chewing Tobacco: <input type="checkbox"/> Snuff: <input type="checkbox"/>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:30%;">Age When First Started Using</th> <th style="width:70%;">Date, If Any, When Completely Stopped Using</th> </tr> <tr> <td style="text-align:center;"><input type="text"/> Age Started</td> <td style="text-align:center;"><input type="text"/> / <input type="text"/> Month Year</td> </tr> <tr> <td style="text-align:center;"><input type="text"/> Age Started</td> <td style="text-align:center;"><input type="text"/> / <input type="text"/> Month Year</td> </tr> </table>	Age When First Started Using	Date, If Any, When Completely Stopped Using	<input type="text"/> Age Started	<input type="text"/> / <input type="text"/> Month Year	<input type="text"/> Age Started	<input type="text"/> / <input type="text"/> Month Year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:100%;">Average Daily Usage</th> </tr> <tr> <td>Number of Times per Day: <input type="text"/> . <input type="text"/> * (#)</td> </tr> <tr> <td>Number of Times per Day: <input type="text"/> . <input type="text"/> * (#)</td> </tr> </table>	Average Daily Usage	Number of Times per Day: <input type="text"/> . <input type="text"/> * (#)	Number of Times per Day: <input type="text"/> . <input type="text"/> * (#)
Age When First Started Using	Date, If Any, When Completely Stopped Using										
<input type="text"/> Age Started	<input type="text"/> / <input type="text"/> Month Year										
<input type="text"/> Age Started	<input type="text"/> / <input type="text"/> Month Year										
Average Daily Usage											
Number of Times per Day: <input type="text"/> . <input type="text"/> * (#)											
Number of Times per Day: <input type="text"/> . <input type="text"/> * (#)											

* Indicate fractional amounts as appropriate, e.g., three and one-half would be entered as 3.5.

**PART 4: OCCUPATIONAL EXPOSURE TO PRODUCTS OF UNITED STATES GYPSUM COMPANY
OR ANY OTHER DEBTOR**

Provide information about the **INJURED PARTY**'s occupational exposure to asbestos-containing products that were manufactured or sold by **US GYPSUM** or any other **DEBTOR**. In Appendix C to the Questionnaire, you will find a description of the businesses of **US GYPSUM** and other **DEBTORS** and a listing of the types of products they manufactured or sold that may have contained asbestos.

1. Did the **INJURED PARTY** have occupational exposure to an asbestos-containing product manufactured or sold by **US GYPSUM** or another **DEBTOR**? Yes No

If "Yes," complete the remainder of this Part as instructed.
If "No," continue to Part 5.

2. Did the **INJURED PARTY** have occupational exposure to more than one asbestos-containing product manufactured or sold by **US GYPSUM** or another **DEBTOR**? Yes No

If "Yes," photocopy this Part and complete the Part for each product.

3. Product Exposed To:

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(one product per page)

Brand Name:

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Manufacturer of Product:

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Distributor of Product:

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Why you believe the product identified above was a **DEBTOR**'s product and not another manufacturer's:

If you rely on a co-worker of the **INJURED PARTY** or on another person for your belief that the **INJURED PARTY** was exposed to a **DEBTOR**'s product, provide that person's name:

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Last

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If you rely on a co-worker or other person, has this person been deposited in any asbestos-related personal injury action? Yes No

If the co-worker or other person has been deposited, attach to this Questionnaire a copy of any and all such depositions.

4. Was the **INJURED PARTY** exposed to the product in more than one occupation? (Use the Standard Occupational Classification Codes listed in Appendix D.) Yes No

If "Yes," photocopy this Part and complete the Part for each occupation.

5. Occupation during exposure: (Use the Standard Occupational Classification Codes listed in Appendix D.)

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 Specify if "Other":

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6. Industry during exposure: (Use the Standard Industrial Classification Codes listed in Appendix E.)

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 Specify if "Other":

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**PART 4: OCCUPATIONAL EXPOSURE TO PRODUCTS OF UNITED STATES GYPSUM COMPANY
OR ANY OF THE DEBTORS (Continued)**

7. a. Provide the date range and frequency of product exposure in the listed occupation and industry. In addition, for each exposure, describe the exposure type as A, B, C or D as follows:

The INJURED PARTY was:

- (A) a worker who personally worked with the product identified in Question 3 of this Part;
- (B) a worker in a room where other workers were personally working with the product identified in Question 3 of this Part;
- (C) a worker on a floor where other workers were personally working with the product identified in Question 3 of this Part; or
- (D) a worker at a site where other workers were personally working with the product identified in Question 3 of this Part.

Choose the category that best describes the INJURED PARTY's type of exposure and choose only one category.

<p>Date Range of Exposure:</p> <p>From: <input type="text"/> / <input type="text"/> <small>Month Year</small></p> <p>To: <input type="text"/> / <input type="text"/> <small>Month Year</small></p>	<p>Exposure Type:</p> <p>Indicate A, B, C or D per Instructions above.</p> <p align="center"><input type="checkbox"/></p>	<p>Frequency of Exposure During this Date Range: (Answer both items below.)</p> <p>Day(s) per Month: <input type="text"/></p> <p>Hour(s) per Day: <input type="text"/></p>
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b. If exposure was not continuous, provide all separate date ranges and frequencies of exposure. Start with the first date of exposure and finish with the last date of exposure. If there are more than three date ranges of exposure, photocopy this section before completing it and attach additional pages. For each exposure, describe the exposure type as A, B, C, or D per the Instructions to Question 7.a. Choose the category that best describes the INJURED PARTY's type of exposure and choose only one category.

<p>Date Range of Exposure:</p> <p>From: <input type="text"/> / <input type="text"/> <small>Month Year</small></p> <p>To: <input type="text"/> / <input type="text"/> <small>Month Year</small></p>	<p>Exposure Type:</p> <p>Indicate A, B, C or D per Instructions above.</p> <p align="center"><input type="checkbox"/></p>	<p>Frequency of Exposure During this Date Range: (Answer both items below.)</p> <p>Day(s) per Month: <input type="text"/></p> <p>Hour(s) per Day: <input type="text"/></p>
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<p>Date Range of Exposure:</p> <p>From: <input type="text"/> / <input type="text"/> <small>Month Year</small></p> <p>To: <input type="text"/> / <input type="text"/> <small>Month Year</small></p>	<p>Exposure Type:</p> <p>Indicate A, B, C or D per Instructions above.</p> <p align="center"><input type="checkbox"/></p>	<p>Frequency of Exposure During this Date Range: (Answer both items below.)</p> <p>Day(s) per Month: <input type="text"/></p> <p>Hour(s) per Day: <input type="text"/></p>
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<p>Date Range of Exposure:</p> <p>From: <input type="text"/> / <input type="text"/> <small>Month Year</small></p> <p>To: <input type="text"/> / <input type="text"/> <small>Month Year</small></p>	<p>Exposure Type:</p> <p>Indicate A, B, C or D per Instructions above.</p> <p align="center"><input type="checkbox"/></p>	<p>Frequency of Exposure During this Date Range: (Answer both items below.)</p> <p>Day(s) per Month: <input type="text"/></p> <p>Hour(s) per Day: <input type="text"/></p>
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8. Description of the INJURED PARTY's job duties:

9. Description of how the product identified in Question 3 of this Part was used at the site(s):

10. If the exposure(s) listed in response to the above questions was/were at a construction site, state the percentage of time such exposure(s) occurred at residential and commercial sites:

Residential: % Commercial: % = 100 %

PART 5: OCCUPATIONAL EXPOSURE TO OTHER ASBESTOS-CONTAINING PRODUCTS

Provide information about the INJURED PARTY's occupational exposure to asbestos-containing products that were not manufactured or sold by US GYPSUM or another DEBTOR.

1. Did the INJURED PARTY have occupational exposure to an asbestos-containing product that was not manufactured or sold by US GYPSUM or another DEBTOR?

Yes No

If "Yes," complete the remainder of this Part as instructed.

If "No," continue to Part 6.

2. Did the INJURED PARTY have occupational exposure to more than one asbestos-containing product that was not manufactured or sold by US GYPSUM or another DEBTOR?

Yes No

If "Yes," photocopy this Part and complete the Part for each product.

3. Product Exposed To:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(one product per page)

Brand Name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Manufacturer of Product:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Distributor of Product:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

4. Was the INJURED PARTY exposed to the product in more than one occupation? (Use the Standard Occupational Classification Codes listed in Appendix D.)

Yes No

If "Yes," photocopy this Part and complete the Part for each occupation.

5. Occupation during exposure:
(Use the Standard Occupational Classification Codes listed in Appendix D.)

--	--	--

 Specify if "Other":

If the INJURED PARTY was exposed to the Product in more than one occupation, photocopy this Part and complete the Part for each occupation.

6. Industry during exposure:
(Use the Standard Industrial Classification Codes listed in Appendix E.)

--	--	--

 Specify if "Other":

PART 5: OCCUPATIONAL EXPOSURE TO OTHER ASBESTOS-CONTAINING PRODUCTS (Continued)

7. a. Provide the date range and frequency of product exposure in the listed occupation and industry. In addition, for each exposure, describe the exposure type as A, B, C or D as follows:

The INJURED PARTY was:

- (A) a worker who personally worked with the product identified in Question 3 of this Part;
- (B) a worker in a room where other workers were personally working with the product identified in Question 3 of this Part;
- (C) a worker on a floor where other workers were personally working with the product identified in Question 3 of this Part; or
- (D) a worker at a site where other workers were personally working with the product identified in Question 3 of this Part.

Choose the category that best describes the INJURED PARTY's type of exposure and choose only one category.

<p>Date Range of Exposure:</p> <p>From: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p style="text-align: center;">Month Year</p> <p>To: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p style="text-align: center;">Month Year</p>	<p>Exposure Type:</p> <p>Indicate A, B, C or D per Instructions above.</p> <p style="text-align: center;"><input type="checkbox"/></p>	<p>Frequency of Exposure During this Date Range: (Answer both items below.)</p> <p>Day(s) per Month: <input type="text"/> <input type="text"/></p> <p>Hour(s) per Day: <input type="text"/> <input type="text"/></p>
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b. If exposure was not continuous, provide all separate date ranges and frequencies of exposure. Start with the first date of exposure and finish with the last date of exposure. If there are more than three date ranges of exposure, photocopy this section before completing it and attach additional pages. For each exposure, describe the exposure type as A, B, C, or D per the Instructions to Question 7.a. Choose the category that best describes the INJURED PARTY's type of exposure and choose only one category.

<p>Date Range of Exposure:</p> <p>From: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p style="text-align: center;">Month Year</p> <p>To: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p style="text-align: center;">Month Year</p>	<p>Exposure Type:</p> <p>Indicate A, B, C or D per Instructions above.</p> <p style="text-align: center;"><input type="checkbox"/></p>	<p>Frequency of Exposure During this Date Range: (Answer both items below.)</p> <p>Day(s) per Month: <input type="text"/> <input type="text"/></p> <p>Hour(s) per Day: <input type="text"/> <input type="text"/></p>
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<p>Date Range of Exposure:</p> <p>From: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p style="text-align: center;">Month Year</p> <p>To: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p style="text-align: center;">Month Year</p>	<p>Exposure Type:</p> <p>Indicate A, B, C or D per Instructions above.</p> <p style="text-align: center;"><input type="checkbox"/></p>	<p>Frequency of Exposure During this Date Range: (Answer both items below.)</p> <p>Day(s) per Month: <input type="text"/> <input type="text"/></p> <p>Hour(s) per Day: <input type="text"/> <input type="text"/></p>
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<p>Date Range of Exposure:</p> <p>From: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p style="text-align: center;">Month Year</p> <p>To: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p style="text-align: center;">Month Year</p>	<p>Exposure Type:</p> <p>Indicate A, B, C or D per Instructions above.</p> <p style="text-align: center;"><input type="checkbox"/></p>	<p>Frequency of Exposure During this Date Range: (Answer both items below.)</p> <p>Day(s) per Month: <input type="text"/> <input type="text"/></p> <p>Hour(s) per Day: <input type="text"/> <input type="text"/></p>
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8. Description of the INJURED PARTY's job duties:

9. Description of how the product identified in Question 3 of this Part was used at the site(s):

10. If the exposure(s) listed in response to the above questions was/were at a construction site, state the percentage of time such exposure(s) occurred at residential and commercial sites:

Residential: % Commercial: % = 100 %

PART 6: OCCUPATIONAL HISTORY

Provide the complete occupational history of the INJURED PARTY in chronological order, starting with the INJURED PARTY'S earliest employer. Include all jobs in which the INJURED PARTY worked at least a month, including any summer jobs, and conclude with any current employment. For Occupation Codes, use the Standard Occupational Classification Codes listed in Appendix D. For Industry Codes, use the Standard Industrial Classification Codes listed in Appendix E. If the INJURED PARTY has had more jobs than can fit on this page, photocopy the page before filling it out as many times as needed and complete the additional pages.

1. Employer Name: [Grid]

Employer Address: [Grid]

Street

[Grid] [Grid] [Grid]

City

State

Zip

Dates Worked:

From: [Month] / [Year] To: [Month] / [Year]

Occupation Code: [Grid] Specify if "Other": [Text]

Industry Code: [Grid] Specify if "Other": [Text]

2. Employer Name: [Grid]

Employer Address: [Grid]

Street

[Grid] [Grid] [Grid]

City

State

Zip

Dates Worked:

From: [Month] / [Year] To: [Month] / [Year]

Occupation Code: [Grid] Specify if "Other": [Text]

Industry Code: [Grid] Specify if "Other": [Text]

3. Employer Name: [Grid]

Employer Address: [Grid]

Street

[Grid] [Grid] [Grid]

City

State

Zip

Dates Worked:

From: [Month] / [Year] To: [Month] / [Year]

Occupation Code: [Grid] Specify if "Other": [Text]

Industry Code: [Grid] Specify if "Other": [Text]

PART 7: OTHER EXPOSURE TO ASBESTOS

1. a. Was the INJURED PARTY exposed to asbestos outside the INJURED PARTY'S occupation?

Yes No

b. Was the INJURED PARTY exposed to asbestos through another person (the "Source Individual")?

Yes No

If you checked "Yes" to either Question 1(a) or Question 1(b), answer Questions 2 through 4. If you checked "Yes" to Question 1(b), additionally answer Questions 5 through 15.

2. Was the INJURED PARTY exposed to more than one asbestos-containing product outside the INJURED PARTY'S occupation or through a Source Individual?

Yes No

If "Yes," photocopy this Part and complete the Part for each product.

3. Product Exposed To:

(either directly or through Source Individual)

Brand Name:

Manufacturer of Product:

Distributor of Product:

If you identified a DEBTOR as the manufacturer of the product, why you believe the product identified above was a DEBTOR'S product and not another manufacturer's:

If you rely on another person for your belief that the INJURED PARTY was exposed to a DEBTOR'S product, provide that person's name:

Last

First

MI

If you rely on another person, has this person been deposed in any asbestos-related personal injury action?

Yes No

If the other person has been deposed, attach to this Questionnaire a copy of any and all such depositions.

4. a. Provide the date range and frequency of the INJURED PARTY'S product exposure (either direct or through Source Individual):

Date Range of Exposure:
From: /
Month Year
To: /
Month Year

**Frequency of Exposure During this Date Range:
(Answer both items below.)**
Day(s) per Month:
Hour(s) per Day:

PART 7: OTHER EXPOSURE TO ASBESTOS (Continued)

b. If exposure was not continuous, provide all separate date ranges and frequencies of exposure. Start with the first date of exposure and finish with the last date of exposure. If there are more than three date ranges of exposure, photocopy this section before completing it and attach additional pages.

Date Range of Exposure:

From: /
 Month Year

To: /
 Month Year

**Frequency of Exposure During this Date Range:
(Answer both items below.)**

Day(s) per Month:

Hour(s) per Day:

Date Range of Exposure:

From: /
 Month Year

To: /
 Month Year

**Frequency of Exposure During this Date Range:
(Answer both items below.)**

Day(s) per Month:

Hour(s) per Day:

Date Range of Exposure:

From: /
 Month Year

To: /
 Month Year

**Frequency of Exposure During this Date Range:
(Answer both items below.)**

Day(s) per Month:

Hour(s) per Day:

5. Source Individual's Name (if you checked "Yes" to Question 1(b)):

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
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First																										<input type="text"/>							
																										MI							

6. Was the Source Individual exposed to the product in more than one occupation? (Use the Standard Occupational Classification Codes listed in Appendix D.) Yes No

If "Yes," photocopy this Part and complete the Part for each occupation.

7. Source Individual's occupation during exposure:
 (Use Standard Occupational Classification Codes listed in Appendix D.) Specify if "Other":

8. Source Individual's industry during exposure:
 (Use the Standard Industrial Classification Codes listed in Appendix E.) Specify if "Other":

PART 7: OTHER EXPOSURE TO ASBESTOS (Continued)

9. a. Provide the date range and frequency of the Source Individual's product exposure in the listed occupation and industry. In addition, for each exposure, describe the Source Individual's exposure type as A, B, C or D as follows:

The Source Individual was:

- (A) a worker who personally worked with the product identified in Question 3 of this Part;
- (B) a worker in a room where other workers were personally working with the product identified in Question 3 of this Part;
- (C) a worker on a floor where other workers were personally working with the product identified in Question 3 of this Part; OR
- (D) a worker at a site where other workers were personally working with the product identified in Question 3 of this Part.

Choose the category that best describes the Source Individual's type of exposure and choose only one category.

<p>Date Range of Exposure:</p> <p>From: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p align="center">Month Year</p> <p>To: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p align="center">Month Year</p>	<p>Exposure Type:</p> <p>Indicate A, B, C or D per Instructions above.</p> <p align="center"><input type="checkbox"/></p>	<p>Frequency of Exposure During this Date Range: (Answer both items below.)</p> <p>Day(s) per Month: <input type="text"/> <input type="text"/></p> <p>Hour(s) per Day: <input type="text"/> <input type="text"/></p>
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b. If the Source Individual's exposure was not continuous, provide all separate date ranges and frequencies of exposure. Start with the first date of exposure and finish with the last date of exposure. If there are more than three date ranges of exposure, photocopy this section before completing it and attach additional pages. For each exposure, describe the exposure type as A, B, C, or D per the Instructions to Question 9.a. Choose the category that best describes the Source Individual's type of exposure and choose only one category.

<p>Date Range of Exposure:</p> <p>From: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p align="center">Month Year</p> <p>To: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p align="center">Month Year</p>	<p>Exposure Type:</p> <p>Indicate A, B, C or D per Instructions above.</p> <p align="center"><input type="checkbox"/></p>	<p>Frequency of Exposure During this Date Range: (Answer both items below.)</p> <p>Day(s) per Month: <input type="text"/> <input type="text"/></p> <p>Hour(s) per Day: <input type="text"/> <input type="text"/></p>
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<p>Date Range of Exposure:</p> <p>From: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p align="center">Month Year</p> <p>To: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p align="center">Month Year</p>	<p>Exposure Type:</p> <p>Indicate A, B, C or D per Instructions above.</p> <p align="center"><input type="checkbox"/></p>	<p>Frequency of Exposure During this Date Range: (Answer both items below.)</p> <p>Day(s) per Month: <input type="text"/> <input type="text"/></p> <p>Hour(s) per Day: <input type="text"/> <input type="text"/></p>
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<p>Date Range of Exposure:</p> <p>From: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p align="center">Month Year</p> <p>To: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p align="center">Month Year</p>	<p>Exposure Type:</p> <p>Indicate A, B, C or D per Instructions above.</p> <p align="center"><input type="checkbox"/></p>	<p>Frequency of Exposure During this Date Range: (Answer both items below.)</p> <p>Day(s) per Month: <input type="text"/> <input type="text"/></p> <p>Hour(s) per Day: <input type="text"/> <input type="text"/></p>
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10. Source Individual's Social Security Number: - -

11. Source Individual's Gender: Male Female

12. Source Individual's Date of Birth: / /

Month Day Year

PART 7: OTHER EXPOSURE TO ASBESTOS (Continued)

13. Source Individual's Mailing Address:

Street/P.O. Box

City

State

Zip

14. Source Individual's Daytime Phone Number: (_____) _____ - _____

15. Source Individual's Relationship to INJURED PARTY

The INJURED PARTY is the Source Individual's:

(Spouse, Son, Daughter, etc.)

PART 8: RESIDENTIAL HISTORY

Provide the following information regarding the INJURED PARTY's past residences, starting with the earliest residence from birth. For each subsequent residence, including any current residence, photocopy this page and complete the page.

1. Address: _____

Street

City

State

Zip

Date INJURED PARTY began residing at this address: _____ / _____
Month Year

Date INJURED PARTY ceased residing at this address: _____ / _____
Month Year

2. During the INJURED PARTY's residency, were any asbestos-containing products installed or otherwise brought onto the residence or surrounding areas? Yes No
3. During this residency, did the INJURED PARTY live near a plant which processed asbestos and/or asbestos-containing products? Yes No

Provide information about the INJURED PARTY's residential exposure to asbestos or asbestos-containing products in Part 7.

PART 10: THE SOURCE INDIVIDUAL'S LAWSUITS AND BANKRUPTCY CLAIMS

A. LAWSUITS

If you answered "Yes" to Question 1(b) in Part 7 regarding the INJURED PARTY'S exposure to asbestos through a Source Individual, complete this Part as instructed.

If you answered "No," continue to Part 11.

1. Has a lawsuit been filed by or on behalf of the Source Individual for an asbestos-related personal injury?

Yes No

If "Yes," complete the remainder of Part 10.A as instructed.

If "No," continue to Part 10.B.

2. Has more than one lawsuit been filed by or on behalf of the Source Individual for an asbestos-related personal injury?

Yes No

If "Yes," photocopy Part 10.A and complete the Part for each lawsuit filed.

3. Case Caption:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

4. Case Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

5. Court Name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

6. Case Filing Date: / /

Month Day Year

7. Did the Source Individual respond to any interrogatories in this lawsuit? Yes No

If "Yes," attach to this Questionnaire a copy of any and all such interrogatory responses.

8. Was the Source Individual deposed in this lawsuit? Yes No

If "Yes," attach to this Questionnaire a copy of any and all such depositions.

9. a. Was the lawsuit dismissed? Yes No

b. If "Yes," the basis for dismissal:

--

10. a. Has a judgment or verdict been entered in this lawsuit? Yes No

b. If "Yes," against what defendant(s) and in what amount(s)? If against more than five defendants, photocopy this question before completing it and complete it for all defendants against whom a judgement or verdict was entered.

<table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> <p align="center">Defendant</p>																						\$	<table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> <p align="center">Amount</p>																					
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A. LAWSUITS (Continued)

11. a. Was a settlement agreement reached in this lawsuit? Yes No

b. If "Yes," with what defendant(s) and in what amount(s)? If against more than five defendants, photocopy this question before completing it and complete it for all defendants with whom a settlement was reached.

<input style="width: 100%; height: 20px;" type="text"/> Defendant	\$	<input style="width: 100%; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> Amount
<input style="width: 100%; height: 20px;" type="text"/> Defendant	\$	<input style="width: 100%; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> Amount
<input style="width: 100%; height: 20px;" type="text"/> Defendant	\$	<input style="width: 100%; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> Amount
<input style="width: 100%; height: 20px;" type="text"/> Defendant	\$	<input style="width: 100%; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> Amount
<input style="width: 100%; height: 20px;" type="text"/> Defendant	\$	<input style="width: 100%; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> Amount

c. If a settlement agreement was reached with US GYPSUM or another DEBTOR, have any settlement amounts been paid?
 Yes No

d. If "Yes," by what DEBTOR(s) and in what amount(s)? If by more than two DEBTORS, photocopy this question before completing it and complete it for all DEBTORS who paid a settlement amount.

<input style="width: 100%; height: 20px;" type="text"/> DEBTOR	\$	<input style="width: 100%; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> Amount
<input style="width: 100%; height: 20px;" type="text"/> DEBTOR	\$	<input style="width: 100%; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> Amount

B. BANKRUPTCY CLAIMS

1. Has a claim been submitted by or on behalf of the Source Individual for an asbestos-related personal injury in another bankruptcy case ("Other Bankruptcy") or against a trust established pursuant to a plan of reorganization or liquidation in another bankruptcy case ("Bankruptcy Trust")?

Yes No

If "Yes," complete the remainder of Part 10.B as instructed.

If "No," continue to Part 11.

2. Has more than one bankruptcy claim been filed by or on behalf of the Source Individual for an asbestos-related personal injury?

Yes No

3. Other Bankruptcy or Bankruptcy Trust in which the claim was submitted:

4. Date the claim was submitted: / /

Month Day Year

5. Description of the claim:

6. Did the Source Individual submit any written claim, including but not limited to a proof of claim form, in the Other Bankruptcy or against the Bankruptcy Trust?

Yes No

If "Yes," attach to this Questionnaire a copy of any and all such written claims.

7. a. Was the claim paid?

Yes No

b. If "Yes," the payment amount:

\$.

8. a. Was the claim dismissed or otherwise disallowed or not honored?

Yes No

b. If "Yes," the basis for disallowance:

PART 11: IDENTITY OF DEBTOR

In this section, identify (by marking the appropriate box(es)) the DEBTOR(S) that you believe are responsible for the INJURED PARTY's asbestos-related personal injury alleged in Part 2. United States Gypsum Company is one of the DEBTORS that are parties to this bankruptcy proceeding. In addition, United States Gypsum Company and the other DEBTORS have at times owned or been owned by other companies that are no longer related.

- | | | | |
|--------------------------|-----------------------------------|--------------------------|------------------------------|
| <input type="checkbox"/> | United States Gypsum Company | <input type="checkbox"/> | B-R Pipeline Company |
| <input type="checkbox"/> | USG Corporation | <input type="checkbox"/> | La Mirada Products Co., Inc. |
| <input type="checkbox"/> | USG Interiors, Inc. | <input type="checkbox"/> | USG Industries, Inc. |
| <input type="checkbox"/> | USG Interiors International, Inc. | <input type="checkbox"/> | USG Pipeline Company |
| <input type="checkbox"/> | L&W Supply Corporation | <input type="checkbox"/> | Stocking Specialists, Inc. |
| <input type="checkbox"/> | Beadex Manufacturing, LLC | | |

PART 12: CERTIFICATION THAT INFORMATION IS TRUE AND COMPLETE

Make sure that this Questionnaire is certified as true and complete by the CLAIMANT and by any attorney that the CLAIMANT has. Both the CLAIMANT (either the INJURED PARTY or the PERSONAL REPRESENTATIVE OF THE INJURED PARTY) and any attorney for the CLAIMANT must sign below.

1. Use the checklist below to indicate which document(s) you are submitting with this Questionnaire.

- Medical reports or records regarding a diagnosis alleged in Part 2**
- Responses to interrogatories in lawsuits indicated in Parts 9 or 10**
- Radiographic evaluations, such as x-rays or CT scans**
- Depositions in lawsuits indicated in Parts 4, 9, or 10**
- Pulmonary function test (PFT) reports, including spirogram tracings, FORCED VITAL CAPACITY (FVC), FORCED EXPIRATORY VOLUME (FEV₁), TOTAL LUNG CAPACITY (TLC), and DIFFUSION CAPACITY (DLCO OR D_{CO})**
- Written claims, including proof of claim forms, in another bankruptcy or against a bankruptcy trust indicated in Parts 9 or 10**
- Written evidence of the authority of the PERSONAL REPRESENTATIVE OF THE INJURED PARTY to act on behalf of the INJURED PARTY (if this Questionnaire is filed by the PERSONAL REPRESENTATIVE)**
- Death certificate (if the INJURED PARTY is deceased)**

2. Complete and sign the authorization attached as Appendix A to this Questionnaire authorizing the disclosure and use of the INJURED PARTY'S medical records and health information.

The executed release is attached.

3. Complete and sign the authorization attached as Appendix B to this Questionnaire authorizing the disclosure and use of the INJURED PARTY'S earnings information and employment records from the Social Security Administration.

The executed release is attached.

4. I have reviewed the information submitted on this Questionnaire and all supporting documents submitted with it. I declare, under penalty of perjury, that, to the best of my knowledge, the information submitted is accurate and complete.

/ /
 Month Day Year

(Signature of CLAIMANT)

/ /
 Month Day Year

(Signature of CLAIMANT'S attorney, if any)

Review your Questionnaire to ensure that it is true and complete and that you have attached all supporting documentation. This Questionnaire is an official court document that may be used as evidence in any legal proceeding regarding your claim. The penalty for presenting a fraudulent Questionnaire is a fine of up to \$500,000 or imprisonment for up to five years, or both. 18 U.S.C. §§ 152 & 3571.

APPENDIX A

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION PURSUANT TO HIPAA

I hereby authorize the use or disclosure of my individually identifiable protected health information (“PHI”) as described below for the purpose of review and evaluation in connection with a legal claim. I expressly request that all entities covered under the Health Insurance Portability & Accountability Act of 1996 (“HIPAA”) identified below disclose full and complete PHI spanning the time period of my date of birth to the present, including the following: all medical records, correspondence, laboratory reports, notes, radiology films, pharmacy/prescription records, billing records, and insurance records, including but not limited to records pertaining to any alcohol or drug abuse (excepting any records pertaining to treatment for HIV and records pertaining to mental health, psychiatric, or psychological treatment without further express consent from me.) This authorization is effective only to the extent allowed under the applicable state law.

Patient Name:

- -

Patient Social Security Number

/ /

Patient Date of Birth

I authorize you to release the PHI to the law firm of Cooley Godward LLP, its partners, employees and agents.

Persons/Organizations Authorized to Make the Requested Disclosures:

All physicians and other health care providers who have examined, treated, consulted with, or x-rayed me, and all hospitals, nursing facilities, rehabilitation clinics, laboratories or other health treatment facilities of any kind in which I have been a patient and/or resident.

- I understand that I have the right to revoke this authorization at any time by writing to my health care providers listed above. I understand, however, that actions already taken in reliance on this authorization cannot be reversed, and my revocation will not affect those actions.
- I understand that this authorization is voluntary and that once this information has been disclosed it may be subject to re-disclosure and would no longer be protected by federal privacy regulations.
- I understand that the health care providers to whom this authorization is directed may not condition treatment, payment, enrollment or eligibility benefits on whether or not I sign this authorization.
- Any facsimile or photocopy of this authorization shall authorize you to release the records described herein.
- This authorization shall expire upon final resolution of the litigation entitled *In re: USG Corporation*, United States District Court for the District of Delaware, Case Nos. 01-02094 (JKF), 04-1559 (JFC) and 04-1560 (JFC).

Signature

/ /

Date

If the Authorization is signed by a Personal Representative of the individual, a description of such representative's authority to act for the individual:

APPENDIX B

**AUTHORIZATION FOR RELEASE OF EARNINGS INFORMATION AND EMPLOYMENT RECORDS FROM
THE SOCIAL SECURITY ADMINISTRATION**

AUTHORIZATION:

I hereby authorize the Social Security Administration to furnish to the law firm of Cooley Godward LLP, its partners, employees and agents ("Cooley Godward"), any and all earnings information and employment records ("SSA Employment Records") pertaining to:

Name:

Other Name(s) Used (Including Maiden Name):

- -
Social Security Number

/ /
Date of Birth

I hereby further authorize Cooley Godward to prepare and sign a Request for Social Security Earnings Information (Form SSA-7050-F4) on my behalf in order to permit Cooley Godward to request my SSA Employment Records from the Social Security Administration. I acknowledge that I was provided with a blank copy of a Request for Social Security Earnings Information form (Form SSA-7050-F4) for my reference.

AUTHORIZED PERSONS AND ENTITIES:

This release authorizes Cooley Godward to obtain, receive and use my SSA Employment Records in connection with the litigation entitled *In re USG Corporation*, United States District Court for the District of Delaware, Case Nos. 01-02094 (JKF), 04-1559 (JFC) and 04-1560 (JFC) ("USG Litigation").

DURATION:

This authorization shall become effective immediately and shall expire upon final resolution of the USG Litigation identified above.

SIGNATURE:

Signature

/ /
Date

If the Authorization is signed by a Personal Representative of the individual, a description of such representative's authority to act for the individual.

REQUEST FOR SOCIAL SECURITY EARNINGS INFORMATION

*Use This Form If You Need

1. Certified/Non-Certified Detailed Earnings Information

Includes periods of employment or self-employment and the names and addresses of employers.

OR

2. Certified Yearly Totals of Earnings

Includes total earnings for each year but does not include the names and addresses of employers.

DO NOT USE THIS FORM FOR:

Non-certified yearly totals of earnings

This service is free to the public.

These totals can be obtained by calling 1-800-772-1213 to receive Form SSA-7004, Request for Earnings and Benefit Estimate Statement.

PRIVACY ACT NOTICE: We are authorized to collect this information under section 205 of the Social Security Act, and the Federal Records Act of 1950 (64 Stat. 583). It is needed so we can identify your records and prepare the statement you request. You do not have to furnish the information, but failure to do so may prevent your request from being processed.

PAPERWORK REDUCTION ACT: This information collection meets the clearance requirements of 44 U.S.C. §3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You are not required to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take you about 11 minutes to read the instructions, gather the necessary facts, and answer the questions.

INFORMATION ABOUT YOUR REQUEST

• How Do I Get This Information?

You need to complete the attached form to tell us what information you want.

• Can I Get This Information For Someone Else?

Yes, if you have their written permission. For more information, see page 3.

• Who Can Sign On Behalf Of The Individual?

The parent of a minor child, or the legal guardian of an individual who has been declared legally incompetent, may sign if he/she is acting on behalf of the individual.

• Is There A Fee For This Information?

1. Certified/Non-Certified Detailed Earnings Information

Yes, we usually charge a fee for detailed information. In most cases, this information is used for purposes NOT directly related to Social Security such as for a private pension plan or personal injury suit. The fee chart on page 3 gives the amount of the charge.

Sometimes, there is no charge for detailed information. If you have reason to believe your earnings are not correct (for example, you have previously received earnings information from us

and it does not agree with your records), we will supply you with more detail for the period in question. Occasionally, earnings amounts are wrong because an employer did not correctly report earnings or earnings are credited to the wrong person. In situations like these, we will send you detailed information, at no charge, so we can correct your record.

Be sure to show the year(s) involved on the request form and explain why you need the information. If you do not tell us why you need the information, we will charge a fee.

We will certify the detailed earnings information for an additional fee of \$15.00. Certification is usually not necessary unless you plan to use the information in court.

2. Certified Yearly Total of Earnings

Yes, there is a fee of \$15 to certify yearly totals of earnings. Certification is usually not necessary unless you plan to use the information in court.

3. Method of Payment

Enclose a check or money order for the entire fee required. Payment can also be made by credit card. To do so, complete page 4 of this form and return it with your request form.

REQUEST FOR SOCIAL SECURITY EARNINGS INFORMATION

1. From whose record do you need the earnings information?

Print the Name, Social Security Number (SSN), and date of birth below.

Name _____ Social Security Number _____
Other Name(s) Used _____ Date of Birth _____
(Include Maiden Name) _____ (Mo/Day/Yr) _____

2. What kind of information do you need?

- Detailed Earnings Information** For the period(s)/year(s): _____
(If you check this block, tell us below why you need this information.)

- Certified Total Earnings For Each Year.** For the year(s): _____
(Check this box only if you want the information certified. Otherwise, call 1-800-772-1213 to request Form SSA-7004, Request for Earnings and Benefit Estimate Statement)

3. If you owe us a fee for this detailed earnings information, enter the amount due using the chart on page 3 A. \$ _____

Do you want us to certify the information? Yes No

If yes, enter \$15.00 B. \$ _____

ADD the amounts on lines A and B, and enter the TOTAL amount C. \$ _____

- You can pay by CREDIT CARD by completing and returning the form on page 4, or
- Send your CHECK or MONEY ORDER for the amount on line C with the request and make check or money order payable to "Social Security Administration"
- DO NOT SEND CASH.

4. I am the individual to whom the record pertains (or a person who is authorized to sign on behalf of that individual). I understand that any false representation to knowingly and willfully obtain information from Social Security records is punishable by a fine of not more than \$5,000 or one year in prison.

SIGN your name here (Do not print) > _____ Date _____

Daytime Phone Number _____
(Area Code) (Telephone Number)

5. Tell us where you want the information sent. (Please print)

Name _____ Address _____

City, State & Zip Code _____

6. Mail Completed Form(s) To: **Exception:** If using private contractor (e.g., FedEx) to mail form(s), use:

Social Security Administration
Division of Earnings Record Operations
P.O. Box 33003
Baltimore Maryland 21290-3003

Social Security Administration
Division of Earnings Record Operations
300 N. Greene St.
Baltimore Maryland 21290-0300

REQUEST FOR SOCIAL SECURITY EARNINGS INFORMATION

How Much Do I Have to Pay For Detailed Earnings?

1. Count the number of years for which you need detailed earnings information. Be sure to add in both the first and last year requested. However, do not add in the current calendar year since this information is not yet available.
2. Use the chart below to determine the correct fee.

Number of Years Requested	Fee	Number of Years Requested	Fee	Number of Years Requested	Fee
1	\$15.00	15	\$43.75	28	\$64.50
2	17.50	16	45.50	29	66.00
3	20.00	17	47.25	30	67.50
4	22.50	18	49.00	31	68.75
5	25.00	19	50.75	32	70.00
6	27.00	20	52.50	33	71.25
7	29.00	21	54.00	34	72.50
8	31.00	22	55.50	35	73.75
9	33.00	23	57.00	36	75.00
10	35.00	24	58.50	37	76.25
11	36.75	25	60.00	38	77.50
12	38.50	26	61.50	39	78.75
13	40.25	27	63.00	40	80.00
14	42.00				

For Requests Over 40 Years, Please Add 1 Dollar for Each Additional Year.

• **Whose Earnings Can Be Requested**

1. Your Earnings

You can request earnings information from your own record by completing the attached form; we need your handwritten signature. If you sign with an "X", your mark must be witnessed by two disinterested persons who must sign their name and address.

2. Someone Else's Earnings

You can request earnings information from the record of someone else if that person tells us in writing to give the information to you. This writing or "authorization" must be presented to us within 60 days of the date it was signed by that person.

3. A Deceased Person's Earnings

You can request earnings information from the record of a deceased person if you are the legal representative of the estate, a survivor (that is, the spouse, parent, child, divorced spouse of divorced parent), or an individual with a material interest (example-financial) who is an heir at law, next of kin, beneficiary under the will or donee of property of the decedent.

Proof of death must be included with your request. Proof of appointment as representative or proof of your relationship to the deceased must also be included.

YOU CAN MAKE YOUR PAYMENT BY CREDIT CARD

As a convenience, we offer you the option to make your payment by credit card. However, regular credit card rules will apply.
You may also pay by check or money order.

Please fill in all the information below and return this form along with your request to:

Social Security Administration
Division of Earnings Record Operations
P.O. Box 33003
Baltimore Maryland 21290-3003

Exception:

If using private contractor (e.g., FedEx) to mail form(s), use:

Social Security Administration
Division of Earnings Record Operations
300 N. Greene St.
Baltimore Maryland 21290-0300

Note: Please read Paperwork/Privacy Act Notice

CHECK ONE _____ →	<input type="checkbox"/> Visa <input type="checkbox"/> American <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> Diners Card
Credit Card Holder's Name _____ → (Enter the name from the credit card)	_____ First Name, Middle Initial, Last Name
Credit Card Holder's Address _____ →	_____ Number & Street
Daytime Telephone Number _____ →	_____ City, State, & Zip Code
Credit Card Number _____ →	_____ Area Code Telephone Number
Credit Card Expiration Date _____ →	_____ Month Year
Amount Charged _____ →	_____
Credit Card Holder's Signature _____ →	_____
DO NOT WRITE IN THIS SPACE OFFICE USE ONLY	Authorization <hr/> Name _____ Date _____ <hr/> Remittance Control # _____

PRIVACY ACT NOTICE

The Social Security Administration (SSA) has authority to collect the information requested on this form under section 205 of the Social Security Act. Giving us this information is voluntary. You do not have to do it. We will need this information only if you choose to make payment by credit card. You do not need to fill out this form if you choose another means of payment (for example, by check or money order).

If you choose the credit card payment option, we will provide the information you give us to the banks handling your credit card account and SSA's account. We may also provide this information to another person or government agency to comply with federal laws requiring the release of information from our records. You can find these and other routine uses of information provided to SSA listed in the Federal Register. If you want more information about this, you may call or write any Social Security Office.

APPENDIX C COMPANY HISTORY ABOUT PRODUCTS CONTAINING ASBESTOS

United States Gypsum Company is a subsidiary of USG Corporation. United States Gypsum Company was formed in 1901 and is in the business of manufacturing and selling building products. Some of the building products manufactured and sold by United States Gypsum Company from 1920 through 1978 contained asbestos. Products that may have contained asbestos during this period include some wall and ceiling plasters, spray fireproofing, fire-rated ceiling tiles, decorative textures, joint compound, and industrial insulation. Most of these products did not contain asbestos at all times from 1920 through 1978. No product contained asbestos as part of the product formulation after 1978.

A list of trade names of products manufactured by United States Gypsum Company during the period from 1920 through 1978 that may have contained asbestos includes, but may not be limited to, the following:

A-B Tex Texture Paint	RED TOP Firecode D Plaster
ACOUSTONE 120 Ceiling Tiles	RED TOP Firecode "V" Plaster
ACOUSTONE 180 Ceiling Tiles	RED TOP Gypsum Plaster
AUDICOTE Acoustical Plaster	RED TOP Patching Plaster
Aggregated Spray Finish, White	RED TOP Sanded Wall Plaster
CHINA GLAZE Siding	RED TOP Strucolite Plaster
Column Fire Board	RED TOP Trowel Finish
Concrete Ceiling Texture	RED TOP Wood Fiber Plaster
DURABOND Joint Compound	REGENCY Shingles
Exterior Texture Wallboard Finish	SABINITE Acoustical Plaster
Fire Door Coreboard	SHEETROCK Radiant Heat Filler-Machine Application
Hi-LITE Acoustical Plaster	SHEETROCK Radiant Heat Simulated Acoustical Texture
IMPERIAL "QT" (Spray) Texture Finish	Simulated Acoustical Spray Texture/Finish
KEMIDOL Joint Compound	Special Texture Paint
K-FAC 19 Block Insulation	SPRAYDON Powercote
K-FAC Block Insulation	SPRAYDON Standard A
MAYFAIR Shake Siding	SPRAYDON Standard G
Multi-Purpose Texture Finish	STRUCTOLITE Plaster
ORIENTAL Exterior Finish Stucco	Superhard Spray Texture Finish
ORIENTAL Interior Finish	SUPERTITE Roofing Products
PAC-TEX Texture Paint	TEXOLITE Block Filler
PERF-A-TAPE Joint Compound	TEXOLITE Dry Fill
PYROBAR Mortar Mix	TEXOLITE Drywall Surfacers
USG "QT" Simulated Acoustical Spray Texture	TEXTONE Texture Finish
Ready-Mixed Imperial "QT" Simulated Acoustical	THERMALUX Radiant Heating Panels
Spray Texture	USG Joint Compound
RED TOP Acoustical Plaster	Wainscoat Trowel Finish Plaster
RED TOP BONDCRETE Plaster-Basecoat	
RED TOP Cover Coat Finish Plaster	

United States Gypsum Company also manufactured other products in the following generic categories that may have contained asbestos:

Adhesives	Joint Compound
Asbestos Board	Pipecovering
Asbestos Paper	Roofing Products
Insulating Cement	Cement Siding Shingles

USG Corporation was formed in 1985 and is the parent company of various debtors in this chapter 11 proceeding. USG Corporation has never manufactured or sold any building products. Various subsidiaries of USG Corporation manufactured or sold building products that contained asbestos at various times in the past.

L&W Supply Company, a subsidiary of USG Corporation, is a distributor of building materials manufactured by United States Gypsum Company and other companies. L&W Supply Company was created in 1971 as a subsidiary of United States Gypsum Company and, since 1985, has been a subsidiary of USG Corporation. In the 1970s, some of the products distributed by L&W Supply Corporation, primarily joint compound and roofing materials, contained asbestos. Since its formation in 1971, L&W Supply Company distribution centers have operated under different business names in different locations. A list of these business names is available on the USG claims website at http://www.usgclaims.com/LandWbusiness_names.asp.

Beadex Manufacturing, LLC, a subsidiary of United States Gypsum Company, manufactured and sold joint compound containing asbestos from 1963 through 1978. Distribution of products that contained asbestos is believed to have been limited to Washington, Oregon, Idaho, Alaska, and possibly Colorado.

USG Interiors, Inc., a subsidiary of USG Corporation, was formed in 1986. USG Interiors has manufactured mineral fiber ceiling tiles and suspension systems, mineral fiber insulation, access floors, and wall partition systems. None of the products manufactured or sold by USG Interiors contained asbestos as part of the product formulation.

APPENDIX D

STANDARD OCCUPATIONAL CLASSIFICATION CODES¹

Healthcare Practitioners and Technical Occupations

1. Dentists, General

Protective Service Occupations

2. Fire Fighters

Building and Grounds Cleaning and Maintenance Occupations

3. Janitors and Cleaners, Except Maids and Housekeeping Cleaners

Construction and Extraction Occupations

4. Asbestos Removal Workers²
5. Boilermakers
6. Brickmasons and Blockmasons
7. Carpenters
8. Carpet Installers
9. Cement Masons and Concrete Finishers
10. Construction and Building Inspectors
11. Construction Laborers
12. Continuous Mining Machine Operators
13. Drywall and Ceiling Tile Installers
14. Drywall Finishers (Tapers)
15. Electricians
16. Elevator Installer & Repairers
17. First-Line Supervisors/Managers of Construction Trades and Extraction Workers
18. Floor Layers, Except Carpet, Wood, and Hard Tiles
19. Floor Sanders and Finishers
20. Glaziers
21. Hazardous Materials Removal Workers
22. Helpers – Brickmasons, Blockmasons, Stonemasons, and Tile and Marble Setters
23. Helpers – Electricians
24. Helpers – Extraction Workers
25. Helpers – Painters, Paperhangers, Plasterers, and Stucco Masons
26. Helpers – Pipelayers, Plumbers, Pipefitters, and Steamfitters
27. Insulation Workers
28. Mine Cutting and Channeling Machine Operators
29. Miner¹
30. Operating Engineers and Other Construction Equipment Operators
31. Painters, Construction and Maintenance
32. Paperhangers
33. Pipelayers
34. Plasterers and Stucco Masons
35. Plumbers, Pipefitters, and Steamfitters
36. Rail-Track Laying and Maintenance Equipment Operators
37. Reinforcing Iron and Rebar Workers
38. Rock Splitters, Quarry
39. Roof Bolters, Mining
40. Roofers
41. Service Unit Operators, Oil, Gas, and Mining
42. Sheet Metal Workers
43. Stonemasons
44. Structural Iron and Steel Workers
45. Terazzo Workers and Finishers
46. Tile and Marble Setters

Installation, Maintenance, and Repair Occupations

47. Automotive Service Technicians and Mechanics
48. Boiler House Mechanics²
49. Bus and Truck Mechanics and Diesel Engine Specialists
50. Control Valve Installers and Repairers, Except Mechanical Door
51. Electrical and Electronics Repairers, Powerhouse, Substation, and Relay
52. Fabric Menders, Except Garment
53. Heating, Air Conditioning, and Refrigeration Mechanics and Installers
54. Industrial Machinery Mechanics
55. Maintenance and Repair Workers, General
56. Maintenance Workers, Machinery

57. Millwrights
58. Mobile Heavy Equipment Mechanics, Except Engines
59. Motorcycle Mechanics
60. Rail Car Repairers
61. Refractory Materials Repairers, Except Brickmasons
62. Riggers
63. Valve Repairers²

Production Occupations

64. Cabinetmakers and Bench Carpenters
65. Chemical Equipment Operators and Tenders
66. Coating, Painting, and Spraying Machine Setters, Operators, and Tenders
67. Crushing, Grinding and Polishing Machine Setters, Operators and Tenders
68. Cutters and Trimmers, Hand
69. Cutting, Punching, and Press Machine Setters, Operators, and Tenders, Metal and Plastic
70. Dental Laboratory Technician
71. Engine and Other Machine Assemblers
72. Foundry Mold and Coremakers
73. Gas Plant Operators
74. Lay-Out Workers, Metal and Plastic
75. Machinists
76. Metal-Refining Furnace Operators and Tenders
77. Mixing and Blending Machine Setters, Operators, and Tenders
78. Molders, Shapers, and Casters, Except Metal and Plastic
79. Painting, Coating and Decorative Worker
80. Petroleum Pump System Operators, Refinery Operators, and Gaugers
81. Pourers and Casters, Metal
82. Power Plant Operators
83. Prepress Technicians and Workers
84. Printing Machine Operators
85. Sawing Machine Setters, Operators, and Tenders, Wood
86. Stationary Engineers and Boiler Operators
87. Structural Metal Fabricators and Fitters
88. Textile Cutting Machine Setters, Operators and Tenders
89. Textile Knitting and Weaving Machine Setters, Operators and Tenders
90. Textile Winding, Twisting, and Drawing Out Machine Setters, Operators, and Tenders
91. Tool and Die Makers
92. Welders, Cutters, Solderers, and Brazers
93. Welder, Production Line²
94. Welding, Soldering, and Brazing Machine Setters, Operators and Tenders

Transportation and Material Moving Occupations

95. Cleaners of Vehicles and Equipment
96. Conveyor Operators and Tenders
97. Crane and Tower Operators
98. Excavating and Loading Machine and Dragline Operators
99. Industrial Truck and Tractor Operators
100. Laborers and Freight, Stock, and Material Movers, Hand
101. Loading Machine Operators, Underground Mining
102. Locomotive Engineers
103. Locomotive Firers
104. Pump Operators, Except Wellhead Pumpers
105. Rail Yard Engineers, Dinkey Operators, and Hostlers
106. Railroad Conductors and Yardmasters
107. Railroad Car Inspectors²
108. Sailors and Marine Oilers
109. Ship Engineers
110. Shuttle Car Operators
111. Tank Car, Truck, and Ship Loaders
112. Transportation Inspectors
113. Truck Drivers, Heavy and Tractor Trailer
114. Truck, Drivers, Light or Delivery Service

115. Other (please specify)

¹ Codes are based on U.S. Department of Labor, Bureau of Labor Statistics, List of Standard Occupation Classifieds, found at http://stats.bls.gov/oes/1999/oes_stru.htm unless otherwise indicated.

² Codes are based on U.S. Department of Labor, Dictionary of Occupational Titles, Fourth Edition, Revised 1991 found at <http://www.oalj.dol.gov/public/dot/refrnc/dotalpha.htm> with definitions at <http://www.oalj.dol.gov/libdot.htm#definitions>.

APPENDIX E STANDARD INDUSTRY CLASSIFICATION CODES³

- A. Agriculture, Forestry & Fishing

- B.1 Mining & Milling (asbestos)
- B.2 Mining & Milling (non-asbestos)

- C. Construction

- D.1 Manufacturing – Asbestos Containing Products
- D.2 Manufacturing – Boilers
- D.3 Manufacturing – Chemicals
- D.4 Manufacturing – Insulation (asbestos containing)
- D.5 Manufacturing – Insulation (non-asbestos containing)
- D.6 Manufacturing – Petroleum Refining and Related Industries
- D.7 Manufacturing – Plastic Products
- D.8 Manufacturing – Rubber
- D.9 Manufacturing – Textiles (asbestos containing)
- D.10 Manufacturing – Textiles (non-asbestos containing)
- D.11 Manufacturing – Transportation Equipment (other than shipbuilding or shipbreaking)
- D.12 Manufacturing – Transportation Equipment (shipbuilding or shipbreaking)
- D.13 Manufacturing – Other (please specify product)

- E.1 Transportation – Electric, Gas, and Sanitary Services
- E.2 Transportation – Railroad
- E.3 Transportation – Water
- E.4 Transportation – Other (please specify)

- F. Wholesale Trade

- G. Retail Trade

- H. Finance, Insurance, and Real Estate

- I.1 Services – Automotive Repair
- I.2 Services – Miscellaneous Repair
- I.3 Services – Other (please specify)

- J. Public Administration

- K. Military (Non-Navy)

- L. Navy

- M. Other (please specify)

³ Codes are based on OSHA, U.S. Department of Labor, Standard Industry Classifications, Division Structure, at <http://www.osha.gov/oshstats/sicser.html>.