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IN THE CIRCUIT COURT OF RALEIGH COUNTY, WEST VIRGINIA

IN RE: FLOAT-SINK LITIGATION CIVIL ACTION NO. 11-C-5000000

THIS DOCUMENT APPLIES TO ALL CASES

ORDER APPROVING FACT SHEETS

On June 28, 2011, the Court ordered Plaintiffs and Defendants to electronically file and serve proposed Fact Sheets for the Panel's review. As stated in the Court's June 28 Order, the purpose of the Fact Sheets is to provide the parties with "basic information about each case in the Float-Sink Litigation in order to make an initial evaluation of the cases prior to engaging in mediation." The Resolution Judges will also utilize this information to prepare for mediation.

While the Fact Sheets constitute discovery under Rules 26, 33 and 37 of the West Virginia Rules of Civil Procedure, they do not supersede the use of interrogatories or other discovery, nor do they relieve the parties from their obligation to respond to interrogatories or other discovery.

The Panel has reviewed the parties' proposed Fact Sheets, and all objections to such proposed Fact Sheets, and has conferred with one another to ensure uniformity of their decision, as contemplated by West Virginia Trial Court Rule 26.07(a).

NOW THEREFORE, the Panel approves the attached Fact Sheets, and **ORDERS** all responses to such Fact Sheets to be electronically served on all counsel of record, the Resolution Judges, and Mass Litigation Manager Kimberley R. Fields using the "serve-only private" feature in LexisNexis File & Serve® by no later than **October 10, 2011.** See Section 17, pages 9-10 of the Court's May16, 2011, Electronic Filing and Service

Case Management Order for instructions regarding electronic service of documents containing Personal Data Identifiers.

All Counsel are further **ORDERED** to file and serve a Verification stating that Counsel has provided the Panel with a completed Fact Sheet for each and every party Counsel represents in the Float-Sink Litigation by no later than **October 10, 2011.** A copy of the Verification form is attached.

It is so **ORDERED.**

All exceptions and objections are noted and preserved for the record.

ENTER: August 12, 2011

/s/ John A. Hutchison
Lead Presiding Judge
Float-Sink Litigation

IN THE CIRCUIT COURT OF RALEIGH COUNTY, WEST VIRGINIA

IN RE: FLOAT-SINK LITIGATION CIVIL ACTION NO. 11-C-5000000

THIS DOCUMENT APPLIES TO ALL CASES

VERIFICATION

I, _____, verify that I have filed a completed Fact Sheet for each and every party I represent in the above-styled litigation pending in the Circuit Court of Raleigh County, West Virginia.

_____
Attorney Name
WV State Bar I.D. Number
Firm Name and address
Telephone Number
Fax Number
Email address

Dated: _____

IN RE: FLOAT-SINK LITIGATION
CIVIL ACTION NO: 11-C-5000000
IN THE CIRCUIT COURT OF
RALEIGH COUNTY, WEST VIRGINIA

PLAINTIFF FACT SHEET

IN THE CIRCUIT COURT OF RALEIGH COUNTY, WEST VIRGINIA

IN RE: FLOAT-SINK LITIGATION **Civil Action No. 11-C-5000000**
(Judge John A. Hutchison)

THIS DOCUMENT APPLIES TO ALL CASES

FLOAT-SINK PLAINTIFF FACT SHEET

This Plaintiff Fact Sheet is submitted and shall be completed in accordance with the "Order Regarding Proposed Fact Sheets," entered June 28, 2011 ("Order"). Therefore, the following information shall be provided for each individual on whose behalf a claim is being made. In completing this Fact Sheet, you are under oath and must provide information that is true and correct to the best of your knowledge.

INSTRUCTIONS

In completing this Fact Sheet, it is expected that you will fully respond to each question and will provide all of the responsive information available to you. If you cannot recall all of the details requested, please provide as much information as possible. You must supplement your Responses if you learn that the same are incomplete or incorrect in any way. If you are completing the Fact Sheet for someone who has died or who cannot complete the Fact Sheet himself/herself, please answer as completely as you can for that person.

Pursuant to the Court's Order, this Plaintiff Fact Sheet constitutes discovery under Rules 26, 33 and 37 of the West Virginia Rules of Civil Procedure. The questions and requests for documents contained in the Fact Sheet are non-objectionable and shall be answered without objection. Attach additional sheets as necessary in order to fully answer these questions. *Failure to respond to this discovery on or before* ***October 10, 2011****, shall subject the Plaintiff to all sanctions available under the law, including dismissal of Plaintiff's civil action. See Order at 2.*

DEFINITIONS

In filling out this form, please use the following definitions:

"Healthcare provider" means any, doctor, hospital, clinic, center, physician's office, infirmary, medical and/or diagnostic laboratory, occupational therapist, psychologist, speech therapist, counselor, or other facility that provides medical care or advice, and/or any pharmacy, x-ray department, radiology department, laboratory, physical therapist or physical therapy department, rehabilitation specialist, chiropractor, and/or other persons or entities involved in the diagnosis, care, treatment and/or rehabilitation of you.

"Chemicals used in float-sink labs" are defined as the chemicals Plaintiffs listed in Paragraph 2 of Plaintiffs' Amended Complaints, including "PCE, otherwise known as tetrachloroethylene, perc, per, percut, perchlor, perchloroethylene, 1,1,2,2-tetrachloro-ethylene, carbon bichloride, carbon dichloride and ethylene-tetrachloride ("PEC") . . . carbon tetrachloride, ethylene dibromide, otherwise known as 1,2-Dibromoethane, ethylene bromide, Bromofume, Dowfume EDB, Soilbrom 40, DBE, EDB, glycol bromide, and blycol dibromide; dibromomethane,

otherwise known as methylene bromide, or methylene dibromide; and xylene, benzene, gasoline, white spirits and other chemicals used in float-sink labs[.]"

"Float-sink" means the coal testing process that is described in each Plaintiff's Amended Complaint.

"Float-sink lab" means a laboratory in which the coal testing process that is described in each Plaintiff's Amended Complaint occurs.

"Incident" means any injury causing event, or any event reported to any governmental body, supervisor and/or company safety representative.

"Exposure" means inhalation, absorption, ingestion or direct physical contact with the body.

"MSDS" means Material Safety Data Sheet.

"MSHA" means Mine Safety and Health Administration.

"OSHA" means Occupational Safety and Health Administration.

"PPE" or "Personal Protective Equipment" means all clothing and other work accessories designed to create a barrier against workplace hazards (e.g. chemical exposure), including, but not limited to, safety goggles, safety glasses, face shields, full- and half-face fresh air masks, self-contained breathing apparatus, hard hats, hearing protectors, gloves, respirators, aprons, chemical suits and work boots.

"WVMHST" means West Virginia Office of Miners' Health Safety and Training.

THE REST OF THIS FACT SHEET REQUESTS INFORMATION ABOUT THE PERSON WHO ALLEGES EXPOSURE TO CHEMICALS USED IN FLOAT-SINK LABS. WHETHER YOU ARE COMPLETING THIS FACT SHEET FOR YOURSELF OR FOR A LITIGANT WHO IS INCAPABLE OF ANSWERING THE QUESTIONS, PLEASE ASSUME THAT "YOU" MEANS THE PERSON ALLEGEDLY EXPOSED TO CHEMICALS USED IN FLOAT-SINK LABS.

A. PERSONAL INFORMATION

1. Please provide the following personal information:

   a. Last Name: _____

   b. First Name: _____

   c. Middle Name or Initial: _____

d. Maiden or other names used or by which you have been known, including the dates you used each name: _____

_____

e. Address: _____

_____

_____

f. Social Security, Visa or Green Card Number: _____

g. Date of Birth: _____

h. Military Service (if applicable): _____

i. Education: Beginning with high school, provide the name and address of educational institution, years attended, diploma/degree attained. In addition, please execute the attached Educational Records Authorization.

_____

_____

_____

_____

_____

B. EMPLOYMENT INFORMATION

2. Since the age of 18 to present, please include all of your employers' names, addresses, job titles, job descriptions and job duties, dates of employment and the reason for leaving each job.

a. Employer's name: _____

Employer's address: _____

Job title: _____

Job description: _____

Job duties: _____

Dates of employment: _____

Supervisor: _____

Union membership, if any: _____

Reason for leaving: _____

b. Employer's name: _____

Employer's address: _____

Job title: _____

Job description: _____

Job duties: _____

Dates of employment: _____

Supervisor: _____

Union membership, if any: _____

Reason for leaving: _____

c. Employer's name: _____

Employer's address: _____

Job title: _____

Job description: _____

Job duties: _____

Dates of employment: _____

Supervisor: _____

Union membership, if any: _____

Reason for leaving: _____

d. Employer's name: _____

Employer's address: _____

Job title: _____

Job description: _____

Job duties: _____

Dates of employment: _____

Supervisor: _____

Union membership, if any: _____

Reason for leaving: _____

e. Employer's name: _____

Employer's address: _____

Job title: _____

Job description: _____

Job duties: _____

Dates of employment: _____

Supervisor: _____

Union membership, if any: _____

Reason for leaving: _____

3. Identify the PPE provided to you during your employment at a float-sink lab(s), and whether you used the PPE provided and how often you used the PPE provided by your employer. If you did not use PPE, please state why.

a. PPE provided: _____

b. Employer providing PPE: _____

c. Use of PPE: Yes _____ No _____

d. If yes, describe usage of PPE: _____

_____

e. If no, reason for not using PPE: _____

_____

f. Were you provided with PPE use instructions?
Yes _____ No _____

g. Did the float-sink lab(s) at which you worked have a ventilation system(s)? Yes ___ No____

If "yes," please describe in detail the ventilation system(s) used at each float-sink lab at which you worked.

_____

_____

_____

4. Identify the date and substance of every communication, if any, with your Employer(s)/Supervisor(s)/Union Safety Representative about alleged hazardous working conditions or alleged injuries and/or conditions suffered by you or your co-workers due to exposure to chemicals used in float-sink labs.

   a. Employer/Supervisor/Union Safety Representative and Date:

   _____

   Substance of communication: _____

   _____

   b. Employer/Supervisor/Union Safety Representative and Date:

   _____

   Substance of communication: _____

   _____

   c. Employer/Supervisor/Union Safety Representative and Date:

   _____

   Substance of communication: _____

   _____

5. During your employment at a float-sink lab(s), did you ever report an incident or concern to OSHA, MSHA and/or WVMHST or any other government agency or office? Yes ____ No ____

   If "yes," please identify the employer, the date of each incident or concern, the entity each incident was reported to, description of each incident, resolution of each incident and steps taken to remedy each identified violation.

   _____

   _____

   _____

6. Please provide a detailed description of all monetary damages you allege you suffered as a result of your alleged exposure to chemicals used in float-sink labs.

7. Identify each specific unsafe working condition you contend existed in your work place(s) and which you assert in your claim(s) against your employer(s) and for each such condition identify (a) by proper citation each state or federal safety statute, rule or regulation which you contend was applicable to said work and working condition and which you contend was violated by your employer; and (b) each commonly accepted and well-known safety standard within the industry or business of your employer, as demonstrated by competent evidence of written standards or guidelines which reflect a consensus safety standard in the industry or business; (c) If you contend that a particular employer or distributor had actual knowledge of the specific unsafe working condition(s) identified above, provide the facts supporting your contention and identify each person who had actual knowledge or information regarding the specific unsafe working condition(s).

8. Please state whether you, anyone on your behalf, or any other person, to your knowledge, ever complained about the unsafe working condition(s) identified above. If your answer is "yes," please identify the person who made the complaint, the person to whom the complaint was made, the substance of the complaint, and the date of the complaint.

C. PRODUCT IDENTIFICATION AND EXPOSURE INFORMATION

9. For each location where you allege exposure to chemicals used in float-sink labs, please indicate which chemicals were used at each float-sink lab at each location and state the following:

a. Chemical to which you allege exposure: _____

Manufacturer of chemical to which you were allegedly exposed (if unknown, write unknown): _____

If known, please describe in detail the basis for your identification of the chemical manufacturer: _____

Distributor of chemical to which you were allegedly exposed (if unknown, write unknown): _____

If known, please describe in detail the basis for your identification of the chemical distributor: _____

_____

Place of exposure: _____

Employer: _____

Dates: _____

Job Title/Description: _____

As part of your job description, did you conduct float-sink testing?

Yes___ No___

If "no," please provide the specific job-related tasks or acts that directly resulted in your alleged exposure to chemicals used in float-sink labs: _____

_____

Average length of exposure daily and/or weekly: _____

Names of supervisors and co-workers with knowledge regarding the exposure: _____

_____

b. Chemical to which you allege exposure: _____

Manufacturer of chemical to which you were allegedly exposed (if unknown, write unknown): _____

If known, please describe in detail the basis for your identification of the chemical manufacturer: _____

Distributor of chemical to which you were allegedly exposed (if unknown, write unknown): _____

_____

If known, please describe in detail the basis for your identification of the chemical distributor: _____

_____

_____

_____

Place of exposure: _____

Employer: _____

Dates: _____

Job Title/Description: _____

As part of your job description, did you conduct float-sink testing?

Yes___ No___

If "no," please provide the specific job-related tasks or acts that directly resulted in your alleged exposure to chemicals used in float-sink labs: _____

_____

Average length of exposure daily and/or weekly: _____

Names of supervisors and co-workers with knowledge regarding the exposure: _____

_____

c. Chemical to which you allege exposure: _____

Manufacturer of chemical to which you were allegedly exposed (if unknown, write unknown): _____

If known, please describe in detail the basis for your identification of the chemical manufacturer: _____

Distributor of chemical to which you were allegedly exposed (if unknown, write unknown): _____

_____

If known, please describe in detail the basis for your identification of the chemical distributor: _____

_____

_____

_____

Place of exposure: _____

Employer: _____

Dates: _____

Job Title/Description: _____

As part of your job description, did you conduct float-sink testing?

Yes ___ No ___

If "no," please provide the specific job-related tasks or acts that directly resulted in your alleged exposure to chemicals used in float-sink labs: _____

_____

Average length of exposure daily and/or weekly: _____

Names of supervisors and co-workers with knowledge regarding the exposure: _____

_____

10. Describe and identify each and every interaction, communication, or contact with any Distributor or delivery person of the chemicals used in float-sink labs including, but not limited to, participation in the ordering of and/or or receipt of and/or delivery by any distributor of any of the chemicals used in float-sink labs by any of your Employers listed in your operative Complaint.

_____

_____

_____

_____

If you state above that you were involved in the ordering or receipt of chemicals used in float-sink labs, please describe in detail all associated documentation, including, but not limited to, catalogs, forms, purchase orders, invoices, and/or bills of lading.

_____

_____

_____

_____

11. Did you ever see, read and/or review a MSDS, label, warning, catalog or product use instruction for any chemical you identified in response to Question No. 9? Yes ___ No ___

If "yes," please identify all MSDSs, labels, warnings, catalog or product use instructions for any chemical(s) you identified in your response in Question No. 9 that you saw during your employment at a float-sink lab. Please include where and when you saw the MSDS, label, warning or product use instruction, the name(s) of the Manufacturer or Distributor who published the MSDS, label, warning, catalog or product use instruction and your employer at the time you saw the MSDS, label, warning, catalog or product use instruction.

a. Identify the MSDS, label, warning, catalog or product use instruction reviewed, including the chemical to which it was referring:

_____

Where/when: _____

Employer: _____

Manufacturer: _____

Distributor: _____

b. Identify the MSDS, label, warning, catalog or product use instruction reviewed, including the chemical to which it was referring:

_____

Where/when: _____

Employer: _____

Manufacturer: _____

Distributor: _____

c. Identify the MSDS, label, warning, catalog or product use instruction reviewed, including the chemical to which it was referring:

_____

Where/when: _____

Employer: _____

Manufacturer: _____

Distributor: _____

D. CLAIM INFORMATION-MEDICAL INFORMATION

12. Do you claim that you suffered bodily injury, illness, disease or other health condition as a result of exposure to chemicals used in float-sink labs? Yes ___ No___

If "yes," please answer the following:

a. Describe each bodily injury, illness, disease or other health condition you claim resulted from your exposure to chemicals used in float-sink labs.

_____

_____

b. Provide the date of onset of the above-referenced injuries, illnesses, diseases or conditions and the symptoms for each.

_____

_____

c. When was the first time you saw a Healthcare provider for any of the symptoms you link to the above-referenced injuries, illnesses, diseases or conditions?

_____

_____

d. Are you currently experiencing symptoms related to the above-referenced injuries, illnesses, diseases or conditions?

Yes _____ No _____

If "yes," please describe the symptoms:

_____

_____

13. Have you had discussions with any Healthcare provider about whether any of the injuries, illnesses, diseases or conditions you have identified were caused by exposure to chemicals used in float-sink labs? Yes ____ No ____

If yes, check one of the following:

a. I was told that one or more of the injuries, illnesses, diseases or conditions that I identified above was caused by exposure to chemicals used in float-sink labs:

(1) Yes _____ No _____

(2) Date of first visit to Healthcare provider: _____

(3) Diagnosis and date of diagnosis: _____

(4) Identify the Healthcare provider that made the diagnosis, along with his/her specialty, address and telephone number:

_____

_____

_____

b. I was told that none of the injuries, illnesses, diseases or conditions that I identified above were caused by exposure to chemicals used in float-sink labs:

(1) Yes _____ No _____

(2) Date of first visit to Healthcare provider: _____

(3) Diagnosis and date of diagnosis: _____

(4) Identify the Healthcare provider that made the diagnosis, along with his/her specialty, address and telephone number:

_____

_____

_____

c. I was told by the Healthcare provider that he/she does not know whether any of the injuries, illnesses, diseases or conditions that I identified above were caused by exposure to chemicals used in float-sink labs:

(1) Yes_____ No _____

(2) Reason, if any, given by Healthcare provider why he/she could not diagnose the cause of my injuries, illnesses, diseases or conditions:

_____

_____

_____

(3) Date of first visit to Healthcare provider: _____

(4) Date of statement regarding inability to determine causation:

_____

(5) Identify the Healthcare provider that made the statement, along with his/her specialty, address and telephone number:

_____

_____

_____

14. Has a Healthcare provider told you periodic medical examinations would be necessary in detecting the onset of any condition for which you seek monitoring?

Yes _____ No _____

If "yes," please state the name of the Healthcare provider, his/her specialty, address and telephone number; state every condition for which you are seeking medical monitoring from one or more manufacturer or distributor defendants in this lawsuit; state the type(s) of monitoring procedure(s) identified by each Healthcare provider; and state when he/she told you that such periodic examinations would be necessary.

a. Healthcare provider name/specialty: _____

_____
Street Address

_____
City State Zip Code

_____
Telephone

Examination(s)/procedure(s)/condition(s): _____

_____

_____

Date Healthcare provider advised periodic examinations would be necessary:

_____

b. Healthcare provider name/specialty: _____

_____
Street Address

_____
City State Zip Code

_____
Telephone

Examination(s)/procedure(s)/condition(s): _____

_____

_____

Date Healthcare provider advised periodic examinations would be necessary:

_____

15. Have you ever received treatment of any kind for any injury, illness, disease or condition that you claim resulted from exposure to chemicals used in float-sink labs? Yes ____ No ____

If "yes," identify the Healthcare provider(s) from whom and where such treatments have been received, for what injury, illness, disease or condition did you receive treatment and treatment received.

a. _____
Name

_____
Address

_____
Telephone Number

_____
Injury/Treatment Received

b. _____
Name

_____
Address

_____
Telephone Number

_____
Injury/Treatment Received

c. _____
Name

_____
Address

_____
Telephone Number

_____
Injury/Treatment Received

16. What harm or consequence, including physical and mental/psychological limitations, do you claim you suffered as a result of the injuries, illnesses, diseases or conditions referenced above, excluding any mental damages, lost wages or out of pocket expenses? Please state whether you continue to presently suffer from such harm, if any.

_____

_____

_____

_____

E. MEDICAL PROVIDERS AND OTHER SOURCES OF INFORMATION

17. Identify each Healthcare provider who has seen or treated you in the past forty-five (45) years who has not been previously identified in your answers to this Fact Sheet (including pharmacies where you have filled prescriptions, as provided in the Definitions to this Fact Sheet). In addition, execute the attached Medical Records Release Authorization. *See* Exhibit A.

a. _____
Name/Specialty

_____
Street Address

City, State, Zip Code

Telephone Number

Treatment Received

b. Name/Specialty

Street Address

City, State, Zip Code

Telephone Number

Treatment Received

c. Name/Specialty

Street Address

City, State, Zip Code

Telephone Number

Treatment Received

d. _____
Name/Specialty

_____
Street Address

_____
City, State, Zip Code

_____
Telephone Number

_____
Treatment Received

18. If you have submitted a claim for Social Security disability or survivor benefits within the past forty-five (45) years, please provide the following: the date of the claim, where the claim was filed, the claim number, the nature of the disability, the period of disability and the attorney, if any, who represented you or the decedent during your claim (name, address, and telephone number).

_____

_____

_____

_____

_____

_____

19. If you submitted a claim for Workers' Compensation within the past forty-five (45) years, please provide the following: employer at the time of each claim, the year of each claim, each claim number, the nature of each claim, the resolution of each claim the period of disability and the attorney, if any, who represented you or the decedent during your claim (name, address, and telephone number).

_____

_____

_____

_____

_____

_____

20. If you have ever filed a lawsuit or made a claim, other than in the present suit, related to any physical, psychological or emotional injury, for each such lawsuit or claim please provide the following information: court, agency, or trust where claim was filed; when claim was filed; the case number; the nature of claim and relief sought; whether you gave a deposition, testified, or provided a sworn affidavit in the proceeding; what, if any, judgment/recovery you received; the period of disability; and the attorney, if any, who represented you or the decedent during your claim (name, address, and telephone number).

_____

_____

_____

_____

_____

_____
PLAINTIFF

FLOAT-SINK PLAINTIFF FACT SHEET
BY COUNSEL:

_____

_____

_____

_____

IN THE CIRCUIT COURT OF RALEIGH COUNTY, WEST VIRGINIA

IN RE: FLOAT-SINK LITIGATION **Civil Action No. 11-C-5000000**
(Judge John A. Hutchison)

THIS DOCUMENT APPLIES TO ALL CASES

PLAINTIFF VERIFICATION

STATE OF _____,

COUNTY OF _____, to-wit:

I, _____, being first duly sworn, affirm that I am the plaintiff in the above-referenced action; that I have read the foregoing "FLOAT-SINK PLAINTIFF FACT SHEET" and am familiar with the contents thereof; and that the facts set forth therein are true and correct to the best of my knowledge, information and belief.

_____
PLAINTIFF'S SIGNATURE

Taken, subscribed and sworn to before me, the undersigned notary in the aforesaid county and state this _____ day of _____, 2011.

My Commission expires _____.

_____
NOTARY PUBLIC

MEDICAL RECORD RELEASE AUTHORIZATION

TO: _____
[Name of Facility, Clinic or Other Healthcare Provider]

I, the undersigned patient/parent/guardian or duly appointed representative, hereby authorize you to release, upon presentation of this authorization, to any member of the law firm of _____ _____ **(Defense Counsel)**, any records, documents, material or information pertaining to _____ **(Plaintiff)** (Date of Birth _____, Soc. Sec. No. _____), including, but not limited to all medical records; physicians' records; surgeons' records; anesthesia records and notes; Emergency Department records; ambulatory records; all reports or records relating to the testing and/or treatment of communicable diseases, including without limitation, hepatitis, any sexually transmitted diseases, human immunodeficiency virus (HIV), Acquired Immunodeficiency Syndrome (AIDS), and any AIDS-related condition or disease process; hospice records; hemophilia records; blood bank records; blood/blood product transfusion and/or infusion records; x-rays, CAT scans, MRI films, photographs, and any other radiological, nuclear medicine, or radiation therapy films; pathology materials, slides, tissues, and laboratory reports; discharge summaries; progress notes; consultations; prescriptions; drug administration records; records of drug abuse and alcohol abuse; physicals and histories; nurses' notes; patient intake forms; correspondence; all records pertaining to any physical, speech, occupational, rehabilitative or other therapy; insurance records; consents for treatment; statements of account, bills, and invoices; and any other papers concerning any health treatment, examination, periods of stays of hospitalization, confinement, diagnosis or other information pertaining to and concerning the physical and/or mental condition of _____ **(Plaintiff)**, whether maintained in a hard copy paper format, microfiche, microfilm, or electronic format.

I understand that the records covered by this authorization are confidential. I further understand that by signing this authorization I am allowing the release to _____ **(Defense Counsel)** and its agents, employees, representatives, expert consultants and business associates any medical information requested. I understand and hereby authorize _____ **(Defense Counsel)** to provide copies of all documents and things received pursuant to this authorization to all counsel of record in this litigation. To the extent that the records contain HIV-related records and drug and alcohol abuse treatment records, I understand that this authorization will extend to such information. I understand that all of these records, including, but not limited to, HIV-related records and drug and alcohol abuse treatment records are expressly and specially protected as confidential by federal and/or state statutes, rules and regulations and will not be disclosed or re-disclosed by _____ **(Defense Counsel)**, (entity to which authorization is granted, its employees, agents, representatives, business associates, retained consultants, and expert consultants) other than within the scope of the pending litigation, styled ***In re: Float Sink Litigation*, Civil Action No. 11-C-5000000, Circuit Court of of Raleigh County, West Virginia**.

EXHIBIT A

I also understand that I may revoke this authorization at any time by informing the law firm of _____ (Defense Counsel) in writing and addressed to _____ (Defense Counsel's address). Such revocation shall become effective upon receipt by _____ (Defense Counsel) except to the extent that action has already been taken in good faith reliance upon this authorization.

This authorization is valid through the pendency of ***In re: Float Sink Litigation*, Civil Action No. 11-C-5000000, Circuit Court of of Raleigh County, West Virginia** this authorization is continuing in nature and is to be given full force and effect to release any and all of the foregoing information learned or determined after the date hereof. This authorization also includes the authority to copy, inspect, and re-disclose any and all such records throughout the pendency of and for the sole purpose of litigating ***In re: Float Sink Litigation*, Civil Action No. 11-C-5000000, Circuit Court of Raleigh County, West Virginia**.

Finally, I hold the releasing party/institution, harmless from any and all damages which may result to myself, my relatives, or my heirs/beneficiaries in connection with the disclosure and re-disclosure of the responsive materials to the requesting party based upon good faith reliance on this authorization.

I also hereby attest, declare and affirm that I am executing this authorization under my own free will, that I am of sound mind and under no coercion or duress in executing this authorization.

A copy of this authorization may be used in place of and with the same force and effect as the original.

_____ _____

Signature of Patient (if 12 years of age or older)
Personal Guardian/Surrogate/Representative

Date

STATE OF _____,
COUNTY OF _____, TO-WIT:

I, _____, a Notary Public in and for the County and State aforesaid, do hereby certify that _____, whose name is signed to the writing above, bearing the date, the ____ day of _____, 20__, has this day acknowledged the same before me in my said County and State.
Given under my hand this _____ day of _____, 20__.

My commission expires: _____.

_____

Notary Public

EXHIBIT A

IN RE: FLOAT-SINK LITIGATION
CIVIL ACTION NO: 11-C-5000000
IN THE CIRCUIT COURT OF
RALEIGH COUNTY, WEST VIRGINIA

FACT SHEET FOR
MANUFACTURING DEFENDANTS

IN THE CIRCUIT COURT OF RALEIGH COUNTY, WEST VIRGINIA

----------x

IN RE: FLOAT-SINK LITIGATION — Hon John A. Hutchison

----------x — Civil Action No. 11-C-5000000

This Document Applies to All Cases

----------x

FACT SHEET FOR MANUFACTURING DEFENDANTS

Pursuant to an Order entered in *In re: Float-Sink Litigation*, the Manufacturing Defendants are required to answer the questions provided within this fact sheet. In signing this document, the officer or director of the Manufacturing Defendant ("Defendant") is certifying that to the best of the individual's and corporation's knowledge, information and belief the information is true, correct and complete.

INSTRUCTIONS

Plaintiffs, at the direction of the Court, have developed this fact sheet for service on all Manufacturing Defendants. Defendant shall fully respond to each question and provide all of the responsive information available to Defendant. This fact sheet contains general terms, such as sales manager or health and safety officer, which may not correspond fully with each Defendant's operations. Defendant, however, is obligated to make a good faith effort to fully answer each question and may not adopt a strict literal view in order to avoid answering the questions. Defendant must supplement its response if it learns that any previous answer is incorrect or if it identifies additional information that will permit a more complete response to a question.

The Court has reviewed and approved each question provided within the fact sheet. Any objection that Defendant might have to any question, accordingly, is limited to an objection of attorney-client privilege, attorney work product, and confidential personnel information. If Defendant wishes to assert any of these objections in declining to respond to a question, it must

identify the basis for declining to answer and fully detail the basis for the objection and provide a privilege log for any responses deemed privileged .

To the extent the fact sheet requests that Defendant identify any individuals, Defendant shall state the person's full name, home and business address (or last known address), home and business telephone number, and present employer and position (or last known employer and position).

Consistent with the complaint, float-sink chemicals include perchloroethylene (otherwise known as PCE, tetrachloroethylene, perc, per, percut, perchlor, perchloroethylene, 1,1,2,2-tetrachloro-ethylene, carbon bichloride, carbon dichloride and/or ethylene-tetrachloride), carbon tetrachloride, ethylene dibromide, otherwise known as 1,2-Dibromoethane, ethylene bromide, Bromofume, Dowfume EDB, Soilbrom 40, DBE, EDB, glycol bromide and blycol dibromide; dibromomethane, otherwise known as methylene bromide, or methylene dibromide; and xylene, benzene, gasoline, white spirits and other chemicals used in float-sink labs.

The Court has directed that each party must provide full responses to fact sheet questions by October 10, 2011. Any party that fails to comply with the Court's directive may be subject to all sanctions for failure to respond to discovery, up to and including dismissal.

FACT SHEET QUESTIONS

1. Identify each and every study that Defendant conducted, either directly or indirectly through a consultant, trade association or other third party, into the health, environmental or safety risks associated with the use of any float-sink chemical, and, as to each, please identify:

   a. The parameters or scope of the study;
   b. The individuals and/or companies involved in the research or study; and
   c. The title and publication date of the study or research.

2. Identify each internal safety guideline or hazard assessment for the manufacturing, handling or use of any float-sink chemical that Defendant developed, maintained and/or followed, including any health and safety guidelines for employees, and, as to each, please identify:

   a. All individuals involved in the drafting, editing and/or reviewing of those guidelines;
   b. When the company drafted such guidelines;
   c. How the Defendant disseminated the guidelines to individuals; and
   d. The language of all guidelines and assessments including all amendments

to these guidelines (including the author, language and date of such amendments).

3. Identify each Material Safety Data Sheet (MSDS) or any other informative or notice language provided to transporters and/or purchasers of any Float-Sink Chemicals that Defendant manufactured and/or sold, and, as to each, please identify:

a. All individuals, including their years of relevant employment and job title, involved in the drafting, amending or review of these documents;
b. The date when such language was drafted and used;
c. The procedures used for determining and preparing the MSDS and its language, as well as the procedures for the drafting of any other notices or bulletin; and
d. The frequency with which the Defendant reviewed that language.

4. Identify the manufacturing process, including the identification of all chemical components, which Defendant has used for the manufacturing of any Float-Sink Chemicals.

5. Identify all professional organizations (i.e. the Chemical Manufacturers' Association), to which Defendant belonged and years of membership.

6. Identify all individuals employed in the following positions who had any responsibility for any Float-Sink Chemical, for the period of 1960 to present: toxicologist, industrial hygienist, health and/or safety officer, environment manager, business manager, sales manager, customer services manager, and shipping manager.

7. Identify all individuals responsible for the Defendant's sale of any Float-Sink Chemicals to companies, either direct consumers or distributors, in West Virginia, including all sales representatives, sales coordinators, sales managers and business managers.

8. For the period of 1960 to present, describe in detail any product stewardship program or similar program responsible for insuring that chemicals are safely used throughout their life cycle which Defendant maintained including the individuals involved in the program, the role of each individual, the various aspects of the program, any information or representations required from the purchasers of a given chemical, the information concerning use and disposal provided to purchasers, and any routine reports drafted under the program.

9. Identify all individuals with whom Defendant or its employees, agents, counsel or representatives have spoken to gain information concerning: (a) Defendant's manufacture and sale of Float-Sink Chemicals; (b) the information Defendant provided to purchasers, distributors and Defendant's own salesmen concerning Float-Sink Chemicals; (c) Defendant's knowledge of the operation of float-sink labs.

VERIFICATION

STATE OF _____:

COUNTY OF _____:

_____, being duly sworn, deposes and says that he/she is an officer or representative of Defendant _____ authorized to act on behalf of and bind said Defendant; that he/she has read the foregoing responses and is familiar with the contents thereof, and that the facts set forth herein are true and correct to the best of his/her knowledge, information and belief and the best knowledge and information available to the company.

_____
[name]
[position with company]

Sworn to before me this
___ day of _____, 2011.

_____
Notary Public

IN RE: FLOAT-SINK LITIGATION
CIVIL ACTION NO: 11-C-5000000
IN THE CIRCUIT COURT OF
RALEIGH COUNTY, WEST VIRGINIA

FACT SHEET FOR
DISTRIBUTOR DEFENDANTS

IN THE CIRCUIT COURT OF RALEIGH COUNTY, WEST VIRGINIA

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IN RE: FLOAT-SINK LITIGATION — Hon John A. Hutchison

----------x — Civil Action No. 11-C-5000000

This Document Applies to All Cases

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FACT SHEET FOR DISTRIBUTOR DEFENDANTS

Pursuant to an Order entered in *In re: Float-Sink Litigation*, the Distributor Defendants are required to answer the questions provided within this fact sheet. In signing this document, the officer or director of the Distributor Defendant ("Defendant") is certifying that to the best of the individual's and corporation's knowledge, information and belief that the information is true, correct and complete.

INSTRUCTIONS

Plaintiffs, at the direction of the Court, have developed this fact sheet for service on all Distributor Defendants. Defendant shall fully respond to each question and provide all of the responsive information available to Defendant. This fact sheet contains general terms, such as sales manager or health and safety officer, which may not correspond fully with each Defendant's operations. Defendant, however, is obligated to make a good faith effort to fully answer each question and may not adopt a strict literal view in order to avoid answering the questions. Defendant must supplement its response if it learns that any previous answer is incorrect or if it identifies additional information that will permit a more complete response to a question.

The Court has reviewed and approved each question provided within the fact sheet. Any objection that Defendant might have to any question, accordingly, is limited to an objection of attorney-client privilege, attorney work product, and confidential personnel information. If Defendant wishes to assert any of these objections in declining to respond to a question, it must identify the basis for declining to answer and fully detail the basis for the objection and provide a privilege log for any responses deemed privileged .

To the extent the fact sheet requests that Defendant identify any individuals, Defendant shall state the person's full name, home and business address (or last known address), home and business telephone number, and present employer and position (or last known employer and position).

Consistent with the complaint, float-sink chemicals include perchloroethylene (otherwise known as PCE, tetrachloroethylene, perc, per, percut, perchlor, perchloroethylene, 1,1,2,2-tetrachloro-ethylene, carbon bichloride, carbon dichloride and/or ethylene-tetrachloride), carbon tetrachloride, ethylene dibromide, otherwise known as 1,2-Dibromoethane, ethylene bromide, Bromofume, Dowfume EDB, Soilbrom 40, DBE, EDB, glycol bromide and blycol dibromide; dibromomethane, otherwise known as methylene bromide, or methylene dibromide; and xylene, benzene, gasoline, white spirits and other chemicals used in float-sink labs.

The Court has directed that each party must provide full responses to fact sheet questions by October 10, 2011. Any party that fails to comply with the Court's directive may be subject to all sanctions for failure to respond to discovery, up to and including dismissal.

FACT SHEET QUESTIONS

1. Identify any internal safety guidelines or hazard assessment that Defendant developed, maintained and/or followed for the distribution, handling or use of any Float-Sink Chemical, including any health and safety guidelines for employees, and, as to each, please identify:

   a. All individuals involved in the drafting, editing, evaluating and/or reviewing of those guidelines, including any amendments to those guidelines;
   b. The date when the company first drafted such guidelines and the dates when any amendments were made to those guidelines; and
   c. How the Defendant disseminated the guidelines to individuals.

2. Identify each Material Safety Data Sheet (MSDS) or other informative or notice document provided to transporters and/or purchasers of any float-sink chemical that Defendant blended, distributed, resold and/or sold, and, as to each, please identify:

   a. All individuals, including their years of relevant employment and job title, involved in the drafting, amending or reviewing of these documents;
   b. The date when such language was drafted and used;
   c. The procedures used for determining and preparing the MSDS and any other notices or bulletins and; and
   d. The frequency with which the Defendant reviewed that language.

3. Identify the process that Defendant has used for the blending, distribution, quality review and/or repackaging of Float-Sink Chemicals.

4. Identify the amount of each Float-Sink Chemical that Defendant purchased on an annual basis for the period from 1960 to present, including the source of all purchases.

5. Identify each complaint or expression of concern that Defendant received from any individual or any company concerning problems with or illnesses arising from individual exposure to PCE or other Float-Sink Chemicals and, as to each, please identify the following information:

a. The date of the report or incident documented;
b. The name of the individual or individuals and company involved;
c. The location(s) where the event(s) happened; and
d. What actions, if any, Defendant took following any or each incident that resulted in a report or documented incident.

6. Identify all professional organizations (i.e. the Chemical Manufacturers' Association) and subsequent name changes to this organization, to which Defendant belonged and years of membership.

7. Identify each person from 1960 to present who Defendant employed as a sales manager, whose responsibilities included the sale of any or all Float-Sink Chemicals that Defendant sold during that period and all sales representatives, if any, who reported to the sales manager.

8. Identify each person from 1960 to present who Defendant employed as a purchasing manager, whose responsibilities included the purchasing of all or most Float-Sink Chemicals, including the years in the position.

9. Identify all individuals with whom Defendant or its employees, agents, counsel or representatives have spoken in connection with responding to the questions in this fact sheet or, more generally, to gain information concerning Defendant's manufacturing and distribution of Float-Sink Chemicals, the information that Defendant provided to purchasers, distributors and its own salesmen in connection with these chemicals or of Defendant's knowledge of the operation of float-sink labs.

VERIFICATION

STATE OF _____:

COUNTY OF _____:

_____, being duly sworn, deposes and says that he/she is an officer or representative of Defendant _____ authorized to act on behalf of and bind said Defendant; that he/she has read the foregoing responses and is familiar with the contents thereof, and that the facts set forth herein are true and correct to the best of his/her knowledge, information and belief and the best knowledge and information available to the company.

_____
[name]
[position with company]

Sworn to before me this
___ day of _____, 2011.

_____
Notary Public

IN RE: FLOAT-SINK LITIGATION
CIVIL ACTION NO: 11-C-5000000
IN THE CIRCUIT COURT OF
RALEIGH COUNTY, WEST VIRGINIA

FACT SHEET FOR
EMPLOYER DEFENDANTS

IN THE CIRCUIT COURT OF RALEIGH COUNTY, WEST VIRGINIA

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IN RE: FLOAT-SINK LITIGATION — Hon John A. Hutchison

----------x — Civil Action No. 11-C-5000000

This Document Applies to All Cases

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FACT SHEET FOR EMPLOYER DEFENDANTS

Pursuant to an Order entered in *In re: Float-Sink Litigation*, the Employer Defendants are required to answer the questions provided within this fact sheet. In signing this document, the officer or director of the Employer Defendant ("Defendant") is certifying that to the best of the individual's and corporation's knowledge, information and belief that the information is true, correct and complete.

INSTRUCTIONS

Plaintiffs, at the direction of the Court, have developed this fact sheet for service on all Employer Defendants. Defendant shall fully respond to each question and provide all of the responsive information available to Defendant. This fact sheet contains general terms, such as sales manager or health and safety officer, which may not correspond fully with each Defendant's operations. Defendant, however, is obligated to make a good faith effort to fully answer each question and may not adopt a strict literal view in order to avoid answering the questions. Defendant must supplement its response if it learns that any previous answer is incorrect or if it identifies additional information that will permit a more complete response to a question.

The Court has reviewed and approved each question provided within the fact sheet. Any objection that Defendant might have to any question, accordingly, is limited to an objection of attorney-client privilege, attorney work product, and confidential personnel information. If Defendant wishes to assert any of these objections in declining to respond to a question, it must identify the basis for declining to answer and fully detail the basis for the objection and provide a privilege log for any responses deemed privileged .

To the extent that the fact sheet requests that Defendant identify any individuals, Defendant shall state the person's full name, home and business address (or last known address), home and business telephone number, and present employer and position (or last known employer and position).

Consistent with the complaint, float-sink chemicals include perchloroethylene (otherwise known as PCE, tetrachloroethylene, perc, per, percut, perchlor, perchloroethylene, 1,1,2,2-tetrachloro-ethylene, carbon bichloride, carbon dichloride and/or ethylene-tetrachloride), carbon tetrachloride, ethylene dibromide, otherwise known as 1,2-Dibromoethane, ethylene bromide, Bromofume, Dowfume EDB, Soilbrom 40, DBE, EDB, glycol bromide and blycol dibromide; dibromomethane, otherwise known as methylene bromide, or methylene dibromide; and xylene, benzene, gasoline, white spirits and other chemicals used in float-sink labs.

The Court has directed that each party must provide full responses to fact sheet questions by October 10, 2011. Any party that fails to comply with the Court's directive may be subject to all sanctions for failure to respond to discovery, up to and including dismissal.

FACT SHEET QUESTIONS

1. Identify from 1960 to present, each company officer, employee, representative, agent and/or official who was responsible for operational oversight and/or safety of Defendant's float sink lab or testing area.

2. With respect to Defendant's use of Float-Sink Chemicals in its float-sink lab or testing area, please describe in detail the following:

   a. The manner, method or process that Defendant used for conducting float-sink testing on coal samples, ranging from the collection of samples, through the float-sink testing, to the drying and weighing of samples. by which the Defendant used PCE in its float sink lab or testing area;
   b. All equipment, i.e., 3 30-gallon tanks, 1 crusher, 1 pulverizer and 3 Acme ovens, etc., and chemicals which Defendant used in the testing process;
   c. The individuals who the Defendant employed to perform work in or around the float-sink area (i.e., not solely limited to those individuals performing the testing), their job title, years of employment and last known address;
   d. All safety equipment or personal protective equipment, identified by manufacturer and brand name, provided to employees, including the dates when such equipment was provided to employees;
   e. The manufacturers or distributors from which Defendant purchased PCE and other Float-Sink Chemicals which Defendant has listed above; and

f. The method that Defendant used for the disposal of its Float-Sink Chemicals.

3. Identify each person from 1960 to present who Defendant employed as a purchasing manager, whose responsibilities included purchasing Float-Sink Chemicals used for Defendant's operations, including the specific title of the individual, the years in the position and any subsequent jobs held with Defendant.

4. Identify the individual or individuals with each chemical manufacturer or distributor with whom Defendant liaised concerning either its supply of Float-Sink Chemicals or any health or safety questions associated with PCE, benzene, toluene, carbon tetrachloride, bromoform, white spirits, gasoline, naptha, dibromomethane or other Float-Sink Chemicals.

5. For the building or buildings, rooms or other structures where Defendant used Float-Sink Chemicals, please provide the following information:

a. The dimensions of each room or building in which the chemical or chemicals were used, including but not limited to all aspects of Defendant's float-sink testing identified above, and the years during which that room or building was used;
b. What, if any, specific ventilation systems (identifying manufacturer, age, blower rating and capacity) that operated in the room or any other approach used to provide ventilation in the area;
c. The location within the room of the various pieces of equipment or ventilation used in the float-sink test process; and
d. Any changes that Defendant made to the size or layout of the room(s) or buildings identified above and when Defendant made those changes.

6. Identify each and every employee of Defendant, or any other individual on Defendant's property, who made a complaint or experienced some exposure to Float-Sink Chemicals which resulted in the drafting of an Industrial Hygiene Report, in filing a worker's compensation claim, in taking sick leave, or a Reportable OSHA incident and detail the events that prompted the filing or submission.

7. For any and all safety guidelines that Defendant developed, distributed or maintained for the handling or use of Float-Sink Chemicals, including any and all subsequent amendments, alterations or versions, please identify:

a. The individuals involved in the drafting, review and approval of those guidelines;
b. When the Defendant first provided these guidelines to employees and the dates of any subsequent amendments or alterations;
c. How the Defendant maintained the guidelines; and
d. The individuals and/or positions within the company who received the guidelines.

8. For any health or safety risk assessment or study which the company conducted, supported, funded or collected in association with any Float-Sink Chemical, identify the title of the study, the author of the report, the individuals or companies that conducted the study and the year when the study or assessment was conducted.

9. Identify all individuals with whom Defendant or its employees, agents, counsel or representatives have spoken in connection with responding to the questions in this fact sheet or, more generally, to gain information concerning Defendant's operation of a float sink lab or any current or former employee's exposure or potential exposure to Float-Sink Chemicals.

VERIFICATION

STATE OF _____:

COUNTY OF _____:

_____, being duly sworn, deposes and says that he/she is an officer or representative of Defendant _____ authorized to act on behalf of and bind said Defendant; that he/she has read the foregoing responses and is familiar with the contents thereof, and that the facts set forth herein are true and correct to the best of his/her knowledge, information and belief and the best knowledge and information available to the company.

_____
[name]
[position with company]

Sworn to before me this
___ day of _____, 2011.

_____
Notary Public